

ABSTRACT

Retrospective study of tuberculosis in Trinidad and Tobago during the years 1985, 1990 and 1995.

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The aim of this study was to analyse the trend in the incidence of new and reactivated cases of tuberculosis in Trinidad and Tobago by comparing the years 1985, 1990 and 1995 with a view to scrutinizing the possible associations between Human Immune Deficiency Virus (HIV) infection and tuberculosis, ethnic drifts and possible emergence of resistant strains of tuberculosis.

A data collecting tool was designed and used which enabled relevant data to be collected, using registration numbers of clients who attended the Thoracic Clinic at the Eric Williams Medical Sciences Complex, and the Chest Clinic at the General Hospital San Fernando, Trinidad.

The study comprised 363 records which were all the cases diagnosed or reactivated during those years. All age groups were included.

The incidence rates of tuberculosis for all three years were 8 per 100,000 population in 1985, 8.7 in 1990 and 13.2 in 1995. There were 17 reactivated cases, 13 (76.4%) of which were in unemployed persons.

Africans predominated among the infected persons in all three years. In 1985, 50.5%; 1990, 54.7% and in 1995, 48.1%. The Indians followed with 43.3% in 1985,

31.1% in 1990 and 34.4% in 1995. The mixed group showed a significant rise from 6.2% in 1985, 12.3% in 1990 and a further rise to 16.9% in 1995.

The predominant geographical areas of residence were the East-West corridor and South Trinidad with .03% of the population in each of these areas infected with tuberculosis in the years 1985, 1990 and 1995.

There were 28 cases of dual infection of HIV and tuberculosis, 14 in 1990 and 14 in 1995, most of the cases occurred in the 35-39 age group. No cases of multi-drug resistant tuberculosis were discovered during the period under study.

There was a significant relationship between employment status and tuberculosis in that 69.6% of the subjects were unemployed ($p = .001$).

The frequency distribution of tuberculosis showed three main peaks - children under 5 years of age, the 30-34 age group and the 65 and over age group. It also showed a trend in which infection increased with age. The male-female ratio was 2:1.

This Public Health problem of tuberculosis must be dealt with in a cost-effective and efficient manner. To this end, continued active case-finding and the use of specific treatment protocols are recommended.