

# One Month or Real Life in a Single Clinic near the Slum Area in Mukuru Urban setting in the Time after COVID-19 Epidemic in Kenya

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Original Article

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## Abstract:

The Muruku Clinic of Mary Immaculate is the oldest project of Slovak Doctors in Africa founded in 1999 by Sr. Mary Killeen and Prof. L. Soltes, working on an active survey of HIV especially in pregnant women, as well as OPD for basic diseases for two neighboring slums - Mukuru and St. Catherine. The aim of this research note is to describe the change of the spectrum of diseases just after Covid-19 pandemics in Kenya after first wave in 2020 just 20 years after founding of the clinic. When before 2000, malaria HIV, TB and STDs were the commonest diseases followed by multiple parasitic related anemia, after active screening and education against HIV the situation changed.

## Introduction

Three major reasons for disease or injury related mortality in Sub-Saharan Africa included within last 30 years HIV, tuberculosis and malaria followed by malnutrition, perinatal maternal and neonatal deaths and malnutrition. This was the spectrum what our teams have observed in 1999-2012 in Mukuru Mary Immaculate Center Outpatient Department, Pharmacy and Laboratories in Mukuru, Nairobi(1). When before 2000, malaria HIV, TB and STDs were the commonest diseases followed by multiple parasitic related anemia, after active screening and education against HIV, the situation changed. Here we assess the situation as a real life pilot 20 years later just after the Covid-19 first wave hit Kenyan health care system in the Summer of 2020.

## Methods

This descriptive pilot study showed that the commonest diseases as a spectrum of OPD admissions in October 2020 as an analysis of 1,237 patients in 30 days after Covid-19 left the first wave in the Summer in East African community states. Mary Immaculate Center has two OPDs one for children and one for adults in addition to a biochemical, laboratory, HIV testing VCT, parasitological laboratory and pharmacy with a daily capacity for about 100 OPD children and adults, one Slovak Doctor, 4 Kenyan nurses, 2 lab technicians, one anti-malnutritional health officer and 2 local VCT experts working for HIV prevention.

## Results and discussion

Tables 1 and 2 represent the number and gender of admissions per month, for October the first month the clinic fully operated after the partial

lockdown due to Covid-19 pandemics. Monthly patient flow in October 2020 including 1,237 individuals, children and adults with a weekly flow of 203-365. (Tab 1). Commonest diseases include urinary tract infections 116 cases, gastroenteritis 110, non-specified diarrhea 26, upper RTI 77, pneumonia 27, helminths 28 (screening for anemia, diarrhea and malnutrition).

An anti-malnutrition program was run in a separate building for a specific group of mothers, as well as VCT for those who were willing to stay anonymously and get not only testing but also counselling for the disease.

Child patients also received onsite medication for 5-10 days, all for one symbolic payment (about 1.5 euro per doctors check, lab, medication and second check) because the major part of the attending patients were from the slum areas of Mukuru and St. Catherine.

When comparing those results from the fall 2020 to results of the first group of doctors(2) in 1999-2009, HIV prevalence was up to 20% in males and 25% in females, after HIV the second commonest were other sexually transmitted diseases, respiratory tract infections including pneumonia in children and youngsters, following by cuts injuries and wound infections.

Nowadays, UTI and gastroenteritis are the leading cause of morbidity, while the proportion of HIV decreased substantially by 5-12% and STD s also dropped to a lower proportion.

## Conclusions

The comprehensive treatment screening and educational program in health care focused against major killers in Sub-Saharan Africa – HIV, TB and malaria, followed by STD are decreasing and being replaced by other infectious (gastritis due to insecure water, respiratory tract infections due to wrong cooking practices in slum huts), an interesting observation was also an increase of non-infectious diseases probably due to increasing life expectancy due to decline of HIV and TB, such as hypertension, asthma, diabetes etc.

### PATIENTS TREATED IN OCTOBER

TYPE OF PATIENT	GENDER	AGE IN YEARS			TOTAL
		0-5	6-11	>11	
NEW REGISTRATION	MALE	72	23	198	293
	FEMALE	56	17	211	284
REVISIT REGISTRATION	MALE	108	18	140	266
	FEMALE	94	21	245	365

TOTAL NUMBER OF PATIENTS: 1077

### TOP DIAGNOSIS IN OCTOBER

	DIAGNOSIS	FEMALE	MALE	TOTAL NO OF CASES
1.	Other diseases	270	176	446
2.	Urinary Tract Infections	40	76	116
3.	Gastritis	50	60	110
4.	Cough	36	41	77
5.	Abdominal Pregnancy	56	0	56
6.	Myalgia	18	37	55
7.	Febrile illness	36	17	53
8.	Acute Upper Respiratory Infections	15	24	39
9.	Helminthiasis	12	16	28
10.	Diarrhoea (unspecified)	15	11	26
11.	Acute Lower Respiratory Infections	13	11	24
12.	Headache	8	15	23
13.	Acute diarrhoea	10	10	20
14.	Candidiasis	15	0	15
15.	Abrasion wounds)	9	3	12

### TB CLINIC REPORT

We had 12 TB patients, 1 new case during the month, two were on supplementary foods.

### MCH REPORT

Antenatal mothers were 68 while immunized children were 141.

## Spectrum of diagnoses

MOST COMMON DIAGNOSIS	NU of P.
Acute upper respiratory infections unspecified	2 619
Others	2 833
Gastroenteritis	1 831
Urinary tract infections	1 875
Respiratory tract infections	453
Fever unspecified	497
Gastritis unspecified / peptic ulcer disease	574
Neuralgia & neuritis unspecified	407
Abdominal pregnancy unspecified	546
Allergy unspecified	119
Diabetes / Hypertension	433
Skin infections	207
Wounds	123
Headache	90
Myalgia	55

**Number of patients by months**

February	1 364
March	1 574
April	1 006
May	1 340
June	1 252
July	909
August	1 142
September	1 065
Oktober	1 237
<b>Spolu</b>	<b>10 889</b>

**References**

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