

HEMOPHILIA PATIENT OUTREACH: EXPERIENCE OF VIETNAM

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OBJECTIVE

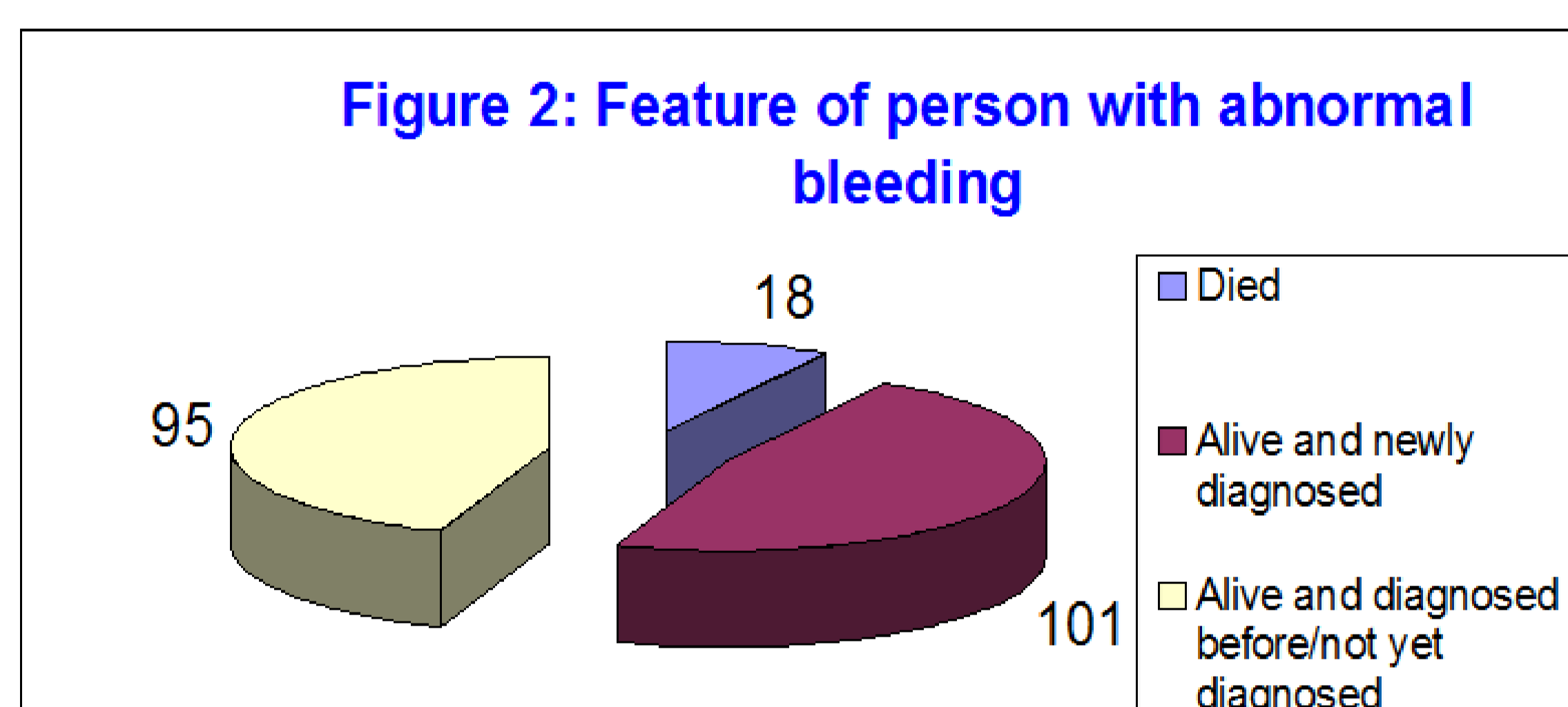
Vietnam is a developing country with approximately 6000 hemophiliac patients but very few are diagnosed and the majority of patients are diagnosed late and receive inadequate treatment. In order to detect new and undiagnosed patients actively, since 2006, Hemophilia Treatment Center of National Institute of Hematology and Blood Transfusion has conducted an outreach campaign door to door in the North Vietnam.

METHOD

From the patients had been diagnosed in centre, we creating their pedigree and identifying the family members who have the capability of having the disease, screening bleeding symptom by questionnaire, conducting a group of medical staff to go to patients' home and do clinical examination as well as do blood tests and provide basic training for local medical staff and family members on taking care of hemophilia. In addition, the national hemophilia workshops and training on coagulation was also hold for medical staff national wide

	Number	Percent (%)	Median/ Pedigree
Interviewed persons	874	100	16.1
Abnormal bleeding persons	214	24.49	3.96
Blood tested persons	220	25.17	4.07
Newly diagnosed patients	101	11.56	1.8 ± 1.7

Figure 1: Features of subjects



Consulting and collecting blood samples at patients' home

RESULTS

From the pedigree of the 54 diagnosed patients, we have discovered 101 new patients including 82 patients with hemophilia A, 19 patients with hemophilia B and most of them have mild and moderate hemophilia, severe hemophilia accounted for 14.8%. The average age of diagnosis in patients is 20.05 ± 17.46 , ranging from immediately after birth to 65 years old. The average number of patients who are still alive in a family is 3.62 ± 2.3 , the biggest number of patients who are still alive in a family is 12, with mild hemophilia A. There is 22.77% of newly discovered patients who have the arthropathy, 17.8% have muscle atrophy, 19.8% can not walk normally. There is a total number of 18 peoples having died of bleeding at an average age of 16.3 and they all belong to the families with severe hemophilia. Furthermore, about 1,000 hematologists, 250 local medical staff, 874 patients and their family members have been provided with basic knowledge about hemophilia.

CONCLUSION

Outreach by analysis of hemophilia patients' pedigree can help to discover undiagnosed in a family with a known history of hemophilia. It acts as a effective method of detecting new patients and should be promoted as well as widely implemented on a national scale

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