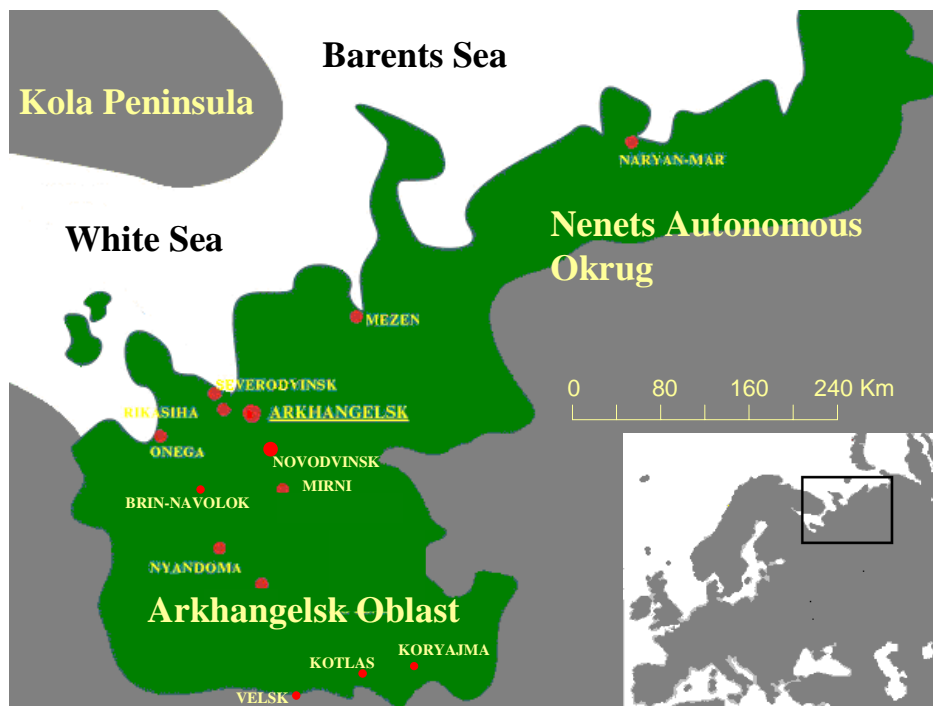


Competence network to combat tuberculosis



How can an e-mail network support anti-tuberculosis treatment?

- Improved coordination and administration between institutions running the same programme.
- Facilitate distance teaching (training)
- Facilitate second opinion for severe cases
- Collecting patient statistics (for surveillance and for accurate pharmaceutical delivery)
- Access to updated information on anti-tuberculosis treatment
- Peer-to-peer counselling, exchange of experience and coordination with other anti-tuberculosis programmes

The anti-tuberculosis network does not replace other means of surveillance, but promotes faster coordination and improvements in quality. IT provides a basic communication infrastructure, but not services such as transfer of high-resolution images or videoconferencing (depending on available bandwidth).

The concept could likely be used to combat other infectious epidemic diseases such as AIDS or malaria when coordination and distance is a challenge (quality assurance).

Basic equipment for the service:

- PC with software for distance teaching (for example Microsoft PowerPoint) and second opinion.
- E-mail program.
- Connection to an electronic health network or equivalent secure communication network.
- Telephone with a loudspeaker, alternatively equipment for IP telephony.
- World Wide Web (www) access

All parties must have equipment and software compatible with each other. Adequate information security must be implemented if information that identifies patients will be transferred.

A still image camera and a tripod are necessary for presenting cases for distance teaching or second opinion.

Background of the project:

In 1993, World Health Organization's (WHO) Global Tuberculosis Programme declared tuberculosis (TB) a global emergency and began promoting the strategy known as DOTS (Directly Observed Treatment, Short-course), further extended to the DOTS Plus strategy because of drug-resistant TB and combinations with other diseases.

The anti-tuberculosis network in Arkhangelsk County, Russia, supports the WHO model by overcoming distance and improving coordination between healthcare workers introduced to DOTS Plus. The pilot project has been running since early 2001. Today 12 district hospitals and a prison hospital are connected with the Arkhangelsk Regional TB Centre (ARTC).

So far the results indicate that the network is used for statistics, distance teaching, administration and second opinions by transferring the patient's statistical forms and digitized radiology images. Errors in filling in the statistical forms have been discovered earlier. The network was particularly useful for follow-up of patients when transferred to and from the AARD (Arkhangelsky Antituberculosis Regional Dispensary) and the districts. In addition, the anti-tuberculosis network has been utilized for contact between AARD towards authorities in Moscow, other WHO anti-tuberculosis treatment programmes in Russia and experts on tuberculosis in Norway.

Internet addresses:

WHO: http://www.who.int/health_topics/tuberculosis/en/

Stop TB: www.stoptb.org

Contact:

The Norwegian Centre for Telemedicine, Svetlana.Manankova.Bye@telemed.no and Siri.Birgitte.Uldal@telemed.no

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