# **NEWS FROM SASPREN**

A working group of the South African Academy of Family Practice/Primary Care

Pierre de Villiers Research Co-ordinator, Southern African Sentinel Practitioner Network ASPREN membership has grown to 186, of which 120 (65%) have contributed for various periods to the surveillance. The average number of sentinels participating every week was 60. More surveillance sentinels are needed in every province in order to improve the validity of the date. Please tell your colleagues about SASPREN and the surveillance system, and let SASPREN know where to find them.

The composition of the membership with regard to health sector, urbanisation and gender remained virtually the same.

Province	Members	Surveillance Sentinels	Response Rate (%)
Eastern Cape	25	18	72
Freestate	15	10	67
Gauteng	30	20	67
KwaZulu/Natal	22	12	55
Mpumalanga	21	13	62
Northern Cape	21	7	33
North Province	4	2	450
North West	7	7	100
Western Cape	41	31	76
Totals	186	120	65

Table I.Membership status - Dec 1996

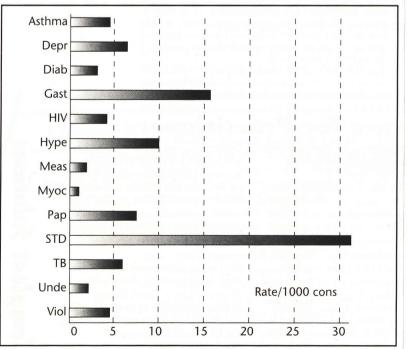


Figure 1. 1996 Surveillance National notification rates

#### Surveillance Update — 1996

The study completed 61 weeks of surveillance by the end of December 1996. A total number of 49 6771 consultations were covered during 1996, resulting in 47 375 notifications of new events. The crude national notification rates for the various events are depicted in Figure 1. STD Syndrome and Gastro-enteritis are responsible for 5% of the sentinel practitioner's workload. Domestic violence showed unexpectedly high rates.

#### **Focus on Domestic Violence**

SASPREN has decided to focus every quarter on a different event in more detail. Domestic violence was defined as: "Violence between members of the same family/household, in and around the home".

The crude national notification rate was 4.76 per 1000 cons, or 34.26 per reporting sentinel per year, an extraordinarily high figure. That means that every family doctor in the RSA will see almost three new cases per month, just slightly less than TB (44 per year)! SASPREN, therefore, deals with an epidemic! As can be seen from Figure 2, the Eastern Cape and Northern Province had very high rates, and unexpectly low rates in KwaZulu-Natal.

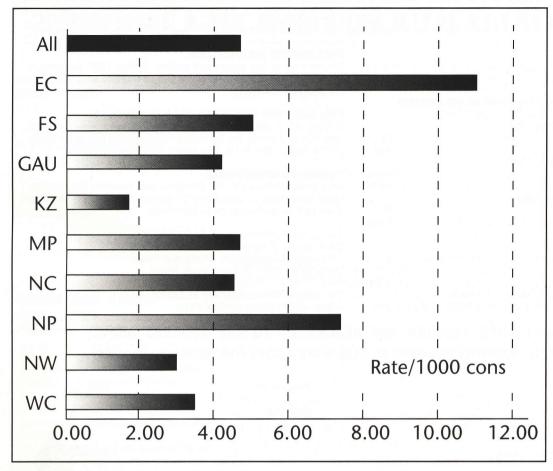
The trend in notification over the year showed the highest monthly average in December 1996 (almost 7/1000 cons). The months of February, March and April had higher than average rates; while June, July and August had lower than average rates (see Figure 3).

# Current problems and solutions in the surveillance study

SASPREN is concerned about the slow, downward trend in the number of sentinels participating in surveillance. Ultimately only those highly motivated practitioners who believe in the importance of primary care surveillance, will keep on reporting.

SASPREN's surveillance system is unique in South Africa. With some improvement in the geographical distribution of the sentinels it will provide indispensable information to our public health managers.

The real value of the information at the moment is the highlighting of the high incidence of certain conditions, which will be followed up by further research. This in turn may lead to intervention strategies from doctors themselves and public health authorities.



#### **Study Participation Certificates**

Any sentinel who contributes six months or more in a calendar year receives a certificate. The certificates will be issued at the end of every calendar year. Anybody participating in any other SASPREN study also receives a certificate.

It is suggested that you display the certificates in your surgery in order to inform your patients about your interest and contributions to research. Please let SASPREN know if you were omitted from the last mailing of certificates.

#### **New Studies**

The following two studies are still in the planning stages as reported last year:

### A survey on STD syndromes encountered by the sentinels

This study will focus on which syndromes our members are dealing with, what are the presenting symptoms, the patient socio-demographic profile, what special investigations were done and, lastly, what specific treatment was offered to the patient.

## A descriptive study about otitis media in children

This study will link up with an international study by the International Network of Sentinel Networks.

Figure 2. Domestic violence -1996 Provincial notification rates

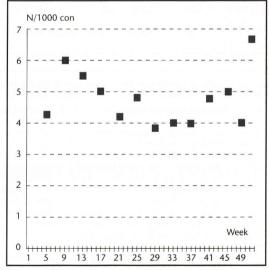


Figure 3. Domestic violence - 1996 National monthly trend in notifications

A third study has also been approved in principle. This will focus on Domestic Violence and the Incidence of Post-Traumatic Stress Syndrome after such Violence.

Each member will be offered the opportunity to take part in any of the studies, which will be run successively from the middle of 1997. The running time should be about 2-3 months per study.