



النشرة الوبائية السعودية



نشرة فصلية متخصصة في مجال الوبائيات تصدر عن وزارة الصحة • الوكالة المساعدة للطب الوقائي • برنامج الوبائيات الحقلية

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Satisfaction of Arab patients with services provided by primary health care centers in Makkah and Mina during Hajj season 1430 H (2009 G).

The Primary Health Care (PHC) service is the most frequently used service in any health care system. Evaluation of patient satisfaction has become a standard part of evaluation of any health care system. In hajj, primary health care centers (PHCCs) in Makkah and Mina cater for the first level medical care for millions of hajjis. This study aimed to evaluate patient satisfaction level with services provided by PHCCs in Makkah & Mina among Arab patients visiting these centers during Hajj season 1430 H (2009 G).

A cross-sectional study was conducted at 12 of 33 PHCCs in Makkah and 11 of 28 PHCCs in Mina. All Arab patients visiting these centers during hajj season 1430 H were considered as study population; while considering Makkah and Mina as separate strata. The questionnaire covered information about demographic characteristics, medical problems encountered and satisfaction about different components related to PHC services as well as overall satisfaction. Stratified random cluster sampling was used and a total of 827 patients were selected from both strata. Out of the 827 patients, 425 (51.4%) were recruited from PHCCs of Makkah and 402 (48.6%) from PHCCs in Mina.

Regarding overall satisfaction with PHCC services, among Makkah patients 246 (57.9%) were fully satisfied, 153 (36.0%) were satisfied, 16 (3.8%) were not satisfied and 10 (2.4%) did not comment; while among Mina PHCCs patients 266 (66.2%) were fully satisfied, 111 (27.6%) were satisfied, 15 (3.7%) were not satisfied and 10 (2.5%) did not comment ($p=0.077$).

The majority of patients were «fully satisfied» with different aspects of PHC services, which included satisfaction with cleanliness of the building [254 (59.8%) in Makkah and 304 (76.0%) in Mina]; receptionist's attitude [235 (55.3%) in Makkah and 308 (76.6%) in Mina]; nursing [228 (53.6%) in Makkah and 233 (58.4%) in Mina]; physical examination by doctor [206 (48.5%) in Makkah and 196 (49.0%)

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Satisfaction of Arab patients about services provided by primary health care centers in Makkah and Mina during hajj season 1430 H (2009 G), cont...

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treatment at clinics or hospitals. One in Mina]; competency of treating doctor [211 (49.7%) in Makkah and 192 (48.0%) in Mina]; laboratory services [118 (70.7%) in Makkah and 22 (61.1%) in Mina]; X-ray services [24 (47.1%) in Makkah and 17 (63.3%) in Mina]; and pharmacist's explanation [242 (56.9%) in Makkah and 249 (62.6%) in Mina].

Table 1 shows the relationship of some of the explanatory factors with level of patient satisfaction. In Makkah, patients under 30 years of age were less fully satisfied than older patients and the difference was statistically significant. However, in Mina there was no significant difference between different age groups regarding their overall satisfaction with the provided health services. No association was observed between overall satisfaction and gender or whether it was the first or repeat visit, whether in Makkah or Mina. It was also found that "Other Asian Arabs" were most fully satisfied as compared to "African Arabs" or Saudis, and the difference was statistically significant in both Makkah and Mina.

The time required to reach the PHCC was also found to be statistically significantly associated with satisfaction of patients in Makkah but not in Mina.

The study concluded that the level of satisfaction was high in both areas, but was higher among patients in Mina as compared to those in Makkah.

- Reported by: Dr. Mahmoud Al-Sekaiti, Dr. Abdul Jamil Choudhry (Field Epidemiology Training Program).

Editorial Notes : In recent years, increasing emphasis has been placed upon issues concerning the evaluation of health care.¹ Evaluation of health care should not only focus upon measures of clinical effectiveness and economics, but also upon measures of social acceptability to the consumers of health care.² Measurement of patient satisfaction has become a common way to elicit patients' views about the health care delivered in order to increase awareness about the concept of quality and prevent waste of medical resources.

This study was an effort to evaluate patient's satisfaction with PHC services in Makkah and Mina during the hajj season for a better patient focus. The overall level of satisfaction was 57.9% for services provided by PHCCs in Makkah and 66.2% for Mina. In comparison, a previous study conducted in Saudi Arabia reported an overall patient satisfaction rate of 49.0%,³ while a Kuwaiti study reported an overall rate of 62.0%.⁴ Another Saudi study evaluating the services in PHC affiliated to Riyadh military hospital showed that the overall satisfaction level was 64.2%.⁵

In general, it was evident that there was a statistically significant difference between Makkah and Mina for the majority of factors studied. Regarding socio-demographic characteristics of patients, unlike other patient satisfaction

studies, this study showed no statistical significant association between most of the demographic factors and overall satisfaction.

Accessibility to PHC is one of the principles of health for all, as stated in the Alma Ata declaration on primary health care in 1978.⁶ In our study, more than half of the patients in both Makkah and Mina were able to reach the PHCC in less than 10 minutes. The relation of distance from home on patient satisfaction and utilization of services was reported in many studies where utilization is increased by travelling shorter distance to PHC centers.^{7,8}

The results of this study revealed certain areas in which quality improvement is required such as the physical examination and the medical advice offered by doctors.

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Table 1: Relationship between selected demographic characteristics and overall satisfaction of Arab patients visiting PHCCs in Makkah and Mina during hajj season 1430 H.

	Makkah		Mina	
	N	Fully Satisfied	N	Fully Satisfied
Age group				
< 30 years	51	39.2%	89	69.7%
30- 39 years	67	52.2%	136	64.0%
40- 49 years	103	66.0%	97	67.0%
50- 59 years	113	61.1%	58	69.0%
60 yrs and above	91	59.3%	17	47.1%
	p=0.021		p=0.438	
Gender				
Male	218	56.4%	56.4%	67.8%
Female	207	59.4%	59.4%	60.0%
	p=0.531		p=0.176	
Nationality				
Saudi	130	49.2%	60	50.0%
Other Arab Asian countries	122	68.9%	115	69.6%
Arab African countries	173	56.6%	224	68.3%
	p=0.006		p=0.018	
Hajji Status				
Hajji	302	61.3%	384	66.4%
Non Hajji	123	49.6%	18	61.1%
	p=0.014		p=0.896	
First visit to PHCC				
Yes	269	59.5%	362	34.8%
No	156	55.1%	39	25.6%
	p=0.381		p=0.251	
Distance to PHCC				
<10 min.	215	60.5%	211	71.1%
1030- min.	145	47.6%	59	61.0%
>30 min.	52	76.9%	58	65.5%
	p<0.001		p=0.300	

Salmonella food poisoning outbreak in Al-Ahsa Governorate, Saudi Arabia, July 2010 (1431 H).

By the morning of Thursday 19/7/1431 H (1/7/2010), health authorities of Al-Ahsa governorate had noted an increase in the number of gastroenteritis cases reported from Al-Jafur General Hospital. This continued over the following day, reaching 33 cases. All cases had gastroenteritis symptoms including diarrhea, fever, vomiting, nausea, and abdominal pain. All reported a recent history of eating at a restaurant in Al-Ahsa the previous evening. A team from FETP was assigned to investigate this outbreak.

The team first visited the restaurant which had already been closed by the local authorities, which appeared to be generally clean. After that, the team visited Al-Jafur general hospital, and reviewed the patients' records and laboratory results. A list of patients' names and telephone numbers and the active surveillance done by the hospital was obtained.

A case-control study was conducted to identify the severity, extent, source, and cause of this outbreak. A case was defined as any person who had eaten from the implicated restaurant between 7:00 PM of the 30th of June to 11:30 PM of the 1st of July 2010, and had developed any gastrointestinal symptoms of abdominal pain, diarrhea, fever, nausea and vomiting, within days of food consumption. A control was defined as any person who had eaten from the same restaurant during the same time period and had not developed any of these symptoms during the period of the outbreak.

At the day of the team's arrival to Al-Ahsa, all the admitted cases had already been discharged from the hospital. Data were collected both by face to face interviews at the patients homes or by telephone. Two controls were selected for

each case from his/her relatives or friends, who had eaten from the same restaurant and had not become sick. Rectal, under nail, throat and nasal swabs had been taken from all the restaurant workers and from the patients for culture. Various food specimens from the restaurant had been sent to King Fahd Hospital laboratory for investigation. Cultures of patients' stool or rectal swab were also done.

A total of 100 people were interviewed, 33 cases and 67 controls. Among the cases, there were 10 males (30%) and 23 females (70%). Among the control, there were 44 males (65.7%) and 23 females (34.3%). Age of cases ranged between 3 – 71 years (mean of 25.7 ± 14.0 years). Among cases 32 (97%) were Saudi nationals. All had developed gastroenteritis manifested by abdominal pain in 32 (97%), diarrhea 30 (90.9%), fever 29 (78.8%), vomiting 25 (75.8%), and nausea 10 (30.3%).

The first case had onset of symptoms at 1:00 am on Thursday 1 July while the last case had onset at 4:00 pm of Friday

2 July, 2010. The incubation period ranged between 5 to 20 hours (mean of 9 ± 13 hours, median 8:45 hours, mode 7:00 hours). The epidemic curve was suggestive of a common source outbreak. (Figure 1)

On questioning the restaurant workers regarding the procedures for food storage, handling, preparation, and serving, they stated that the meat kabab served on Wednesday's dinner had been prepared earlier by mixing red meat with raw eggs, in order to maintain proper shape during barbecue, and was then kept in a refrigerator for 1 to 2 days before use. On the same day, the meat kabab was semi barbecued, and then was kept at restaurant temperature till it was ordered.

Salmonella enteritidis group D1 was isolated from stool specimens obtained from eight patients. No pathogens were isolated from the restaurant food items or handlers. Statistical analysis showed a

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Figure 1: Epidemic curve of foodborne salmonella outbreak, Al-Ahsa, 2010.

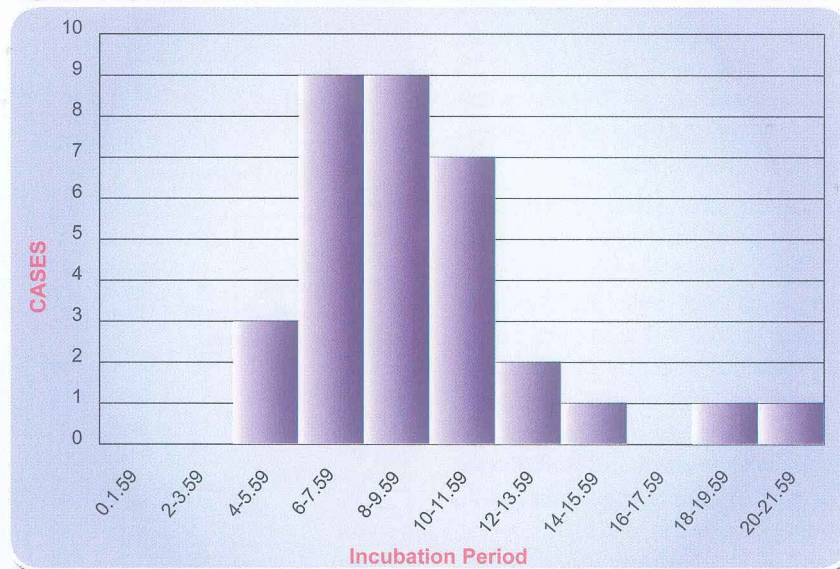


Table 1: Odd ratios and 95% confidence intervals for food items served at Al-Gariah restaurant in Al-Ahsa, 2010.

Food items	Cases		Control		(OR)	(95% CI)
	Eat N (%)	Not eat N (%)	Eat N (%)	Not eat N (%)		
Meat kabab	31 (93.9)	2 (6.1)	27 (40.3)	40 (59.7)	22.96	4.73-151.65
Tabulah	4 (12.1)	29 (87.9)	4 (6.0)	63 (94.0)	2.17	0.42-11.33
Chicken kabab	4 (12.1)	29 (87.9)	6 (9.0)	61 (91.0)	1.40	0.30-6.24
Mukabelat	1 (3.0)	32 (97.0)	15 (22.4)	52 (77.6)	0.11	0.01-0.85
Chicken awsal	1 (3.0)	32 (97.0)	5 (7.5)	62 (92.5)	0.39	0.02-3.68
Chicken broasted	3 (9.1)	30 (90.9)	17 (25.4)	50 (74.6)	0.29	0.06-1.20
Hummus	4 (12.1)	29 (87.9)	24 (35.8)	43 (64.2)	0.25	0.06-0.86
Waragenab	6 (18.2)	27 (81.8)	10 (14.9)	57 (85.1)	1.27	0.36 – 4.33

Life style patterns and obesity prevalence among male intermediate school students in Riyadh City, KSA.

Childhood obesity has increased at an alarming rate, becoming one of the most serious public health challenges of the 21st century. This study was conducted to assess the prevalence of overweight and obesity among male intermediate school students in Riyadh City and investigate influencing life style factors.

The study population included male students affiliated to both public and private intermediate schools (7th, 8th, and 9th grades) in Riyadh City. A multistage stratified random sampling technique with proportional allocation was used as sampling design. Accordingly, three public male schools and one private school were randomly selected. Four hundred and thirty six (436) students participated in this cross-sectional study. Data was collected on a pre-prepared self-administered questionnaire. Weights and heights were measured by the investigators at the time of questionnaire submission.

Among all study participants, 81.0% were Saudi and 19.0% were non Saudi. Based on WHO criteria, 3.2% were underweight, 49.3% were within normal weight, 24.5% were overweight, and 23.0% were obese.

Among Saudi students, overweight was observed in 24.4% and obesity in 23.5%, while among non Saudis, overweight was seen in 25.3% and obesity in 20.5%. The difference was not statistically significant ($p=0.252$). Overweight and obesity was lower among public school students than private school students, but the difference was not statistically significant (45.9% compared to 52.3%, $p=0.243$).

Table 1 demonstrates the different factors influencing overweight and obesity among our study population. It was found that the levels of obesity declined with increasing duration of sports activities ($p<0.01$). However, overweight and obesity rose with increasing durations of inactivity interests, such as watching television (TV), using computers, and/or playing video games ($p<0.001$). Higher levels of overweight and obesity were

significantly associated with more hours of watching TV ($p<0.001$), sleeping after midnight ($p=0.014$), consuming more than 3 meals/day ($p=0.031$), consuming a higher number of fast food meals/week ($p<0.001$), and drinking soft and/or canned beverages ($p=0.002$).

Eating breakfast daily was significantly higher among students whose mothers were housewives ($p=0.025$). On the other hand, overweight and obesity were found to be significantly higher among students who had working mothers ($p=0.007$), as was eating fast food 4 times or more/week ($p=0.028$).

Drinking soft and/or canned drinks was higher among Saudis ($p=0.026$), almost half (47.0%) of whom consumed > 3 meals/day than non-Saudis (34.9%) ($p=0.046$). A higher proportion of non-Saudis (14.5%) did not consume any fast food meals compared to Saudis

(6.0%) ($p=0.025$), and sleeping before midnight was reported more frequently among non Saudis ($p=0.005$).

- Reported by: Dr. Mansour Alelyani, Dr. Sami Almudarra, Dr. Ibrahim Kabbash (Field Epidemiology Training Program).

Editorial notes: Obesity has become an epidemic health problem worldwide. The problem of childhood obesity is global and is steadily affecting many low-and-middle-income countries, particularly in urban settings. In 2010 the number of overweight children under the age of five was estimated to be over 42 million globally, close to 35 million are in developing countries.^{1,2}

Overweight and obese children are likely to stay obese into adulthood and are more likely to develop non-

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Table 1: Physical activity and daily habits of male intermediate school students and their association with body weight.

Characters	Normal weight		Overweight		Obese		Total		P
	n (229)	%	n (107)	%	n (100)	%	n (436)	%	
Availability of Playing yard									
Yes	160	52.3	76	24.8	70	22.9	306	100.0	0.899
No	69	53.1	31	23.8	30	23.1	130	100.0	
Leisure Time									
Physical activity	80	57.9	34	24.6	24	17.4	138	100.0	0.233
Entertainment	149	50.0	73	24.5	76	25.5	298	100.0	
Time spent in Sports									
<30 min	98	45.8	50	23.4	66	30.8	214	100.0	<0.010
30 min - <1 hr	43	60.6	16	22.5	12	16.9	71	100.0	
1-2 hrs	63	56.2	33	29.5	16	14.3	112	100.0	
>2 hrs	25	64.1	8	20.5	6	15.4	39	100.0	
Inactivity Time									
<3 hrs	114	71.3	26	16.3	20	12.5	160	100.0	<0.001
3-6 hrs	74	43.8	51	30.2	44	26.0	169	100.0	
>6 hrs	41	38.3	30	28.0	36	33.6	107	100.0	
TV watching time/day									
<2 hrs	167	62.8	56	21.1	43	16.2	266	100.0	<0.001
2 hrs or more	62	36.4	51	30.0	57	33.5	170	100.0	
Computer use time/day									
<30 min	80	60.2	27	20.3	26	19.5	133	100.0	0.244
30 min - 1.5 hrs	81	53	38	24.8	34	22.2	153	100.0	
>1.5hrs	68	45.3	42	28.0	40	26.7	150	100.0	
TV watching time/day									
<30 min	110	60.4	39	21.4	33	18.1	182	100.0	0.092
30 min - 2 hrs	72	51.5	35	25.0	33	23.6	140	100.0	
>2 hrs	47	41.2	33	28.9	34	29.8	114	100.0	
Time of sleeping at night									
Midnight & before	130	59.9	41	18.9	46	21.2	217	100.0	0.014
After midnight	99	45.2	66	30.1	54	24.7	219	100.0	

Life style patterns and obesity prevalence among male intermediate school students in Riyadh City, KSA, cont...

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communicable diseases at a younger age. The most immediate consequence of overweight as perceived by the children themselves is social discrimination, which is associated with poor self-esteem and depression.^{1,2,3} Prevention of childhood obesity is, therefore, of high priority.

Maintenance of a normal body weight is a function of balancing energy intake and expenditure. However, the etiology of obesity involves a complex interaction of several factors. Recently, many developing countries including Saudi Arabia have witnessed rapid economic developments and enormous changes in dietary intake and habitual physical activity. These lifestyle-related changes have contributed significantly to the increased prevalence of obesity.⁴

Recently, Saudi Arabia has seen an increase in the prevalence of overweight and obesity among children and adolescents. The overall prevalence of overweight was reported as 11.7% and obesity as 15.8%. In 1996, the highest prevalence (18.0%) was recorded in Riyadh and the lowest in Sabea (11.1%).⁵ At the same time, the proportion of inactive children and youth is considerably high. Several local Saudi studies have reported a rising trend in body mass index (BMI) and high prevalence of physical inactivity among school children and adolescents. Nearly 60% of Saudi children and over 70% of youth do not engage in physical activity of sufficient duration and frequency. Also, increasing time is spent on television viewing, video games, and computer use, which has also contributed immensely to the inactivity and obesity epidemic.^{4,6}

Our study showed an alarming prevalence of overweight and obesity (24.5% and 23.0%, respectively)

among male intermediate school students, showing a significant association with inactivity, which calls for immediate intervention by the concerned authorities.

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Salmonella food poisoning outbreak in Al-Ahsa, cont...

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strong association of food poisoning with eating meat kabab, showing the highest odds ratio (OR=22.96, 95% C.I = 4.73 -151.65). (Table 1)

- Reported by: Dr. Hussain Al Bakheet, Dr. Abdullah Al-Zahrani, Dr. Mohammad Al-Mazroa (Field Epidemiology Training Program).

Editorial notes: Foodborne diseases are a group of illnesses resulting from consumption of contaminated foods or beverages. Most result from infections caused by bacteria, viruses, and parasites, or poisonings caused by toxins or chemicals contaminating the food.¹

In the present outbreak, dinner on the 30th of June at the implicated restaurant was the meal responsible for the outbreak. The "Meat kabab" prepared from mixed red meat and eggs, was the incriminating food item. The causative organism was *Salmonella enteritidis* which was isolated from both the patients and the meat kabab.

Clinical and epidemiological features give important clues to etiology. Fever, abdominal cramps, and diarrhea occurring within 5.5 to 20 hours of food consumption usually result from *Salmonella*, *Shigella*, and *Campylobacter jejuni*.² Based on clinical and epidemiological features, the present outbreak resulted from *Salmonella* food poisoning, which is supported by the laboratory findings. The incriminating food item, meat kabab, also strengthens this premise since eggs are known source of *Salmonella* organisms.³

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ملخص باللغة العربية

دراسة رضاء المرضى العرب عن الخدمات الصحية المقدمة من مراكز الرعاية الصحية الأولية بمكة ومنى خلال موسم حج ١٤٣٠هـ.

يعتبر رضاء المرضى عن الخدمات الصحية ذي أهمية بالغة لدى مقدمي الرعاية الصحية وهو أيضا مؤشر على جودة الرعاية وأداء النظام الصحي. تخدم مراكز الرعاية الصحية الأولية في مكة ومنى الملايين من المرضى خلال موسم الحج، ولذلك فإن قياس درجة رضائهم عن هذه الخدمات هو أحد مؤشرات جودة الخدمات الصحية. هدفت الدراسة إلى تقييم مستوى رضاء المرضى العرب عن الخدمات الصحية المقدمة من مراكز الرعاية الصحية الأولية بمكة ومنى خلال حج ١٤٣٠هـ.

تم عمل دراسة مقطعية شملت عينة من المرضى العرب الذين قاموا بزيارة مراكز الرعاية الصحية الأولية بمكة ومنى خلال الفترة من ٣ إلى ١٠ ذو الحجة ١٤٣٠هـ. تم تحليل ٨٢٧ استبياناً شملت ٤٢٥ من مكة و ٤٠٢ من منى. بلغ متوسط أعمار المرضى في مكة ٤٦,٨ عاماً (إنحراف معياري ١٤) أما في منى فقد بلغ ٣٨,٣ عاماً (إنحراف معياري ١٠,٧)، وشكلت الفئة العمرية ٥٠-٥٩ سنة أعلى النسب في مكة (٢٦,٦٪) في حين شكلت الفئة العمرية ٣٠-٣٩ سنة أعلى النسب في منى (٣٤,٣٪). شكل الذكور ما نسبته ٥١,٣٪ في مكة و ٧٨,٩٪ في منى. وشكلت الجنسيات العربية الأفريقية ما نسبته ٤٠,٧٪ من جملة الجنسيات العربية في مكة و ٥٦,١٪ في منى.

وعند السؤال عن المدة المستغرقة للوصول إلى المركز الصحي فإن نسبة المرضى الذين أجابوا بأنها أقل من ١٠ دقائق كانت ٥٠,٦٪ في مكة و ٥٢,٥٪ في منى، وغالبيتهم لم يواجهوا أي صعوبات للوصول إلى المركز الصحي (٧٧,٦٪ في مكة و ٨٠,٤٪ في منى).

بالنسبة لدرجة الرضى العام عن الخدمات المقدمة من مراكز الرعاية الأولية بمكة ومنى فإن معظم المرضى كانوا راضين تماماً (٥٧,٩٪ في مكة و ٦٦,٢٪ في منى) يليهم الراضون (٣٦,٠٪ في مكة و ٢٧,٦٪ في منى) ثم غير الراضون (٣,٨٪ في مكة و ٣,٧٪ في منى) أما البقية فلم يعلقوا (٢,٤٪ في مكة و ٢,٥٪ في منى).

كان نسبة المرضى الراضون تماماً عن المبنى والإستقبال ٥٩,٨٪ في مكة و ٧٦٪ في منى، وعن نظافة المركز ٥٥,٣٪ في مكة و ٧٦,٦٪ في منى. أما فيما يتعلق بالوقت المستغرق في غرفة الإنتظار

ووقت مقابلة الطبيب فإن معظم المرضى (٨٥,٧٪ في مكة و ٩٣,٨٪ في منى) أجابوا بأن وقت الإنتظار كان مناسباً وغرفة الإنتظار كانت مريحة (٨٦,١٪ في مكة و ٩٦,٢٪ في منى)، كما أجاب الأغلبية بأن وقت المقابلة مع الطبيب كان مناسباً (٧٤,١٪ في مكة و ٦٩,٥٪ في منى).

أما بالنسبة للعلاقة مع الطبيب فإن ٥٣,٩٪ من المرضى في مكة و ٦٧,٤٪ في منى كانوا راضين تماماً عن ترحيب الطبيب، فيما بلغت نسبة الرضى التام عن طريقة استماع الطبيب للشكوى المرضية ٥٢,٢٪ في مكة و ٥٩,٤٪ في منى. كما أظهرت النتائج إنخفاض نسبة الرضى التام حول النصيحة المقدمة من قبل الطبيب. أما بالنسبة لدرجة الرضى التام عن كفاءة الطبيب فقد بلغت ٤٩,٧٪ في مكة و ٤٨٪ في منى.

غالبية المرضى الذين تم إرسالهم للمختبر كانوا راضين تماماً عن خدمة المختبر (٧٠,٧٪ في مكة و ٦١,١٪ في منى) أما بالنسبة لخدمة الأشعة فقد بلغت نسبة الرضى التام ٤٧,١٪ في مكة و ٦٣,٠٪ في منى، وبالنسبة لمدى الرضى عن خدمات الصيدلية فكانت ٩٥,٥٪ في مكة و ٩٢,٤٪ في منى، وشرح الصيدلي للأدوية الموصوفة ٥٦,٩٪ في مكة و ٦٢,٦٪ في منى.

أظهرت الدراسة إرتفاع مستوى الرضى العام لدى المرضى العرب عن الخدمات المقدمة من مراكز الرعاية الصحية الأولية بمكة ومنى خلال موسم حج ١٤٣٠هـ، خاصة بين أولئك الذين زاروا مراكز الرعاية الصحية الأولية بمنى.

على الرغم من أن مستوى الرضى العام كان مرتفعاً، إلا أن بعض الجوانب المتعلقة بالعلاقة مع الطبيب و التمريض تحتاج إلى تحسين. تمت التوصية على تطوير برامج لمنسوبي وزارة الصحة من أجل التوعية بأهمية رضاء المرضى و الحاجة إلى إجراء دراسات لاستطلاعها بشكل دوري من أجل تحسين جودة خدمات الرعاية الصحية الأولية وإطلاع صانعي القرار على الوضع القائم.

إعداد: د. محمود بن حميد السكيوتي، د. عبد الجميل شودري، د. محمد المزروع (برنامج الوبائيات الحقلية).

البدانة ونمط الحياة بين طلاب المدارس بالمرحلة المتوسطة لتبنين بمدينة الرياض خلال عام ٢٠١٠ (١٤٣١ هـ).

تعتبر البدانة لدى الأطفال إحدى أهم تحديات الصحة العامة في القرن الحادي والعشرين. على

المستوى العالمي في عام ٢٠١٠، يقدر عدد الذين يعانون من البدانة و زيادة الوزن ممن هم دون سن الخامسة من الأطفال أكثر من ٤٢ مليون. وفي المملكة العربية السعودية، يقدر عدد الذين يعانون من البدانة ١١,٧٪ و الذين يعانون من زيادة الوزن ١٥,٨٪ من إجمالي عدد السكان. أجريت هذه الدراسة لتقييم مدى انتشار البدانة و زيادة الوزن بين طلاب المدارس بالمرحلة المتوسطة في مدينة الرياض و مدى ارتباطها بنمط الحياة السائد بين هؤلاء الطلاب.

أجريت الدراسة كدراسة مقطعية عرضية بمشاركة ٤٣٦ طالباً من المرحلة الدراسية المتوسطة.

أظهرت النتائج أن ٣,٢٪ من أصل ٤٣٦ طالباً كانوا يعانون من قلة الوزن، و كان ٢٤,٥٪ يعانون من زيادة الوزن، و ٢٣,٠٪ من البدانة. كما أظهرت هذه الدراسة أن هناك علاقة ذات قيمة إحصائية بين معدل كتلة الجسم (BMI) وكل من قلة النشاط البدني، مدة ساعات مشاهدة التلفزيون، مدة استخدام الحاسب الآلي، مدة ممارسة ألعاب الفيديو، وظيفة الأم، وقت النوم ليلاً، عدد الوجبات اليومية، عدد الوجبات السريعة المتناولة خلال الأسبوع و نوع المشروبات. و قد أظهرت الدراسة أن الطلاب الذين كانت أمهاتهم من ربات المنازل يستهلكون عدداً أقل من الوجبات السريعة ($P < 0,05$).

بناءً على ما أظهرته هذه الدراسة من نتائج، فيمكننا القول بأن عدد الذين يعانون من البدانة و زيادة الوزن بين طلاب المدارس المتوسطة في مدينة الرياض قد وصل إلى مراحل منذرة بالخطر، مما يدعو إلي ضرورة التدخل السريع لمحاولة إرجاع هذه الأعداد إلي المستويات الطبيعية مرة أخرى. كما يمكننا القول بأن البدانة و زيادة الوزن تتأثران بأنماط الحياة السائدة بين الطلاب فيما يتعلق بالنشاط البدني، العادات الغذائية و أنماط الترف المعيشي.

هناك ضرورة ملحة لنشر الوعي عن مخاطر السمنة وطرق الوقاية منها بين الأهالي، كما يجب تشجيع مكافحة السمنة عن طريق الأسر للحصول على نتائج مرضية على المدى الطويل. وقد أصبحت برامج التثقيف الغذائي و البدني في المدارس ضرورية لتحفيز الأنماط الحياتية و العادات الغذائية الصحية.

إعداد: د. منصور سالم العلياني، د. سامي سعيد المدرع، د. إبراهيم كباش (برنامج الوبائيات الحقلية).

Satisfaction of Arab patients with services provided by primary health care centers in Makkah and Mina during hajj 1430 H, cont...

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Inside the Kingdom

30 November - 1 December 2010: A New Vision in Medical Nutrition Symposium

Venue: King Faisal Specialist Hospital & Research Center
Contact: Ms. Shahinaz Murshed, Conference Coordinator
P.O. Box 3354 / Riyadh 11211, Kingdom of Saudi Arabia
Telephone: 966 1 464-7272 Ext. 31830 or 442-7206

8 December 2010: Osteoporosis Awareness Day

Location: Jeddah, Saudi Arabia.
Venue: Crowne Plaza Hotel, Jeddah
contact: Mr. Saber Alem or Ms. Najwa Hamad, Symposia Coordinator. Academic Affairs, King Abdulaziz Medical City, P.O. Box 9515, Jeddah 21423.
Tel.: 02-6240000 ext. 21336,
Fax: 02-6240000 ext. 21336/21009

Outside the Kingdom

13th – 15th October 2010: The 5th Conference of Epidemiological Longitudinal Studies in Europe (CELSE 2010)

Location: Paphos, Cyprus.
Contact: Demetris Pillas,
Email: contact@celse.eu
Website: www.celse.eu

15th February 2011: Child Health Conference

Location: London, UK.
Contact: Capita Conferences Administration, Ground Floor, 17-19 Rochester Row, London, SW1P 1LA. Tel.: 00442079607719, fax.: 00448701658989
Email: richard.goddard@capita.co.uk
Website: www.capitaconferences.co.uk

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Consultant Epidemiologist, Bulletin Editor
- **Dr. Abdul Jamil Choudhry**
Consultant Epidemiologist

Selected notifiable diseases by region, Oct – Dec 2010

	Riyadh	Makkah	Jeddah	Madinah	Taif	Qassim	Eastern	Hasa	Hafr Al-batin	Asir	Bisha	Tabuk	Hail	Al-Shamal	Jizan	Najran	Baha	Al-Jouf	Goriat	Gonfuda	TOTAL	
Measles	20	0	13	0	1	2	1	2	0	2	2	1	0	3	84	2	0	0	0	0	0	133
Mumps	0	0	1	0	0	1	13	1	0	0	1	0	0	0	0	0	0	0	0	1	0	18
Rubella	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Varicella	313	51	178	146	95	501	381	253	42	835	30	68	73	62	26	108	30	37	21	27	3277	
Meningitis mening.	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Meningitis other	13	0	2	6	2	12	3	3	1	5	0	0	2	0	2	0	0	0	0	0	0	51
Hepatitis B	215	0	234	130	84	89	162	4	2	80	11	64	3	16	22	25	0	0	0	1	1142	
Hepatitis C	108	0	199	64	13	36	85	2	0	36	20	17	0	3	4	8	0	11	0	0	606	
Hepatitis unspecified	7	0	0	4	0	0	1	0	0	1	0	0	0	0	7	0	0	0	0	0	20	
Hepatitis A	20	8	11	13	4	11	21	1	1	30	2	6	0	3	6	6	0	0	0	0	143	
Typhoid & paratyphoid	3	0	16	20	5	2	9	19	2	13	0	3	0	0	1	0	0	0	2	4	99	
Amoebic dysentery	7	0	316	16	103	13	92	7	0	52	18	0	0	0	0	2	0	2	0	0	628	
Shigellosis	3	0	0	0	0	0	5	0	1	0	0	0	0	0	0	11	0	0	0	2	22	
Salmonellosis	106	2	35	2	4	2	158	10	1	4	3	2	0	0	0	25	0	0	1	1	356	
Brucellosis	54	3	11	90	60	175	44	2	74	184	33	4	45	11	14	39	0	5	1	2	851	
Dengue	2	44	108	0	1	0	0	0	0	0	0	0	0	0	32	4	0	0	0	0	191	
Khormah	0	3	9	0	0	0	0	0	0	0	0	0	0	0	0	23	0	0	0	0	35	

Comparisons of selected notifiable diseases, Oct - Dec 2009 - 2010

DISEASE	Oct-Dec	Oct-Dec	Change	Jan-Dec	Jan-Dec	DISEASE	Oct-Dec	Oct-Dec	Change	Jan-Dec	Jan-Dec
	2010	2009		%	2010		2009	2010		2009	%
Cholera	1	1	0	6	6	Hepatitis B	1142	1255	-9	3720	5020
Diphtheria	0	0	0	0	0	Hepatitis C	606	656	-8	3074	2487
Pertussis	1	2	-50	1	1	Hepatitis unspecified	20	21	-5	640	220
Tetanus, neonat	1	3	-67	2	2	Hepatitis A	143	148	-3	444	1258
Tetanus, other	2	0	100	7	7	Typhoid & Paratyphoid	99	96	3	456	316
Measles	133	5	2560	324	324	Amoebic dysentery	628	974	-36	2192	3064
Mumps	18	11	64	36	36	Shigellosis	22	31	-29	785	121
Rubella	0	0	0	34	34	Salmonellosis	356	395	-10	1145	1372
Varicella	3277	3512	-7	18119	18119	Brucellosis	851	861	-1	3743	4803
Meningitis mening.	0	2	-100	2	2	Dengue	191	152	26	3421	3350
Meningitis other	51	71	-28	246	246	Khormah	35	18	94	81	59

Diseases of low frequency, Oct – Dec 2010

Yellow fever, Plaque, Poliomyelitis, Rabies, Meningococcal Meningitis, Echinococcosis: No Cases
 Pertussis: 1 Case (Qassim)
 Neonatal Tetanus: 1 Case (Jeddah)