

Notes From Abroad

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A Day in the Lives of HIV & TB Patients: St. Petersburg, Russia

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The following piece is from a journal that I kept on my international health elective (IHE) at the Federal AIDS Center in St. Petersburg, Russia, reflecting a day that I spent in one of the outlying hospitals.



St. Petersburg Federal AIDS Center

THURSDAY, MAY 12, 2005: Went to the St. Petersburg Hospital for HIV and TB co-infection. The hospital, a floor really, has 50 official beds but has been known to house 60 patients at times. There are up to eight patients per room.

When a new patient is admitted, the doctor immediately plans for a 4-6 month stay, minimum. Most patients have miliary TB; pulmonary TB is less frequent among HIV patients in Russia. Those that do have pulmonary TB often receive “collapse therapy” and thoracic surgery. The primary diagnostic modalities used are clinical symptoms and radiographic findings. They usually do not use AFB smears for initial diagnosis, only to follow treatment response. They do send sputum for resistance testing; I saw at least five patients diagnosed with MDR-TB on rounds.

WHAT I OBSERVED TODAY:

1. A patient with end stage MDR-TB with lymph nodes the size of grapefruits on either side of his neck and in both axillae.
2. A new patient (16 y.o. female) with Pott’s disease and an epidural abscess. No plans for surgical drainage: “You must stay in bed for the next month or so while we begin to treat you, otherwise you break your back.”

3. Patients use IV drugs in house because “no iron on windows” and “no money to hire guards.” Patients actively drink in house. Those noted to be “incorrigible drunkards” are discharged. There are patients that, long after discharge, return to sleep at the hospital every night because they are “BOMZHI” (homeless). Two patients got into a fight the night before. The victim had a large black eye on rounds, and the instigator was immediately released.

4. Witnessed an interaction between a doctor and a patient’s wife. The patient was diagnosed with HIV and Hepatitis B/C three weeks prior at Botkin Hospital (the Infectious Diseases Hospital of St. Petersburg), transferred here for further care when found to have miliary TB. Patient’s wife was concerned regarding the rapid progression of her husband’s illness but was informed that her husband probably been sick for a long time.

-“But we are of a very different social class! He can’t have this, and he especially cannot stay here, in this dusty hospital with all these homeless here!!”

-“Madam, I assure you that all TB hospitals look like this, and they are all the same. It’s better that he is in this one, even, because we specialize in HIV/TB co-infection.”

-“Can’t you move him somewhere else?”

-“Madam, I am full to the gills with patients. I’ll move him when I can, and it won’t be soon.”

Later:

-“But we have two grown kids! Should they be seen somewhere because of all this?”



St. Petersburg Hospital for HIV and TB Coinfection

-“But of course! Didn’t you know?”

Later still:

-“What can I do to help my husband?”

-“He has to eat. Bring him everything he likes. But nothing fried, spicy, or fatty, because he has hepatitis.”

-“He has hepatitis too?”

-“Yes, viral hepatitis.”

5. Medications are free, as is the hospital stay, but usually only the first line agents are available. Non-TB medicines are much harder to get, and patients often have to pay for them. The hospital has no means of diagnosing other opportunistic infections.

6. Rounds are very short. They consist of the doctor asking the patients how they are feeling, if they had a fever last night, and sometimes a brief exam. Admonitions for drinking and drug use happens on rounds, as does

removal of any homeless that have wandered in overnight. At least 3 patients were actively withdrawing from recreational substances.

7. After release, patients often relapse back into alcohol and drug abuse and fail to follow up at their local TB dispensary to complete the ambulatory portion of their treatment, thus invariably returning with a relapse of their TB related illness.

8. One patient has been admitted since 2000.

9. Patients administer their own pills. They are given a 3-5 day supply by the nurses. There is no DOT.

10. The patients are all very thin and young.

11. The hospital employs a TB surgeon, a profession that no longer exists in the USA.

12. Of the 40+ patients in the hospital, two are on HAART, only because they were taking it before admission. HAART cannot be started in house because "there are no funds" (of the 30,000 HIV+ patients in greater St. Petersburg, only approximately 100-150 are receiving HAART). They use "immune modulators" (mostly interferons) in absence of HAART "to boost up immunity."

Upon completion of my IHE rotation I have realized that I am much more optimistic regarding involvement of outside organizations than some of the doctors I worked with in Russia. I do think that Western organizations such as NGOs and universities can play a tremendous role in making sure that the interplay between public health and TB regains center stage in Russia.