

النشرة الوبائية السعودية

تصدرها وزارة الصحة

الوكالة المساعدة للطب الوقائي وبرنامج الوبائيات الحظلي

المجلد الثامن - العدد الثاني - ابريل - يونيه ٢٠٠١

Health Status of Non-organized Hajjees (Muftaresheen) during 1420 H, Hajj Season.

Hajjees may be divided into two groups; the first, representing the majority, consists of those who join organized Hajj groups (Hamla), and the second consists of those who do not join them. This group resides on the street, and are therefore given the name "Muftaresheen". We conducted this study to investigate this group, aiming to identify their demographic characteristics and health problems, and to assess their behavioral risk factors.

There are five major areas where most Muftaresheen reside in Mina; around Jamarat, on Pedestrian Street, around Masjed Alkhif, around Mina General Hospital, and underneath bridges. A sample size of 500 was determined using the proportional allocation method. The sample was recruited from these five areas. A self-administrated questionnaire translated into three languages; Arabic, Urdu and English, was used.

Out of 412 respondents; 65% were under 40 years, 62% were domestic, 95% were non-Saudis; Pakistanis comprised 23% of the total, Egyptians 21%, and Sudanese 12%. Forty-seven percent had stayed in Makkah less than one week before starting Hajj, 60% were performing Hajj for the first time, and 62% explained that the reason for not joining Hamla was financial.

With regards to vaccination against meningococcal meningitis, 82% stated that they had received the vaccine. More than two thirds (72%) had received health education regarding risk behavior during Hajj (Table 1), and 57% got it in Saudi Arabia. About 60% of Hajjees were drinking bottled and plastic-bag water, 40% bought their food from street vendors and 27% kept leftover food more than 2 hours. Ninety two percent used public toilets, and the distance between them and

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Health Status of Non-organized Hajjees (Muftaresheen) during 1420 H, Hajj Season.

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the toilets was 100-300 m. Sixty eight percent were sleeping less than 6 hours per day due to different reasons.

Forty five percent complained of one symptom or more; 18% had runny nose, 14.6% headache, 14% cough and 12% sorethroat. Among symptomatic hajjees, 56% received medication. Three percent had diabetes mellitus, and 3% had hypertension.

Thirty-two percent were not comfortable with performing Hajj in this way; 42% attributed the reason to overcrowding, 14% to bad climate, 14% to difficulties in obtaining food and 30% to bad odor.

— Reported by: Dr. Adel M. Fatani, Dr. Abdullah M. Al Rabeah, Dr. Randa M. Nooh, Dr. Ahmed M. Al Sehli, (Field Epidemiology training program) and Dr. Tajammel Mustafa (Military Hospital).

Editorial note: The majority of the Muftaresheen were males under 40 years of age, which may be attributed to the fact that being a muftaresh, living on the street, and facing many difficulties requires physical fitness. Although the Muftaresheen belonged to different nationalities, certain nationalities were more common, which, most probably, reflects the large number of people of these nationalities residing in Saudi Arabia, since most muftaresheen were domestic Hajjees. Saudis comprised 5% only, indicating that this problem is mainly among non-Saudis.

The overall meningococcal vaccination coverage is consistent with previous studies.¹ This incomplete coverage raises the importance of exerting continuous efforts to maintain a high vaccination coverage to prevent meningococcal meningitis outbreaks.

Health education remains the backbone for prevention of most Hajj-associated diseases. The present study showed that about one third of the Muftaresheen had not received any education regarding Hajj-related

health problems. This raises the importance of exposing Hajjees to health education concerning different Hajj-related problems. Furthermore, 44% of symptomatic Hajjees did not seek treatment, which may also be due to lack of health education regarding utilization of the free medical services

offered.

Over one third bought their food from street vendors, which is higher than previous reports on organized Hajj groups.² Street food vendors can be a potentially serious hazard, due to the difficulty of adequate supervision

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Table 1. Characteristics of the studied Muftaresheen, Hajj 1420 (n=412)

CHARACTERISTIC	NUMBER OF HAJJEES	%
AGE GROUP		
UNDER 30	113	28
30 - UNDER 40	151	37
40 - UNDER 50	76	18
50 & ABOVE	72	17
SEX		
MALE	375	91
FEMALE	37	9
LEVEL OF EDUCATION		
ILLITERATE	27	7
READ & WRITE	61	15
PRIMARY	48	12
SECONDARY	154	37
UNIVERSITY & ABOVE	122	29
TYPE OF HAJJEE		
DOMESTIC	255	62
INTERNATIONAL	157	38
NATIONALITY		
PAKISTANI	95	23
EGYPTIAN	85	21
SUDANI	49	12
INDIAN	38	9
SYRIAN	35	9
SAUDI	22	5
LEBANESE	23	5
OTHER	65	16
NUMBER OF HAJJ TIMES		
FIRST TIME	245	60
SECOND TIME	88	21
THIRD OR MORE	79	19
REASON FOR STAYING IN STREET		
FINANCIAL	257	62
EASIER	86	21
PROBLEM WITH HAMLRA	37	9
OTHER REASON	32	8
HEALTH EDUCATION		
RECEIVED	298	72
NOT RECEIVED	114	28

Health – Related Services Provided for Hospitalized Hajjees During Shifting to Arafat, 1420 H.

The visit of Hajjees to Arafat is a fundamental part of Hajj. The Ministry of Health transports its Hajjee patients hospitalized in Makkah to Arafat to complete their Hajj rituals. There is a need for a better understanding of the needs of these transported patients (TPs) for further improvement of this service. The objective of this study is to describe the characteristics of the TPs and their satisfaction with this service.

A questionnaire inquiring about demographic characteristic, diagnosis, and mode of transportation of each TP was completed in all governmental hospitals in Makkah. During the trip to Arafat, observations were recorded. After the trip, using the list of the TPs provided by hospitals, a sample of TPs was selected from each hospital. Patients were interviewed and requested to assess their satisfaction and needs using a structured questionnaire.

The study included 285 TPs, most of who were from King Abdulaziz hospital (98 or 34.4%) and Al-Noor specialist hospital (77 or 27%). Their mean age was 60 ±12 years with a 1.8:1 male to female ratio. One hundred and fifteen TPs (40%) were Arabs from countries other than GCC and 86 (30.2%) were from the Indian subcontinent. The majority were patients admitted to the medical ward (53.7%) and complaining of respiratory diseases (26%). A total of 81% were transported by buses on regular chairs, 17.5% by buses on beds, and 1.4% by ambulances. Among those admitted to either Intensive or coronary care units (ICU, CCU), 71.4% were transported on regular chairs, 9.5% on beds, and 19% by ambulances.

Concerning the service, all the TPs expressed their satisfaction with the quantity of food and drinks, and 96% were satisfied with the quality of food. During the trip, 64% believed that the temperature was adequate, 20% felt very cold, and 16% felt very

hot in the vehicles. Among 46% of the TPs who felt a desire to pass urine, 52% did not, since no toilets were available. A third of the TPs believed that they would have been unable to go to Arafat without this service. Nine percent believed that their health condition became worse after the trip. Half of the TPs gave suggestions; 83% suggested to complete other Hajj rituals, 9% to provide toilets, and 9% to facilitate movements at Arafat gates.

— Reported by: Dr. Tami H. Al-Bassam, Dr. Abdullah Al-Rabeah (Saudi Arabian Field Epidemiology Training Program), Dr. Ashri Gad Mohammed (King Saud University).

Editorial note: The MOH, in cooperation with other ministries, carries out an important service to hospitalized hajjee patients by transporting them to Arafat, thus enabling them to complete their hajj rituals. Although MOH services are appreciated by most TPs, there is a need for continuous improvement of this service.

Transportation of ICU and CCU patients is a risky task and may need further investigation and more precautions. In the USA, Stearley reported that the national complication rates for intrahospital transportation of ICU patients to radiology department were as high as 75%.¹ The diversity of the severity of illnesses necessitates the application of a risk score. Wide application of risk score for TPs has permitted effective assigning of technical and human resources for safe interhospital transfer of critically ill patients.²

Hospitals used different criteria to select candidates for transportation. Development of clear selection criteria for TPs should help reduce potential risks during transportation.

Promotion of health and religious education should also minimize the potential risk during the transportation process and consequently achieve a

higher level of satisfaction with this service.

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Utilization of Health Services at Gulf Cooperation Council States' Hajj Medical Mission Clinics.

During Hajj season every year, all Gulf Cooperation Council (GCC) states send medical missions to provide health services, mainly for their citizens, in addition to other hajjees who may attend their clinics. GCC Medical Mission Clinics (GMMCs) are equipped for the provision of simple surgical procedures and emergency care. The GMMCs are divided into male and female clinics each with separate staff, and consist of doctors, staff nurses, pharmacists or assistant pharmacists, health inspectors and administrators, the number varying from one mission to the other.

The GMMCs start their activities in Makkah from the 1st to 7th of Dhul Hijjah, and in Mina from the 8th to the 12th. The objective of this study was to identify the pattern of health services provided by the GMMCs by measuring the following health indicators: characteristics of patients attending the GMMCs, pattern of workload, most common illnesses, and the most commonly prescribed drugs.

The study was conducted for three days in Makkah from 5th-7th Dhul Hijjah. Systematic random sampling was used, the sampling proportion depending on the average daily attendance in the previous year. A total of 983 records were collected, 136 from the Bahraini clinic, 172 from the Kuwaiti clinic, 311 from the Omani

clinic, 142 from the Qatari clinic, and 222 from the UAE clinic. The number of daily attendance of GMMCs increased progressively reaching its peak on 7th Dhul Hijjah. The workload showed a consistent daily bimodal pattern, the busiest periods were between 6-11 A.M and 6-10 P.M.

The number of visits/physician and visits/nurse varied between GMMCs, and from day to day, increasing progressively, and reaching the maximum on 7th of Dhul Hijjah (Table 1). The characteristics, diseases, and drugs prescribed to patients attending GMMCs are presented in Table 2. The most common illnesses were respiratory diseases (58.9%). Overuse of antibiotics was noted, having been prescribed for 46.8% of cases with common cold.

—Reported by: Dr. Abdulelah Al-Ghailani, Dr. Nasser ALHamdan (Saudi Arabian Field Epidemiology Training Program, Ministry of Health), Dr. Mustafa Tajammal (Military Hospital).

Editorial note:

Pilgrims to Makkah undergo strenuous physical and mental effort during Hajj. The large number, congestion, and mass movement can contribute to the occurrence of different types of

illnesses despite all efforts. Medical services are therefore stretched by the large number of patients and the different diseases presenting. Saudi health authorities provide free medical services for all religious visitors during hajj, including medicines and hospitalization.¹

In modern health care systems, continuing measurement and monitoring of relevant clinical data comprise the basis of documentation for the quality of care. Internationally there has been an increasing focus on monitoring and measuring the quality of care using principles from clinical and epidemiological viewpoints, including quality monitoring using clinical indicators.^{2,3}

During Hajj, many factors play a role in determining the total number of clinic visits, which subsequently affects the workload, such as the total number of doctors joining hamla, distance between the GMMC and its own Hajjees, which is expected to play an important role in increasing the workload especially in the Omani clinic, since all Omani Hamlas were located in one place (Malawi), with the clinic in the middle of this location. Another factor is the distance from the nearest Saudi primary health care center or hospital. In general, the male to female ratio was 2:1, which was consistent in all GMMCs. Most

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Table 1: Daily visits/ physician and visits/nurse for Gulf countries medical missions, Makkah, Dhul Hijjah, 1420H

Country	5 th Dhul Hijjah				6 th Dhul Hijjah				7 th Dhul Hijjah			
	Visits / Physician		visits / Nurse		Visits / Physician		visits / Nurse		Visits / Physician		visits / Nurse	
	M	F	M	F	M	F	M	F	M	F	M	F
Bahrain	4.0	5.6	10	5.6	6.0	5.3	15	5.3	6.0	7.3	15	7.3
Kuwait	34.1	22.5	68.3	11.2	31.6	45.0	63.3	22.5	39.1	47.5	78.3	23.7
Oman	113.3	48.3	113.3	41.4	120.0	48.3	120.0	41.4	131.6	56.6	131.6	48.5
Qatar	13.5	16.6	16.8	12.5	20.5	10.0	25.6	20.0	22.5	18.3	28.1	13.7
UAE	26.9	22.5	38.8	22.5	41.5	33.7	60.0	30.0	41.5	42.5	60.0	42.5

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of the attendees were mainly citizens of the same mission for both Bahrain and Oman, in contrast to Qatar, UAE, and Kuwait, which demonstrates the role GMMCs play in giving medical care to other hajjees.

The leading cause of morbidity were respiratory diseases, which is similar to other Hajj studies,⁴ and may be attributed to overcrowding and congestion, in addition to the fact that, in current years Hajj occurs in the winter months when respiratory diseases are more frequent. In this study, heat disorders constituted only 0.4%, and urinary problems 0.6%, showing a downward trend from previous studies conducted when hajj took place in the summer months.⁵

Hypertension (4.1%) and diabetes (2.1%) comprised all circulatory and endocrine diseases respectively. Factors that might have influenced the attendance of patients with chronic diseases to GMMCs could have been the mandatory pre-Hajj medical examination and whether these patients bring their medicines with them. In a previous Hajj behavior study, 77.8% of GCC nationalities with chronic diseases (hypertension, diabetes and cardiac diseases) were reported to have brought their medicines with them.⁶

Overuse of antibiotics is an important factor in the increase of drug resistant bacteria. During Hajj, however, it could be argued that difficulty in following the patients, lack of time to spend with patients due to overcrowded clinics and lack of laboratory facilities in some clinics, may excuse the high rate of antibiotic prescription.

It is important to educate Hajjees on the importance of early seeking of medical advice. Coordination between all Gulf countries is needed in terms of preventive and curative activities during Hajj.

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Table 2. Characteristics, diseases, and medications of patients visiting Gulf Countries medical missions, Makkah, Dhul-Hijja, 1420 H.

Characteristics	Bahrain N=136	Kuwait N=172	Oman N=311	Qatar N=142	UAE N=222	Total N=983
Sex						
Male	59.3%	73.3%	70.4%	69.6%	64.3%	69.3%
Female	40.7%	26.7%	29.6%	20.4%	35.7%	30.7%
Age						
0-14	0.0%	1.2%	0.6%	2.1%	0.0%	0.6%
15-24	3.7%	3.5%	3.8%	9.4%	2.7%	3.2%
25-44	50.7%	51.2%	37.8%	52.8%	44.1%	45.5%
45-64	39.0%	40.1%	51.9%	38.0%	47.3%	45.0%
>65	1.5%	1.2%	5.5%	3.5%	3.6%	3.3%
Unknown	5.1%	2.9%	0.6%	1.4%	2.3%	2.1%
Nationality						
Native	88.2%	45.9%	73.4%	18.3%	36.5%	54.4%
Other	11.8%	54.1%	26.6%	81.7%	63.5%	45.6%
Diseases						
Respiratory tract	50.7%	54.1%	60.6%	67.6	59.0%	58.9%
Digestive system	15.4%	11.0%	9.6%	8.5%	13.1%	11.3%
Musculoskeletal	10.3%	14.5%	11.9%	16.2%	11.2%	12.8%
Injury & trauma	5.9%	5.2%	2.9%	5.6%	6.3%	4.9%
Circulatory & bld.	5.1%	4.7%	3.8%	4.2%	3.2%	4.1%
Endocrine system	2.2%	2.9%	1.9%	2.1%	1.8%	2.1%
Heat disorders	0.0%	0.6%	0.6%	0.0%	0.5%	0.4%
Urinary system	0.0%	0.6%	1.3%	0.7%	0.0%	0.6%
Other	8.1%	7.0%	7.7%	4.2%	4.5%	6.4%
Drugs Prescribed						
Analgesics	72.8%	72.5%	69.5%	83.1%	74.3%	73.4%
Antitussives	20.6%	18.7%	34.4%	38.7%	34.2%	30.3%
Antibiotics	37.5%	32.0%	33.8%	37.3%	50.0%	38.1%
Anti histamines	27.9%	33.0%	38.0%	32.6%	24.3%	26.7%
Anti spasmodics	5.9%	5.8%	3.7%	2.8%	7.2%	4.5%
Antacid	8.1%	2.0%	9.2%	2.8%	6.0%	4.8%
Anti hypertensives	4.4%	4.1%	4.2%	4.2%	2.7%	3.8%
Oral & injectable hypoglycemics	2.2%	2.9%	1.9%	2.8%	1.8%	2.2%
Other	9.6%	11.1%	11.9%	7.7%	7.7%	9.2%

ملخص باللغة العربية

السلوكيات الصحية للمفترضين أثناء حج عام ١٤٢٠ هـ.

هناك عدد من الحجاج في كل موسم حج لا ينضمون إلى أي مؤسسة أو حملة و يفترضون الشوارع والطرق خلال أيام المبيت بمنى مما يؤدي إلى عرقلة حركة السير. قام برنامج الوبائيات الحقلية بدراسة هذه الظاهرة من الناحية الصحية والسلوكية للحجاج المفترضين.

أجريت هذه الدراسة بمنى بداية من مساء يوم الحادي عشر إلى نهاية اليوم الثاني عشر من ذي الحجة. حددت خمسة أماكن يقصدها معظم المفترضين هي الساحات حول الجمرات، طريق المشاة، حول مسجد الخيف، حول مستشفى منى العام، وتحت الجسور. تم إعداد استبيان و ترجمته إلى اللغة الإنجليزية والأوردية بالإضافة إلى اللغة العربية.

شارك في الدراسة ٤١٢ حاجاً، منهم ٩١ % من الذكور و ٩ % من الإناث. ٣٧ % كانوا في الفئة العمرية بين ٣٠-٣٩ سنة، وشكل كبار السن (أكبر من ٥٠ سنة) ١٧ %. كانت جنسيات المفترضين ٢٣ % باكستانيين، ٢٠ % مصريين، ٩ % هنود، ٨ % سوريين، ٥ % لبنانيين، ٥ % سعوديين، و ١٦ % دول أخرى. من المجموع الكلي ٦٢ % كانوا من داخل المملكة، و ٣٨ % من خارج المملكة. معظم الحجاج في الدراسة كانوا متعلمين بدرجات متفاوتة: ٣٧ % أنهوا الثانوية، ٢٩ % أنهوا الجامعة، ١٢ % أنهوا الابتدائية، ١٥ % يقرؤون ويكتبون، و ٧ % فقط أميون.

ذكر ٦٠ % أنهم يؤدون فريضة الحج للمرة الأولى، و ٢١ % للمرة الثانية، و ١٩ % للمرة الثالثة أو أكثر. معظم من سبق لهم أداء فريضة الحج ٦٦ % كانوا قد أدوها في السنة السابقة مفترضين، و ٣٨ % أدوها مع حملات.

بالنسبة لأسباب الافتراض، عزا ٦٢ % سبب افتراضهم إلى أسباب مادية، و ٢١ % إلى سهولة أداء مناسك الحج على هذا النحو، و ٩ % إلى مشاكلهم مع الحملات، و ٧ % إلى أسباب أخرى. الغالبية العظمى (٨١ %) كانوا مطعمين ضد الحمى الشوكية، ٥٥ % منهم أخذوا التطعيم في بلدانهم، و ٤٥ % في المملكة. أفاد ٧٢ % بأنهم تلقوا تلقياً صحيحاً، ٥٧ % منهم تلقوه في المملكة العربية السعودية.

ذكر ٤٦ % من المفترضين أنهم يشربون من المياه الصحية المعبأة، ٤١ % من البرادات، و ١٣ % من المياه المعبأة في أكياس بلاستيكية والتي يوزعها أهل الخير. غالبية الحجاج المفترضين (٦٨ %) كانوا ينامون أقل من ٦ ساعات خلال اليوم والليلة، وأرجع ٣٣ % منهم السبب إلى الضوضاء، ٣٠ % إلى انشغالهم بالعبادات، ١٧ % إلى الأضواء والإنارة، ١٦ % إلى الزحام، و ٤ % إلى تعرضهم للدهس. ذكر ٤٠ % أنهم يحصلون على غذائهم من الباعة المتجولين، ١٩ % من المطاعم، ١٥ % يعدون طعامهم في منازلهم ثم يحضرونها معهم، ١٥ %

من البقالات، و ١٢ % من تبرعات المحسنين. معظم من شملتهم الدراسة (٩٢ %) كانوا يستخدمون دورات المياه العامة، بينما كان ٨ % يستخدمون دورات مياه الحملات. ٣٢ % لم يكونوا مرتاحين للافتراض، منهم ٤٢ % بسبب الزحام الشديد، ١٤ % بسبب رائحة الطقس، ١٤ % بسبب صعوبة الحصول على الطعام والشراب، و ٣٠ % بسبب الروائح الكريهة.

بالنسبة للأعراض المرضية، أفاد ٤٥ % أنهم عانوا من أحد الأعراض الآتية: ٧ % عانوا من الحمى، ١٤ % من الكحة، ١٢ % من الأم بالحلق، ١٨ % من الرشح، ٣ % من الإسهال، ١ % من القيء، ٢ % من الأم بالبطن، ١٤ % من الصداع، ٥ %، و ٥ % من الإصابات. أما نسبة الذين تلقوا العلاج فكانت ٥٦ % فقط. وقد أفاد ١٣ % من المجموع الكلي بأنهم يعانون من أحد الأمراض المزمنة: ٧ % من الأم المفاصل، و ٣ % لكل من ارتفاع ضغط الدم وداء السكري.

تم التوصية على ضرورة تخفيض كلفة الانضمام إلى حملات الحج وجعلها تتناسب مع إمكانيات ذوي الدخل المحدود، و بحث إمكانية إلزام جميع الحجاج بالانضمام إلى الحملات، و نشر الوعي الصحي بينهم.

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دراسة ميدانية عن عملية تصعيد الحجاج المنومين في مستشفيات وزارة الصحة إلى عرفات أثناء موسم حج عام ١٤٢٠ هـ.

تحرص وزارة الصحة على مساعدة الحجاج المنومين بالمستشفيات لإكمال مناسكهم خاصة من خلال عملية تصعيدهم إلى عرفات. قام برنامج الوبائيات الحقلية بإجراء هذه الدراسة لاستكشاف الاحتياجات الخاصة لهؤلاء المرضى ومدى ملائمة ودرجة رضائهم عن الخدمات المقدمة لهم. شملت الدراسة ستة مستشفيات في مكة المكرمة.

في القسم الأول من الدراسة تم إعداد استبيان وتوزيعه على الإدارات المعنية في كل مستشفى قبل عملية التصعيد. في القسم الثاني تمت زيارة المستشفيات المشاركة و مقابلة عينه من المرضى المصعدين. قام فريق البحث بمرافقة قافلة أحد المستشفيات لمعاينة أحوال المرضى كما تمت مقابلة بعض المرضى والعاملين في وزارة الصحة في عرفات لتقديم ملاحظاتهم عن عملية التصعيد وسبل تطويرها. شارك في القسم الأول من الدراسة ٢٨٥ مريض موزعين على ستة مستشفيات، ٩٨ (٤٣.٤ %) من مستشفى الملك عبد العزيز، ٧٧ (٢٧ %) من مستشفى النور

التخصصي، ٣٨ (١٣ %) من مستشفى الملك فيصل، ٣٤ (١٢ %) من مستشفى حراء، ٣٠ (١٠،٥ %) من مستشفى أجياد العام، ٨ (٣ %) من مستشفى النساء والأطفال. و شارك في القسم الثاني من الدراسة ٩٢ مريض.

بلغ إجمالي عدد الذكور ١٨٢ (٦٤%) و الإناث ١٠٣ (٣٦%). متوسط أعمار المرضى المصعدين كان ٦٠ سنة (مدى بين ٢٥-٨٣ سنة)، و كان أغلبهم من الدول العربية ١١٥ (٤٠%)، ثم دول شبه القارة الهندية ٨٦ (٣٠،٢%)، دول جنوب شرق آسيا ٣١ (١١%)، ثم دول العالم المختلفة بنسب أقل.

المشاكل الصحية اشتملت: الجهاز التنفسي ٧٤ (٢٦%)، القلب والدورة الدموية ٤٦ (١٦%)، الجهاز العضلي الهيكلي (تشمل الكسور والجروح) ٦٦ (٢٣%)، ثم مشاكل صحية مختلفة بنسب أقل. كان غالبية المصعدين من أقسام الباطنية ٥٣ (٥٣،٧%) و الجراحة ٩٥ (٣٣،٣%)، العناية المركزة للقلب ١٣ (٤،٦%)، العناية المركزة ٨ (٢،٨%)، النسساء والولادة ٨ (٢،٨%)، النفسية ٦ (٢،١%) و ٢ فقط (٠،٧%) من قسم العزل.

جميع الحجاج الذين تمت مقابلتهم أعربوا عن رضائهم عن كمية الغذاء والمياه. كما أفاد ٥٩ (٦٤ %) عن ملائمة درجة الحرارة في الباصات بينما أعرب ١٨ (٢٠ %) عن الإحساس بالبرودة و ١٥ (١٦ %) عن الإحساس بالحرارة الشديدة.

أفاد ١٨ (١٩،٦ %) بقيامهم بالتخلص من فضلات الجسم أثناء عملية التصعيد: ١٤ (٧٨ %) في كيس البول أو القسطرة البولية و ٤ (٢٢ %) قاموا بالتبول في الطريق عند وقوف الباصات. وكان عدم الرغبة في التبول بسبب عدم وجود دورة مياه لدى ٢٢ (٢٩،٧ %) والحالة المرضية السيئة لدى ٢ (٢،٧ %).

أعتقد ٨ (٨،٧ %) من الحجاج المصعدين أن حالتهم الصحية ازدادت سوءاً بعد التصعيد بينما اعتقد ٢ (٢،٢ %) أنهم أصبحوا يعانون من أعراض جديدة.

عبر جميع المرضى الذين تمت مقابلتهم عن مساعدتهم بالصعود إلى عرفات و قدم ٤٦ منهم اقتراحات مختلفة: ٣٨ (٨٣ %) عبروا عن رغبتهم في استكمال مناسك الحج الأخرى، ٤ (٩ %) اقترحوا ضرورة توفير دورات مياه في الباصات، واقترح ٤ (٩ %) تسهيل المرور عند مدخل عرفات.

تم التوصية على وضع معيار موحد للاشتراطات اللازم توفرها لدى المرضى المنومين في المستشفيات للقيام بتصعيدهم إلى عرفات، تخصيص باصات متوفر بها دورات مياه، إنشاء لجنة توعية تقوم بالتثقيف الديني والصحي للحجاج المصعدين قبل وأثناء عملية التصعيد.

إعداد: د. طامي البسام، د. عبدالله الربيعية (برنامج الوبائيات الحقلية، وزارة الصحة).

Health Status of Non-organized Hajjees during 1420 H, Hajj Season.

(Continued from page 10)

by local authorities during the busy Hajj season.³ On the other hand, Hajjees in the present study faced little problem regarding drinking healthy water and accessibility to public toilets. About two-thirds of the participants were comfortable with performing Hajj as Muftaresheen, despite the fact that they reported sleeping under six hours per day because of the light and noise.

The access of muftaresheen to excellent free governmental services, safe portable water supply and proper management of excreta disposal, in addition to relatively acceptable shelter, may continue encouraging them to choose residing on the street. A strong effort should be exerted to stop this problem by intensifying health education on the hazards of staying on the streets, application of strict regulations regarding joining organized Hajj groups, and decreasing the cost of joining organized Hajj groups for the benefit of intermediate and low income Hajjees.

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Inside the Kingdom

March 17-20, 2002: Family Medicine Essentials, 3rd Workshop.

Host organisation: Dept. of Family and Community Medicine & Postgraduate Centre, College of Medicine, King Saud University.

Location: Towaiq Palace, Diplomatic Quarters, Riyadh, Saudi Arabia.

Contact: Postgraduate Centre, P.O.Box 2925, Riyadh 11461, KSA. Tel: 966 1 4671556/1554. Fax: 966 1 4811853.

Conference information is available at <http://www2.ksu.edu.sa/portals/fcm>

E-mail: kcalant@ksu.edu.sa

April 13-17, 2002: The International Conference on Travel Medicine & 2nd International SHEA Training Course in Health Care Epidemiology

Host organisation and Location: National Guard Officers Club.

Contact: Conference Coordinator, Academic Affairs, P.O.Box 22490, Riyadh 11426, KSA. Tel: 966 1 2520088 Ext. 2328. Fax: 966 1 2520040.

E-mail: accaff1@ngha.med.sa

Outside the Kingdom

February 10-13, 2002: INCLLEN Global Meeting XVIII, Equity Oriented Research: Leadership Challenges in the 21st Century.

Host organisation: The Clinical Epidemiology Unit, Suez Canal University, Ismailia, Egypt, in collaboration with INCLLEN - Africa.

Location: Sharm El-Sheikh, Egypt.

Conference information is available at <http://www.inclen.org>

March 24-27, 2002: International Conference on Emerging Infectious Diseases.

Contact: Charles Schable.

Conference information is available at <http://www.cdc.gov/iceid>

E-mail: cas1@cdc.gov

April 15-26, 2002: IARC International Course on Cancer Epidemiology— Principles and Methods. Izmir, Turkey.

Contact: Dr. Catherine Cohet, Course Organizer, International Agency for Research on Cancer, 150, cours Albert Thomas, 69372 Lyon Cedex 08, France.

Tel: 33 (0) 4 72738657, Fax: 33 (0) 4 72738320

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Selected notifiable diseases by region, Apr – Jun 2001

	Riyadh	Makkah	Jeddah	Taif	Madinah	Qassim	Eastern	Hasa	Hafr AlBati	Asir	Bisha	Tabuk	Hail	Al Shamal	Jizan	Najran	Baha	Al Jouf	Goriat	Confuda	Total
Measles	12	23	0	0	6	11	1	1	0	0	0	1	4	1	2	5	0	0	0	0	67
Mumps	22	25	14	3	22	25	16	21	11	28	2	10	2	1	4	3	5	1	1	0	216
Rubella	2	0	0	0	2	2	1	2	1	0	0	0	0	0	0	1	0	0	0	0	11
Varicella	1771	381	1162	177	552	761	1951	1163	621	826	508	628	116	132	37	142	86	96	41	122	11273
Brucellosis	187	12	9	49	36	505	74	17	77	216	92	5	236	15	47	62	23	38	1	5	1706
Meningitis	7	20	17	4	22	2	3	0	0	0	1	0	0	0	1	0	0	0	0	0	77
mening.																					
Meningitis, other	37	26	2	8	22	8	4	8	5	5	1	1	4	0	5	0	0	1	0	0	137
Hepatitis A	97	136	36	4	157	91	38	18	145	79	23	52	4	9	25	55	1	36	33	5	1044
Hepatitis B	239	88	261	7	57	40	198	5	2	75	3	8	7	2	15	6	34	1	1	6	1055
Hepatitis C	110	62	240	2	24	12	103	7	1	34	3	3	2	0	3	8	28	0	0	1	643
Hepatitis, unspecified	30	62	32	0	0	0	1	4	0	64	0	62	51	1	125	0	0	3	0	0	435
Typhoid & paratyphoid	9	24	1	0	4	4	8	3	0	11	3	3	8	7	2	0	0	0	0	0	87
Amoebic dysentery	22	1	387	11	4	25	26	7	2	112	19	17	12	0	26	20	5	0	18	2	716
Shigellosis	36	0	9	0	3	10	15	5	7	0	0	31	0	4	1	31	0	0	12	0	164
Salmonellosis	115	5	30	0	9	14	268	18	2	9	0	16	4	0	0	16	5	0	1	0	512
Syphilis	5	0	23	0	0	0	3	8	0	0	0	0	2	0	0	0	2	0	0	0	43
VD, other	5	0	42	0	0	0	30	21	0	5	0	0	0	0	16	0	1	0	0	0	120

Comparisons of selected notifiable diseases, Apr–Jun 2000-2001

	Apr-Jun 2001	Apr-Jun 2000	Change %	Apr-Jun 2001	Jan-Dec 2000		Apr-Jun 2001	Apr-Jun 2000	Change %	Apr-Jun 2001	Jan-Dec 2000
Diphtheria	0	0	0	0	0	Meningitis, other	137	242	-43	137	753
Pertussis	15	3	400	15	21	Hepatitis A	1044	527	98	1044	2250
Tetanus, neonatal	4	2	100	4	13	Hepatitis B	1055	843	25	1055	3361
Tetanus, other	1	3	-67	1	10	Hepatitis C	643	507	27	643	2134
Poliomyelitis	0	0	0	0	0	Hepatitis, Unspec.	435	231	88	435	1041
Measles	67	179	-63	67	617	Typhoid/paratyph	87	128	-32	87	420
Mumps	216	339	-36	216	1388	Amoebic	716	687	4	716	3244
Rubella	11	61	-82	11	202	Shigellosis	164	44	273	164	501
Varicella	11283	6705	68	11283	20076	Salmonellosis	512	413	24	512	2045
Brucellosis	1706	1878	-9	1706	5320	Syphilis	43	48	-10	43	165
Meningitis, Men.	76	119	-36	76	337	VD, other	120	98	22	120	428

Diseases of low frequency, Apr – Jun 2001

Yellow fever, plague, diphtheria, poliomyelitis, rabies, puerperal sepsis, hemolytic uremic syndrome: No cases

Pertussis: 15 (Riyadh 2, Makkah 1, Madinah 3, Eastern 9)

Tetanus neonatal: 4 (Makkah 3, Jeddah 1)

Echinococcosis: 1 (Goriat 1)

Guillain-Barre syndrome: 14 (Riyadh 1, Makkah 1, Madinah 2, Jazan 1, Qassim 1, Eastern 3, Assir 2, Tabuk 2, Goriat 1)