Changes in the patient population attending a primary health care clinic in rural South Africa between 1991 and 2001

To the Editor: Serosurveys in the last decade indicate that the prevalence of HIV infection has risen in Hlabisa district, KwaZulu-Natal, from 4% in 1992, to 14% in 1995 and 35% in 2002.[1,2] The impact of the HIV epidemic on the patient population attending local hospitals has been reported previously.[3] In particular, there has been a marked increase in admissions for tuberculosis and other HIV-associated conditions. However, there are few data on the impact of the epidemic on the burden of illness seen at primary health clinic level. Furthermore, in 1996, primary health care became free for all in South Africa, whereas previously patients paid a nominal fee to see clinic staff. The impact of this change on the attendance at primary care clinics is unknown. Such information is needed for planning effective responses aimed at reducing unnecessary referrals and admissions to hospital and to enable more effective deployment of health care workers.

To investigate possible changes in the patient population

attending a rural primary health clinic we reviewed a proportion of the records of patients attending Inhlwathi clinic in Hlabisa district, KwaZulu-Natal, in 1991 and in 2001. The clinic, situated about 250 km north of Durban and 60 km from the nearest paved road, is staffed by nurses and is one of 15 clinics in the district. No other health care facilities have been opened or closed within 30 km and staffing levels within the clinic have not changed. Between 1991 and 1996 the population of Hlabisa district is estimated to have grown at a rate of 2.6% per year and was about 220 000 in 1996.[4] Clinic registers, completed by nurses for every patient consultation, were examined in more detail for July 1991 and 2001. The month of July was chosen as it is not affected by seasonal fluctuations in epidemic diseases such as malaria, cholera and dysentery. Details of the patients' age, sex and presenting syndrome were recorded.

The total number of patient consultations at the clinic was 9 969 in 1991 and 18 723 in 2001. This 88% increase in clinic attendance is comparable to the 81% increase in admissions (from 6 562 to 11 872) to the local hospital between 1991 and 1998 reported elsewhere.[3] The number of patient consultations in July was 836 in 1991 and 1 546 in 2001. The increase was evident in all age groups, and for most but not all presenting complaints. The proportion of men attending the clinic for the month of July was stable at 33% (N = 273) in 1991, and 33% (N = 513) in 2001. Respiratory symptoms were the most frequently reported reasons for attendance both in July 1991 (18%, 149/836) and in 2001 (28%, 438/1 546), but the number of patients seen with these symptoms increased threefold over that time. There has also been an increase in attendance for family planning services (41 people in July 1991 and 146 in July 2001) and a corresponding decrease in attendance for antenatal care (141 in July 1991 and 96 in July 2001). Over the same time period there has been a campaign in KwaZulu-Natal to educate the population with regard to family planning, and injectable contraceptives have become more widely available.

Although it is not possible in these data to separate the effects of the HIV epidemic from other factors impacting on health-seeking behaviour in the community served by this rural clinic, measures need to be taken to manage the growing demand for health care services and to determine who needs referral and who can be treated at the primary health clinic level.

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M Dedicoat
K Grimwade

Hlabisa Hospital and the Africa Centre for Health and Population Studies
Hlabisa, KwaZulu-Natal, and
The Liverpool School of Tropical Medicine
UK

R Newton

Cancer Research UK
Epidemiology Unit
Radcliffe Infirmary
Oxford
UK

C Gilks

World Health Organisation
Geneva

1. Coleman RL, Wilkinson D. Increasing HIV prevalence in a rural district of South Africa. *J Acquir Immune Defic Syndr Hum Retrovirol* 1997; **16:** 50-53.
2. Rollins N, Dedicoat M, Danaviah S, *et al*. A new approach to monitoring trends in HIV-1 prevalence, incidence and mother to child transmission rates in rural Africa. *Lancet* 2002; **360:** 389-390.
3. Floyd K, Reid RA, Wilkinson D, Gilks CF. Admission trends in a rural South African hospital during the early years of the HIV epidemic. *JAMA* 1999; **282:** 1087-1091.
4. Statistics South Africa. *The People of South Africa, Population Census 1996. Census in Brief*. Pretoria: Statistics South Africa, 1999.