

doctor

Histo-3

Moderator: Don't worry about anything. To answer the question. The confidentiality of this study will be kept. Could you list any fungal case you come across here?

Respondent: there are top ten disease listed here the first one is tinea capitis, Athletic foot or tinea pedis but we will also see many other fungal infections. There is tinea corporis and Tinea manuum. Also there is Tinea Versicolor. Which is caused by the yeast. The common ones are the dermatophyte infection. And also the candidiasis, the other fungus type is the molds in immunocompromised elderly individuals.

Moderator: what do you recommend for these diseases?

Respondent: we recommend different, topical and systemic antifungals.

Moderator: can you list the most common ones?

Respondent: we give azole drugs: fluconazole, ketoconazole, itraconazole and also the other group like terbinafine, griseofulvin.

Moderator: where do you get these medications?

Respondent: it's there in the hospital and also there are other private pharmacies.

Moderator: do you prescribe other drugs which are not in the hospital?

Respondent: yes it's possible we do that. They can buy it anywhere.

Moderator: do you have any challenge regarding the accessibility, availability, affordability of the drug and side effect?

Respondent: of course there are known side effect. Sometime there is issue of accessibility, affordability.

Moderator: what do you suggest for these challenges?

Respondent: most of the time we import them, that is why we have the problem of availability and accessibility. If we can produce the drugs that will be helpful.

Moderator: is there any antifungals produced here in Ethiopia?

Respondent: there are some production here. But it's incomparable with the burden of the disease. The amount of the drug or the volume of the drug produced here is small compared to the disease burden.

Moderator: I have some pictures of different infections here do you recognize any of these? Are you familiar with it?

Respondent: yes.

Moderator: which one do you see most?

Respondent: this one is the tinea capitis. It's common on the children. This one is tinea corporis. This one is onychomycosis.

Moderator: have you seen the case of the hand?

Respondent: the way it's presented here is different. You better ask other physician.

Moderator: do you have good success in treating these? What is the treatment?

Respondent: griseofulvin is effective for tinea capitis. We usually don't do the treatment outcome measure? The drugs are effective.

Moderator: so do you recommend all the drugs? And the patient will not come back? So you assume that they go better.

Respondent: since we have a lot of patient, you know we don't do the controlled study. Because they come from different corners of the country. We just tell them that if there is some symptom after they finish the course we will tell them to come back to make some improvement. I have been a dermatologist for the past ten years. Some from my experience we will investigate first. We will first identify if it's yeast or dermatophyte. After that we will select different kind of antifungals depending on the textbook and from our observation also. For each dermatophyte we do select the antifungals. For tinea capitis griseofulvin. And also depending on our observation we do select different antifungals.

Moderator: is there any resistance with any of your drug? Is there any problem?

Respondent: we don't do studies as I told you.

Moderator: you said you choose drug depending on the textbook and your clinical experience. Is there any other thing that influence your selection?

Respondent: availability of the drug matters. And also the affordability.

Moderator: how often do you think the drug is not available of all the times is it like 20%? Or more than that.

Respondent: now a days we have a problem since the drugs are imported from other countries. So it really affects the treatment. Fluconazole is one of the drug we often use for treatment, now it's been like three month we don't have the drug. So it affects the treatment.

Moderator: when you buy the drug is it from private company or the government?

Respondent: in the government hospital there is one big pharmaceutical here. It's called the PFSA. They have the international body they request from the international drug traders so it's the best one. We are obligated to prescribe the drug which is available here. It is challenge for us

Moderator: do you have promoters who come and advertise drugs to you?

Respondent: they will come and advertise to us but we have to prescribe the drug which is available here.

Moderator: do you have any patient complaint because of the drug either due to the side effect of the drug or the duration of the drug or any social stigma because of the disease?

Respondent: there are side effect issues. And we discuss with the pharmacist. There are some challenging issues like in the tinea capitis to administer the griseofulvin to the children the parents are afraid to give the medicine to their child. Because it can cause the liver damage.

Moderator: do you know why the patient think about this side effect, is it because some of their family member have got this problem. Or is it kind of known in the Society that there is such kind problems.

Respondent: when they go to the pharmacy, the pharmacist will tell them that some of the drugs are toxic. The other thing is the patients are trusting more the clinical pharmacist other the public because they may tell me them the negative side of the drug.

Moderator: is it okay to have the disease in the community? There is no shame associated with the disease in the society? That may affect whether they seek treatment?

Respondent: it can be communicable to the other people like in the case of the tinea capitis wich can be transferred among the kids in the school.

Moderator: is there anything else you want to tell us that you should be done?

Respondent: we have to do a lot of research. The type of fungal species wich are common out there? And also we have planned to do some fungal culture test?

Moderator: that is not available at this moment in this hospital?

Respondent: yea it's not available. We see a lot of cases but we don't know what species is very common? And also at the community level we want to know the fungal species wich is common? There are zoonotic, geophilic and anthrophilic organisms we want to identify wich one is very common among the rural area and the urban areas?

Moderator: do you think the people are aware of these diseases as zoonosis, do people worry that they can catch the diseases from the animals?

Respondent: I think they don't know that much. They can be caught by the disease from the cattle in the rural area. Sometime contact with dog can result in that.

Moderator: is that known to the patient?

Respondent: we don't identify species associated with the disease? We don't have enough information to make the awareness. But all the time the patient will ask us the source of the disease? And it's hard to tell them. They don't have any knowledge about it. We will just tell them it is fungal infection. And will tell them not to share clothes and combs.

Moderator: do you have any question for us?

Respondent: we have to work in a close collaboration because they get contact with their animals and that could be the source of the infection.

Moderator: thank you very much.