

**Mixed methods survey of zoonotic disease awareness and practice among
animal and human healthcare providers in Moshi, Tanzania**

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Semi-structured interview data

These interview data can be linked to the questionnaire data for each
anonymous respondent using the unique Questionnaire ID (QID).

This is either:

- written at the top of the transcribed interview data
- (e.g. BZQ 005)
- derived from the ID field in the bottom left corner of scanned pages
- (e.g. 12 in this field indicates BZQ-012)

BZQ 005

To be honest brucellosis is a disease that is very common but unfortunately those that practice aren't aware to be frank. People travel far place to do CT scan but when they come back and do blood test you find it was brucellosis, you can know it by testing or if you understand its pathology.

The problem is that people don't understand when it comes to boiling milk, when you boil for few minutes the micro-organism won't die; you have to boil for some minutes and not just warm the milk. What I have seen in this area is that those places that used to pasteurize milk are no longer working, so people just buy people in different places and don't know how to boil milk and that's why the problem of brucellosis is high. Nobody has done a study on brucellosis that's why I have become interested in what you doing, I have even asked the vet people if they have done any study, but nothing has been done

When asked, do you think people don't test brucellosis because they think the disease is not present in the area? Dr Respond, yes, we test people here for brucellosis and we tell them that they have brucellosis but other doctors say there is no brucellosis. **When asked, maybe they don't test because they don't have facilities? Dr Respond,** No, it's very simple, if you don't have in mind you can't test it, **Dr continues,** on the other hand the vet people have not controlled Brucellosis on livestock's, for instance those in massai area, there is no vaccination done and there are lot of livestock, so you can imagine how many cow, goats have got brucellosis. So on the vet side nothing has been done. **When asked so the problem is on sides, vet and human doctors? Dr Respond,** The vet people were supposed to control the disease because we get the disease from the animals. **When asked, do you think it was fine, to get few cases of malaria compared to zoonotic diseases in the study? Dr Respond,** it's completely fair. **When asked, some say it's impossible to get few cases of malaria? Dr Respond,** of course there are many cases of malaria I do not disagree but most of the time it's seasonal, after rainy season malaria cases are a lot, but brucellosis is constant, almost every day we get people with brucellosis. **Dr continues,** also people dealing with infectious diseases don't conduct seminars, they don't do research; you are the first people to ask on brucellosis. We are just benefiting those people who make medicines coz you find the dose is used up to three weeks, there is no point instead of using the money for brucellosis it could have been used for something else if the disease is controlled.

BZQ 009

I expect the number of patient with malaria to be high because mindset of people think malaria is the main cause of fever. **When asked so do you think that having a lot of zoonotic diseases than malaria is ok, or the number is very high?** The number of zoonotic diseases is high so people have to be advised. Because it shows zoonotic cases are high, people have to be checked so that they can get the right treatment. This is because when a person come to the hospital with symptoms resemble with malaria they will check for malaria and if they not find malaria they will check for UTI and if not they will check for typhoid. And if the person does not have typhoid, no one think there is a possibility for people might have diseases from animals.

When asked why do you think all of the patients were not checked for those zoonotic diseases. I think people just ignore. They think it is not possible for people to get diseases from an animal that is why they not check for those diseases. Also many hospitals they don't have the equipments to check for those diseases. It's possible they don't have the equipment or reagents because before I worked here I was working in district hospital and they did not have equipments for testing diseases from animals. **When asked so it's possible that a person may know about the diseases but because they don't have reagent they don't check for the diseases?** Yes, even if they suggest for the patient to check for those zoonotic diseases it won't be possible because how will the patient be checked.

Advice

I thank the person who decided to do this research because there is one patient who came from Arusha and he was tested for many diseases and when he came to Moshi he was tested in a certain hospital I don't remember the name of hospital and he was found with brucellosis. He was prescribed with certain medicines when he came here we did not have some of the medicines, so we gave him some of the medicines and other medicines he went to buy at the pharmacy. So it's possible this disease present but people don't have the knowledge. So I think through this research the community and health providers should be told concerning the presence of brucellosis and the hospitals should have equipment and reagents for testing.

Qn

Since you have started the research, have you tested people and found that they have those diseases from animals? My aim is also to know where they test these diseases so that if I get someone with those symptoms I know where to direct them.

BZQ 010

In order to know diseases that human can get from animals, research is needed because it's difficult to recognize people who have those diseases. It's possible that a person got the disease from somewhere else and came here and transmits the disease to others. But here in Moshi the possibility of people to get diseases from animals is low. Malaria is the most leading disease here in Moshi but diseases like anthrax and rabies are very rare even in my record of the list of diseases they are not listen. **When asked even brucellosis is not in the list?** At least brucellosis can appear but not time to time. Even when we do meat inspection there is a lot of shortage because you find in the slaughter area there is no laboratory for checking. So there is a certain point where you suspect there is a problem but you are not sure because you have not done any test, you just check by observing. So there is a possibility that it's not brucellosis and its other diseases. This is why I am telling you that even though you have seen certain signs you have to know by testing to know it's which diseases.

When asked do you think the number of patients with malaria is high or low according to the research that was done? That number is low. **When asked in that case do you think the cases of malaria was supposed to be high compared to the result?** We don't want many people to have malaria because we also have a campaign to eradicate malaria, so you will be a different person if you expect a lot of people to have malaria, while we expect the number of malaria to decrease and if possible to eradicate completely.

When asked for those who had diseases from animals do you think the number was high or low? The number might appear high because people were not used to those diseases.

When asked why do you think those people were not checked for diseases those come from animals? I think to know if there is a certain problem you have to do a research, it's possible that at that time no research was done to identify that those diseases are present.

Advices

Apart from vaccinating animals, there is a need to educate the community. **When asked education only to the community or also to the health providers?** Even to health providers. You know knowledge change time to time so the health providers have to be given seminars time to time so that they will be aware of the new things that emerge.

Qn. Once people know there are diseases that people can get from animals, what should be done so that those diseases don't continue to spread?

BZQ 012

The number of patients founded with malaria is low, it means only two patients out of 100 were founded with malaria? **When asked so did expect the number of patients with malaria to higher?** Yes, **when asked why do you think the number of patients with malaria should be high?** Because there are many mosquitoes, so if you tell me that researcher found that fever caused by zoonotic diseases is higher than malaria I don't believe because there are a lot of mosquitoes and the mosquitoes are the one which cause malaria and the malaria cause fever. Even my records which I collect in my area shows malaria is high, so if you say cases of malaria is low while the records from hospitals shows the cases of malaria is high, I don't know how to explain that.

When asked the cases of zoonotic diseases are high or low?

The results can be right because there are a lot of livestock keepers here.

When asked why do you think none of the patients were checked for zoonotic diseases?

People did not know that there is a possibility of getting diseases from animals, most of the chaggas sleep with their animals, assist and clean animals' house without wearing any protective gears. So if there are microorganisms they will be infected. So that I think the results are right. **When asked low awareness is only on the livestock keepers or even to health providers?** Those livestock keepers they have low awareness that is why they practice in that way but I think the health providers they are aware because you find they have gone to school and they know how the diseases are transmitted. I think education is not provided to the community. **When asked do you mean those health providers don't provide education to livestock keepers?** Yes, I think education is not provided to livestock keepers. If the livestock keepers was given education, they could wear gloves but there were not given education from livestock officer or health officer, so low awareness in the community is because health providers do not provide education to the community. Also lack of equipments and reagents for testing those zoonotic diseases contributes for people not to be tested for instance if someone is sick and go to the hospital and he was checked and found that he does not have malaria and they don't have equipment for checking diseases from animals, how will they know if the person have those zoonotic diseases. if you go the hospital and you are checked and you are told that you don't have malaria, don't you think that there are other diseases that equipment for testing them are available.

Advice

Education on zoonotic diseases should be provided to the livestock keepers because most of the livestock keepers don't have knowledge on those diseases. Also health providers should be provided with seminar time to time to remind them on those zoonotic diseases.

SECTION 11: COMMENTS & FEEDBACK

Please record the key points of any discussion/ follow-up conversation **that you have with the respondent after talking through the study feedback.**

Points to record notes on should include:

- How much discussion/ interest there was?
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- Did the respondent ask any questions about the interview process, feedback, project etc?
- What were the questions? And what did you say to answer?

The number of malaria ~~att~~ is low because many people think any fever is malaria. If someone have fever they think they have malaria and even when they go to the hospital their mindset is on malaria and the doctor also think it is malaria.

- I think the number of patients who had diseases from animals is right because there are a lot of livestock keepers here

- People were not checked for diseases come from animals because of the absence of equipments and reagents. So you find sometime a health provider has the knowledge of those diseases but fails to do the follow up as a result a patient is treated for malaria while the test showed negative for malaria

Advice

- I think education has to be provided to health care providers and equipments and reagents should be available and there are should be follow up to patients.
- Also seminars should be provided to health care providers time to time to remind them on zoonotic diseases.

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Do you think the number of patients with fever who have malaria higher or lower? It is very low. Why you say the number is low? It is low because the ratio of patients with fever who have malaria is only one or two out of hundred which is low. So you mean the number of patients with fever who have malaria has to be more than what they found? Yes. Is it because there are many cases of malaria in Moshi? No, cases of malaria in Moshi are not high.

How about the number of patients with fever who have zoonotic diseases are higher or lower than you would have expected? The number is high, but this is because people don't have knowledge on zoonoses. For instance, pregnancy women are not tested for toxoplasma, out of 33 women tested, 22 were found with toxoplasma and there are no medicines for this disease. We just use alternative way because instead of using the right medicine which is not available and when the medicines are available it is sold in high price. So instead, we decide to take paracetamol or metacrine which is not a right dose as a result the fever increase twice. So you mean the number of patients with fever who have ~~malara~~ zoonoses are higher because people don't have knowledge on zoonoses? Yes, people don't have knowledge on zoonoses. Mostly, they think on malaria while in reality they don't have malaria. Instead they have other disease which with symptoms similar to malaria. For instance if a person get abortion, first they will get high fever, so they thinking on malaria and most of the people don't go to the hospital when they get sick. So you find someone take the medicines for malaria while they have brucellosis. When a woman get abortion, no one bother to find the source of that abortion because of lack of equipments and reagents for diagnoses. What they do in the hospital to the aborted women is just to clean them. So the woman will go home while she still have microbes that cause disease and when you don't have pregnant those bacteria which cause abortion don't affect you but when you get another pregnant again you find abortion happened again. So lack of knowledge contributes much to the spread of zoonoses? Yes also lack of accuracy diagnoses of diseases. I mean there is no place where they do diagnoses of get a baby. Maybe those abortions which I got that time were due to brucella. Women get abortion at a late stage of pregnancy and others get the problem of stillbirth because of diseases transmitted from animals and they are not treated when they go to the clinic/hospitals.

Why do you think zoonotic diseases are not tested in the hospital? Is due to the lack of equipments and reagents for testing these diseases. How about the knowledge of people on zoonoses? Very few people know about zoonoses, most of the people don't know as there are diseases that human can get from animals. How about the knowledge of health providers like veterinarian and human doctor on zoonoses? Also they have low knowledge on zoonoses. Do you have any advice or question about these findings? No. Also there are other disease called cysticercosis that human can get from animals and hydatidiosis which is transmitted to human mostly from goats. You find someone's stomach swell and when you go to the hospital, they tell you that your heart contain water or your spleen swell while you have hydatidiosis. And when you go to inspect goats, you find out of 5 goats, 3 have hydatidiosis.

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Do you think numbers of patients with fever who have malaria were higher or lower? The number is low. Why you say the number is low? Because those malaria rapid diagnostic test (MRDT) used gives negative results, addition to that there are mosquitoes in Moshi and also the general awareness of people think everything that cause someone to have fever is malaria while there are many other diseases that can cause someone to have fever like typhoid.

Do you think the number of patients with fever who have diseases from animals were higher or lower? That number is big. Why you say the number is big? Because most of the people here in Moshi keep animals like goats and cattle and there others who keep pigs and they practice zero grazing so there are close relationship with animals.

Why do you think zoonotic diseases were not diagnosed? First there were no diagnostic facilities second people had poor knowledge on zoonoses. Do you mean even health providers also have poor knowledge on zoonoses? Yes even Veterinarian and human doctors have poor knowledge because you may find most of doctors think the cause of fever is malaria while there are other diseases related. I say this because when you see patient with fever, you think direct on malaria and not think that there other causes of fever that are transmitted from animals. So absence of diagnostic facilities contributes to poor knowledge of doctors on zoonoses.

Do you have any advice or question concerning the research findings? If is possible, you may provide to us some handout concerning case definition which can help us to know that if you have seen one, two or three the problem might be this. So the best treatment is this. If possible the ministry of health should put a budget for reagents and equipments for diagnoses of zoonotic diseases, so that if patient come to the hospital/clinic can be checked. Also doctors should get seminars the to time to make them up to date. For instance today you remind me on what I have taught

in school but I didn't practice in my working place. So if we get seminar or short course time to time can help us to keep up to date.

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Do you think the numbers of patients with fever who have malaria are higher or lower? Let me correct the statement first, it is not true in your statement and the research findings that patients of malaria must have fever, fever used to be major symptoms of malaria in many years ago. Do you know the meaning of the term home in Swahili? In Swahili if you say home, you mean malaria or sometime they say you have high fever. So if you heard someone say you have home it means you have malaria. So it is not true that a person who have malaria they must have fever. So it is wrong to check for malaria to people who have fever. It is also true in a recently medical research that the fever is not a major symptom of malaria. Now days research found that most of patients especially children go to the hospital with high temperature and there are no facilities for testing malaria in major part of Tanganyika. So the cause of fever could be any including zoonotic diseases, pneumonia, intestine infection like diarrhea. I dispute that research findings, because the research was guided to find out what is the incidence of fever to the patient of malaria because fever is not major symptom of malaria.

Do you think the numbers of patients with fever who have zoonotic diseases are higher or lower? It has been well established that typhoid fever is over diagnosed in our country, out of 100 people treated for typhoid fever only 10 to 15 percent have true typhoid but 85 to 90 percent they have been treated for typhoid while they have other disease because of lack of diagnostic facilities and the general awareness of people is that if someone have fever they think on typhoid or malaria. So most of patients are over diagnosed because they are treated for malaria or typhoid while they don't have. So quarter of patients who have fever to have zoonotic infections is possible because here in Mushi everyone keep either goats or cattle so that they can get fertilizer and milk. For this case the possibility of transmission of zoonotic infection is high, so that number could be realistic.

Why do you think zoonotic diseases were not diagnosed? Our country is young nation, we got qualified doctors in the years around 1960s but before we have clinical officers and medical assistance and they were few also they were not trained to be full doctors. So medical man power for treating people was low and lack of diagnostic facilities together with absence of treatment facilities contributed to the difficultness to diagnose and treat diseases. How about awareness of people on zoonotic diseases? Now days we have media, internet, TV and magazines so people can get information, so there is awareness. Now days people are grow in to be more aware but in the past awareness was very low.

Do you think the number of patients with fever who have malaria is higher or lower? That number is low.

Why you say that number is low? Because there are many diseases that can cause someone to have high fever, for instance UTI or tonsils can make someone to have high fever. So any kind of infection in the body can cause fever. Also there are diseases from animals that can cause someone to have fever. So when patients come, we check them first before prescribe medicines to them. Normally, I prescribe anti malaria drugs to patients after testing them and be assured that a patient have malaria. But if I found he has malaria negative after testing, I prescribe antibiotic to them and they normally recover. Or if I found the patient with other health problem like headache or tonsils, I treat them first for headache and tonsils. **Depending on the environmental condition of Moshi, do you think the cases of malaria are higher or lower?** There are few cases of malaria. **For that case to found the number of patients with fever who have malaria one or two out of 100 is OK?** That is right because there are few mosquitoes in Moshi.

Do you think the number of patients with fever who have diseases transmitted from animals higher or lower?

To be honestly, I didn't hear on that, here in my working place I didn't get a patient with those problems apart from those have been bitten by dogs. What we do is to give them first aid then we refer them to Mawenzi hospital for vaccination. **For that case do you think the number of patients with fever who have zoonotic diseases here in Moshi higher or lower?** I think that number is big because I didn't get a patient with those problems. **So you think the number of patients with fever who have zoonotic diseases higher because since you start working you didn't met a patient with those problems?** Yes, I didn't get a patient who have zoonotic diseases apart from the one in Marangu hospital who had rabies.

Why do you think those bacterial zoonoses were not given priority to be diagnosed? Because there are no equipments and reagents in the health center and dispensary. Normally we use microscope for checking parasites in the stool and urines but reagents and equipments for testing all diseases found in designated hospital, regional and district hospitals and when we fail to test for those diseases we refer them there. **So you mean people were not diagnosed with any of zoonotic diseases because of lack of equipments?** Yes, lack of equipments also unavailability of reagents. **How about the knowledge of the health providers and people on zoonoses?** Human doctors have knowledge on zoonoses even if not much, because you find someone taught on zoonoses when he was in school but in working area you don't find them or you may meet with rare cases like rabies. For instance since I treated a patient with rabies at [REDACTED] hospital, I didn't met with other patient apart from those who have been bitten by dogs of whom we give them first aid and insist them to go to Mawenzi hospital for vaccination so that they will be infected. The awareness of people on rabies is high, if someone bitten by dog they come to the hospital immediately and also if they get cut or hit by sharp object, they come for tetanus injection, there are few who are negligent and they have to be given precaution.

Advices

The findings of this research should not be kept on files. They have to keep provide those education even to the hospitals where we meet with patients, like we have to test this and this. Or to educate health providers for instance if you meet a patient with certain clinical signs you may refer them to certain hospital where there are equipment to diagnoses those diseases. **when asked how about equipments for testing diseases in the hospitals?** We need equipments but they say normally you are not supposed to stay with equipments for testing big diseases in the dispensary. So if you have a patient who need to be tested big diseases you have to refer them to health center, district or regional hospital where the service is provided.

Do you think the number of patients with fever who have malaria higher or lower? To have 2 patients out of 60 patients, that number is low. I could said out of 60 patients 15 patients had malaria. **Why you say that number is low?** It is not true to get two patients out of 60 patients because here in Moshi there are cases of malaria. Those 60 patients diagnosed clinically in a day or in a month? If it was done in a month, to have 2 patients out of 60 is not true (the number is too low). If they got 15 patients out of 60 in a month, I can say that is true because of the environmental condition. For instance for those who live in lowland area near to TPC sugar cane plantation you find there are many cases of malaria due to environmental status which facilitate the breeding of mosquitoes.

Do you think the numbers of patients with fever who have zoonotic diseases are high or low? That number is low because if you do investigation indeed, you will find the higher numbers of patients infected with zoonoses. There were about 5 patients came here in our health center, who were first treated in Mawenzi hospital but not tested on diseases transmitted from animals. Even if they have clinical signs of malaria, we decided to test them for other diseases because they had fever and all symptoms of malaria and they were negative in malaria. We assure ourselves by testing them typhoid and the result also shows negative but on brucella it reacts. That is why I say that number is low because there are many cases of brucellosis and the numbers of patients who go to the big hospital are higher compared to those come to the small hospital like ours here. So I expect the numbers of patients to be higher because KCMC and Mawenzi are big hospitals and high numbers of patients attended there. **apart from the higher number of patients goes to KCMC and Mawenzi hospital, there are other reasons that make numbers of patients with zoonotic diseases to be higher?** Because people keep animals like cattle and goats and for those who live in lowlands areas gets some animals products which are not qualified, so if you investigate you can find the presence of brucella.

Why do you think diagnoses of zoonotic diseases were not given priority at that time? Few numbers of medical doctors contribute for the doctor in-charge not to think on those diseases. When there is a long queue, the doctor just rush the patients and most of the doctors think any headache and fever is malaria. So any patient with fever or headache queried on malaria but after testing a man from laboratory give you results which shows negative on malaria. You ask yourself how this happened. By then you have already start to give the patient a drip of quinine due to severe malaria and fever and you will stop that dose of quinine after testing and find the patient has brucella. So first is due to overcrowded of patients and the doctor tried to save their lives that is why he/she rush, second, poor knowledge of the doctors to check diseases that are transmitted from animals because the concept built in their mind is that any fever and headache is malaria. For instance if you come for a night shift, you find they already query for a malaria case and a patient has administered in the ward and started with a dose of malaria, tomorrow you confirm he does not have malaria but you let him to finish the dose even if investigation shows malaria negative. But fever proceed for 3 to 4 days, if you check you find he has brucella but he is in a dose of malaria, so you prescribe him a dose for brucellosis.

What do you think concerning the knowledge of doctors and health care providers in general on zoonoses? We have knowledge but sometime we miss it. We have knowledge because we have been taught in school but you find you stay for some years without come in contact with those diseases, so until you come to remember ooh I was supposed also to test for diseases transmitted from animals. **How about equipments and reagents for testing zoonoses?** In the past it was difficult to get reagents but now day's reagents are available because even us here we get them. In the past there were few, until you get them maybe you have to go to the district hospital where you can get brucella test but in the health centers or dispensary you can't find them also there are no equipments maybe you go to KCMC hospital where there are equipments. If they test you and find you are negative in malaria, they will check for brucella and to some patients brucella reacts. **How about the knowledge of citizen on zoonoses?** their knowledge is too poor because even if they are in close relation with animals but they don't know that there is a possibility for them to get diseases from their animals. Maybe they are aware on the popular diseases like anthrax which were erupted in the past.

Advices

The health care providers should be educated on zoonoses. For instance we don't get seminars which can update us on brucella or typhoid which can be transmitted from animals to humans. Also research like this should bring back feedback. You find the feedback come late or they don't give us feedback at all while are still infected. For instance what you have done today until the results come to us so as we can know the reality of these diseases in Moshi it will take time. So you have to bring to us feedback as fast as you can even if to change the policy of this country is not easy.

According to your experience and the environmental condition in Moshi, is the number of patients with fever who have malaria higher or lower? That number is low; they say there is no malaria in Moshi but we have to question why there are no malaria cases while there are fields for paddy where mosquitoes multiply. For instance a person with headache, it's possible to have high blood pressure; a person with high fever, it's possible to have typhoid; also if you have back pain, it's possible to have typhoid; if you have joint pain, it's possible to have brucellosis. And if you have muscle pain or neck stiffness, there is a possibility for a person to have either malaria or UTI. What makes Moshi to be free of Malaria? Is it due to mosquitos' nets? If there are mosquitoes you can't say there are no malaria cases. For instance if a person from Khahe or Mabogini go to the hospital and tested for malaria using Malaria Rapid Diagnostic Test (MRDT), do you think the result will show they are positive on Malaria? By using MRDT, a patient will be confirmed for Malaria positive only when the numbers of plasmodia reach 50 or 25 but if you use microscope you will directly see those plasmodia because you observe them there. This is why now day's people don't want to use MRDT. **So you mean that number is low?** Yes, that number is low. Let me tell you one thing, we were coming to oppose the statement of saying Moshi is free from malaria cases in the seminar because a person in the hospital while his body temperature is high (around 38 or 39 degree), if you check urine you find no UTI, you check for brucella also you find it is negative, the patient then tested for Malaria using MRDT, the result also show negative but the temperature of the patient is still high. So the patient is prescribed with anti pain like paracetamol so as to lower the temperature, as a result the patient start to diarrhea and then convulsion follow immediately. But if you give him a drip of quinine you find after 8 to 9 hours the patient start to improve. So you can say a person was suffering from which diseases apart from Malaria. Why don't you ask yourself, why in the wards at KCMC put drips of quinine to their patients while there are no malaria cases? So if you say 2 patients out of 100 have malaria, try to count how many drips of quinine in the wards at KCMC or Mawenzi hospitals. We have to ask ourselves so many questions, but these statistical data from the files are not correct because there big secret hided on this matter. If you go now to Mawenzi hospital, you may find up to 10 patients with Malaria and at KCMC not less than 20 patients, so where those patients come from if there is few cases of Malaria in Moshi and if there is no Malaria cases why they put drip of quinine to their patients.

How about the numbers of patients with fever who have zoonotic diseases higher or lower? Here in Moshi there are few cases of zoonotic diseases because now days' people are educated and there are people who treat their cats and dogs. We have few cases of rabies because those stay dogs are shoots. So you find we have few cases of transmission. **So is the number they found higher or lower?** For those data they were found, If I say it is few, they were treated how many brucella or rabies cases. Currently, we are not get brucella cases and even there at [REDACTED] health center how many cases of brucella were found, I can say only one patient with brucella I saw in this year. I only saw rabies cases in this dispensary and if someone is bitten by dog go to the hospital immediately for treatment, so they are not infected on rabies.

Why do you think patients were not initially diagnoses with zoonotic diseases? Because there were no equipments for testing those diseases, almost in all government's dispensary and health center there are no equipments for testing. So how diagnoses can be done? **How about the knowledge of people on zoonoses?** The knowledge of people on zoonoses depends on the level of education they have. The problem is that people don't want to learn more apart from their professional, they think they will gain nothing. For instance for the case of brucella, someone can say why should I learn on it, because I don't have equipments and reagents for brucella test.

Advices

You do a research but I don't see the importance of your research because the aim of doing a research is to get benefit of it in the coming year. Many researchers came but they don't give us the feedback of what they found, so how do we benefit from those researches.

BZQ 021

Is the number of patients with fever who have malaria higher or lower? Depending on the environmental condition in Moshi that number is too low. To found only 2 Malaria's patients out of 100 patients with fever, that number is low. **Why you say that number is low?** What I know in the past there were many cases of Malaria in Moshi, but now days' they manage to prevent it. It is prevented because people were provided with mosquito's nets; people were given education that dirty water is a source of multiplication of mosquitoes; also municipal council had campaign to fumigate chemicals against mosquitoes in peoples' houses. And in Kilimanjaro there are few mosquitoes that transmit malaria compared to Tanga or Dar es Salaam. So now days' people know how to prevent themselves from malaria.

Do you think the number of patients with fever who have zoonotic diseases higher or lower? That number is big. **Why you say the number is big?** Because there were few cases of diseases transmitted from animals to humans. So because of this data you give now, it means there is a need of preventing. People are not aware on zoonoses and maybe those experts in the hospitals mislead, because if they find someone with fever they deep thinking on malaria and not tested on other diseases while that person with fever supposed to be tested also for diseases that can be transmitted from animals.

Why do you think diseases transmitted from animals were not given priority to be diagnosed? Because there were few cases.

What do you think are the knowledge of people and health care provider on zoonose higher or lower? During that time the research was done, their knowledge on zoonoses was low. Maybe through your research may make people aware on these diseases. I know there is a disease called brucellosis but if you go out of this office and ask someone on brucellosis, I am sure no one can tell you that they know that disease. **What about the knowledge of livestock officers and human doctors on zoonoses?** the truth is that I become aware on these diseases after getting this information from you, but for other livestock officers who are not meet with you and inform them on these diseases, they can't know the existence of these and if there are many people who are infected by these diseases.

Advices

Education on prevention has to be provided to the community. For instance, education on transmission of zoonotic diseases when doing livestock activities is very important. And you will have hard task because very few people aware on zoonoses.

Is the number of patients with fever who have malaria higher or lower? That number is low. **Why you say that number is low?** Because in the past there were many cases of malaria in Moshi, so to got number of patients with fever who have malaria was right because there are malaria cases in Moshi. Malaria also causes a patient to have fever just like on other diseases.

What do you think are the numbers of patients with fever who have zoonotic diseases higher or lower? That number is big. **Why you say that number is big?** This is because in Moshi we have less close relation between humans and animals. What I know is that for a disease like brucella exist mostly in Manyara region but in Moshi there are few cases. Livestock keepers in Moshi keep two or three cattle, so I don't think if there will be higher infection. So their findings were too higher compared to real situation in Moshi.

Why do you think zoonotic diseases were not given priority to be diagnosed in the hospitals? They were not thought on it. You know what, you may think that in the area like this there are possibilities of exist a disease like this; it means you won't think as there is a possibility of existing a disease like this in this area. So they don't think even to test for those diseases, because even if they test what will be the purpose of doing that.

What do you think on the knowledge of the community on zoonoses? it is low, because they don't concentrate on zoonotic diseases like the way they are concentrated on other diseases. **How about the knowledge of the human doctors and livestock officers on zoonoses?** I can't talk on the knowledge of livestock officers on zoonoses but to be honestly human doctors, we don't treat zoonotic cases time time, so most of us consider as they are not there. Personally, I think as if those diseases are not there but in reality they are there. for instance if you ask me on zoonotic diseases, I know them partially because I already taught in school but I didn't met them in my working place. When I was working in Arusha I met with few cases of brucella but not for anthrax and also I never see rabies cases. Yes, dog bites people but I didn't meet with a person who has rabies. **What concerning the equipments for testing zoonotic diseases, do you think might be one of the reasons for those diseases not to be diagnosed?** Reagents for brucella are available but I am not sure for other zoonotic diseases, it is easier to get brucella test because the test for brucella correlate with that of typhoid fever.

Advices

This research is good, for example you are coming today remind me the most important issues that are why I wrote those diseases for the purpose of going to have deep concentration on them. And those statistical data you gave me supplies me as there is a possibility of people to be infected with zoonotic diseases here in Moshi. It is true you may test someone for Malaria and find he is negative on Malaria, so you ask yourself which disease a person may suffer from. Sometime you just decide to treat for any disease just because a patient has fever. It reach a time you treat through clinical signs so you give a patient anti Malaria even if in reality the test shows negative on Malaria so you ask yourself why this patient has fever. So at the end of the day you find you treat a patient using the experience you have.

Is the number of patients with fever who have malaria higher or lower? That number they found might be right. **What facts make you to believe that the number of patients with fever who have malaria they found in their research is right?** It might be right because there are no cases of malaria here in Moshi. The experience I have since I have started working here in Moshi, patients founded with malaria coming outside of Kilimanjaro. **So you mean they come with malaria parasites from where they come from?** Yes, for instance if you check those patients admitted for malaria you will never find anyone who come from Moshi. We use MRDT for testing, if you use microscope you will find a patient with malaria even if there are few parasites for malaria but because we use MRDT we find a patient with malaria if he/she has many parasite for malaria. For example through microscope you find a patient is negative on malaria parasite and most of them are admitted in our wards. But we don't have big number of patients admitted who were tested and found exactly with malaria parasites, this is why I say I agree with them that what they found in their research was right.

To get quarter of the patients with fever who have bacterial zoonoses higher or lower than you would have thought? It might be right. **Why you say that number might be right?** Because people don't have education and knowledge to know that, animals can transmit diseases to humans, for instance to drink un-boiled milk, buying uninspected meat, to buy animal and deciding to slaughter without inspection by expert personnel, if one of their animals get sick they decide to slaughter without concerting livestock officer for inspection. So the possibility of getting infection is big. Now day's people start to get aware on the importance of boiling milk.

Why do you know those diseases transmitted from animals were not diagnosed in the hospitals? There were no education concerning diseases that human can catch from animals, now days' we become aware on those diseases. the most known diseases are those which human normally have or rabies and malaria but not diseases transmitted from animals. **How concerning the availability of equipments and reagents for diagnoses of zoonotic diseases in the hospitals?** There are absences of equipments, so its possible can contributes for those diseases not given priority to be diagnosed. Normally we observed clinically for diseases like anthrax because wound of a person who have anthrax known. But you can't differentiate a patient with fever due to tick borne disease with symptoms for malaria or typhoid. **you said communities have poor knowledge on zoonoses, how about the knowledge of human doctors' and other health care providers on zoonoses?** Also human doctors and health providers have poor knowledge on zoonotic diseases.

Advices

Education should be provided to the community and human doctors on the presence of zoonotic diseases. The government should make sure equipments and reagents for diagnoses of zoonotic diseases are available to the hospitals, because the availability of equipments and reagents will help the diagnoses of zoonotic diseases to be conducted.

SECTION 11: COMMENTS & FEEDBACK

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~ The number of Malaria Cases obtained in the research are ok because even when data is collected from the hospitals that we go you find malaria cases are few. Nowadays ~~people~~ ^{only} people are ~~there~~ are more aware ~~with~~ Malaria and Use nets.

- It shows there are high cases of diseases from animals to human than malaria and if tested done in the research have shown that it means the results are ok,

- I think doctors are aware of these disease but I am not sure why they don't check on the disease, also there is low awareness of these diseases in the community, some even don't believe they can ^{get} diseases from rodents or dogs. There are also no equipments for testing these diseases in hospitals. Maybe ^{also} experts of these disease from animals to humans are few.

Advice - Education should be provided in health, Livestock sector, to environmental health officer and other required sectors so that they can provide education to the community.

~ The government should make sure equipment for testing these disease are available at the hospitals.

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~ Because of the hot weather I think Malaria Cases could have been higher than that mentioned in the research.

~ High cases of disease from animals is possibly true because this ~~disease~~ diseases have been neglected and priority is given to other diseases.

~ I think this diseases from animals were not checked in other hospitals because they are not common. They only diagnose these diseases when malaria treatment has fail.

Advice - Its Important to have Seminars time to time to remind ~~people~~ experts on this diseases and to have new Informations.

- It will be good to ensure that there is a close relationship between human and Animal experts.

~ I am glad you have come to visit us with this information because most of the time when there are Seminars elsewhere they tend to forget us, so I feel like we don't get much information.

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- The results show very less malaria confirmed compare to the rest of the cases. I think sometime we ~~focus~~ ourselves more on Malaria thinking is the most important ignoring the rest. Sticking on Malaria test for any fever cases might not be true because other diseases may cause fever. The statistics in the research are reasonable there is no elevation to worry about. Most clinical signs here are malaria cases and some of confirm its malaria.

- I think the statistics are not complete if I had micellars what about the 96 patients what was they suffering from.

- These diseases are not checked by health workers and base on malaria because in some years malaria is severe. Also there are no facilities to check other Zoonotic diseases.

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- The number of people with malaria and disease from animal is ok.

- Maybe the disease was not checked in other hospital because in general there is no much awareness on the disease that are transmitted from animals to human.

- Advise - More education is needed in the community on diseases that can be transmitted from animals to human.

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~ The cases of malaria mentioned in the research are few because ~~even~~ when you go to hospitals you find malaria cases are high.

~ It is possible for the cases of Zoonotic disease to be even higher because many people get sick but they don't know if they have those diseases from animals.

- These diseases are not checked/ tested in some hospitals because they don't have reagents. Also there is still low awareness of the disease in the community and health sectors.

Advice

- Education should be on Zoonotic disease should be provided in the communities and to health and livestock sectors, Environmental health officers and other sectors, on how these diseases are transmitted, symptoms and how they can be prevented.

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- The cases of malaria mentioned are few since lots of people who go to the hospital are told that they have malaria.
- It's possible for the cases of Zoonotic diseases to be high, many hospitals don't have facilities to test these diseases.
- Sick people can't go to the hospital and say they have diseases from animals because most of them have no knowledge on these diseases. So maybe when the doctors test the patients and find that they don't have malaria they ~~should~~ should check these Zoonotic diseases. Few health officers have awareness on these diseases and ^{awareness} mostly to those who have facilities to test these diseases.
- ^{Achieve}
 - Education on these Zoonotic diseases to all required experts.
 - Facilities to test these diseases should be available.
 - Health officers should not only focus on Malaria.

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The cases of malaria mentioned are normal. I have been working here for a long time and never got positive malaria using the MRDT test, though other hospital say they get positive malaria using the MRDT test. But I remember in the past while working with other hospital when MRDT test showed negative for Malaria, I advised them to use Microscope to test and the results would be positive for Malaria. So I think people should not only rely on MRDT test.

- Since we have not seen those cases of Zoonotic disease those cases mentioned in the research I can say are high.

- These diseases are not tested because there is no awareness on those diseases and also many hospitals don't have facilities to test those diseases. Hospitals like Mwanza and KCMC maybe have those facilities to test because of that research that is conducted there.

Advice - Education should be provided to experts and to the community.

- Hospitals should be provided with facilities to test those diseases.

- Education on how to test those diseases should be provided to all hospital officers and not only laboratory people. Health officers should be able to test and know how negative and positive results look like, for instance for the MRDT test even the hospital attended knows how to do the test.

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The number of malaria cases are normal, also when you use MRSI test the results can show negative but on using slide test the results are positive.

The zoonotic diseases cases obtained are also normal because a lot of people keep livestock and the livestock are possibly not vaccinated. Livestock officers should vaccinate the animals so that people are not infected. Also people are not aware of these diseases.

Before giving any medication you have to test for the disease to confirm, but you find there are no facilities to test. At times you just check the clinical signs and sometimes even when the test has shown negative for malaria you just give the patient anti-malaria, which is wrong to do that.

You find also a person ^(Health Officer) has studied a long time ago and does not remember the symptoms of these diseases, that is why it's important to have seminars, so as to remind the health care providers on different diseases.

Advice - Seminars ^{are needed} ~~are~~ ^{are needed} to health ^{care} providers, this will help them remember diseases and signs, and also education is needed to livestock keepers.

~ facilities to test these diseases should be available in hospitals.

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The statistics for malaria is reasonable, showing that there is an improvement in fighting against malaria.

for the other zoonotic diseases the statistics are very high compared to the aims of health providers. It is our responsibilities to ensure that we minimize as much as possible the transmission from animals to human being.

It is true that most health workers or doctors do not test or diagnose this zoonotic diseases. This is because;

- They do not believe that our animals can transmit disease to us, therefore many health workers are ignorant of most zoonotic diseases.

- There is no equipment for testing in most health centres.

My advice is to the doctors, that they should not base on malaria whenever they come across to a patient with fever. They should also make sure that they diagnose other diseases that cause fever.

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The case of malaria statistical is low, when I refer my records, the monthly malaria confirmatory is also low can be 1-2.

For the other diseases the statistics seems to be high. Our aim as health providers is to see this diseases ^{negative} therefore finding such positive ^{statistics} ~~statistics~~ means that the diseases are affecting people.

^{M.L.M 26/10/2014} Checking our health status has been the 1st priority. People do not check their health and the doctors has a tendency of diagnosing and testing few and common diseases like malaria. This is may because of lack of awareness and lack of equipments. Also there is challenge in the cost of meeting the doctor as well as testing.

My advice is to the people to make sure that, they practice ^a ~~a~~ habit of checking generally their health regularly. To the government to ensure that enough facilities are provided in the health centres.

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- The Cases of malaria obtained in the research are normal. Even for the data collected in our area you find malaria cases are not very high and not very low, and its not the leading disease

- For Zoonotic diseases I can say the cases mentioned are high since the diseases are not common in our areas.

- These diseases are not diagnosed by experts in hospitals maybe because of lack of awareness on the diseases and also since no cases arise on those diseases and there are not common focus is more on other diseases.

Advice
If possible it will be good to have seminars to all experts who provide service to the community.

~~It~~ I am not sure on your plans, but many people like you come here to do their research but dont provide feedback. It will be good if you could provide feedback.

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The malaria statistics are normal because the campaign for it is in good progress.

The other diseases confirmatory showed that the statistics are low. I expect it be high as there is no enough awareness of such diseases and testing is ^{rarely} ~~rarely~~ done.
M.L.M 27/08/2014

My advice is that whenever cases of fever arises testing should be done properly.

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- Those cases of malaria mentioned are ok, the government have managed somehow to control malaria. Even for the data collected in the hospitals malaria is not a big problem.

- Not many people suspect they have diseases from animals because its not common so I can say those cases of zoonotic diseases mentioned are high.

- I think these diseases are not tested maybe because they don't know people can get those zoonotic diseases and they are used to diseases like Malaria, or typhoid, maybe until here told that maybe this person has Rabies that is when they test. Also facilities to test these diseases are mostly found in big hospitals like KCMC but not other small hospitals.

Advice - Livestock Keepers should be educated on building good animal house and the animals should be kept in a clean area. Also the animals should be feed well since it will build their immunity.

- Equipments for testing these diseases should be available in all hospitals.

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Those cases of Malaria mentioned are normal, even here at the hospital we don't have many malaria cases, you find most of the malaria cases are from people who come from other places outside Kilimanjaro Region.

- I expected Malaria cases to be high then those Zoonotic diseases because there a lot of mosquito. Furthermore there is low awareness on Zoonotic diseases among health care providers, people fail to differentiate malaria from brucellosis. Also I don't think if there are laboratory experts who can test those diseases in the hospitals and there are no reagents in the hospitals to test Zoonotic diseases.

- People come to the hospital with fever but when you test they don't have malaria, then what do they have? You start guessing but if we had facilities to test diseases then you test and confirm. Health providers maybe have ~~studied~~ studied these diseases a long time ago so they tend to forget, so its good if there were seminars to remind people. For instance now there is Ebola but not many people know much on ebola.

Advice - Seminars to health care provider is very important on Zoonotic diseases and other diseases

- Facilities to test diseases should be available in hospitals.

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Mind you that this is not a dispensary but is a first Aid health unit and we deal only with people ~~here~~ here in the Industries
M.L.M 28/08/2014

I think most dispensaries do not diagnose the bacterial diseases (zoonotic diseases) because they don't have facilities and also, the hospitals or dispensaries have no enough money to employ experts 'instead they employ cheap labour.

Malaria statistics are very low, I expect to see it high because we have many people here that we refer and they come back here as malaria confirmatory.

For other zoonotic diseases I can't say whether the statistics are high or low because I have never encounter.

I advice the following to be checked whether the dispensaries has enough facilities or whether people has enough knowledge about the diseases. Motivation to the health workers will be ~~an~~ an advantage.
M.L.M 28/08/2014

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Kwina 27/03/2014

→ To have one or two patients with ~~the~~ malaria is normal, because even here at the hospital we don't get many cases of malaria, you can test people in one whole day and get all results negative.

→ Results for Zoonotic disease I think these are ok but I can't say much on them, you are the one who conducted the research so you can know more. We don't do these test so I don't know the trend. Government laws don't allow us to do those test at dispensary level. When patients go to the hospitals they request to be tested for diseases like Malaria, typhoid but if they had knowledge on those disease they could have asked to be tested for Brucellosis.

- Many people come here at the dispensary when sick, so it's important to have facilities for testing those diseases at the dispensary, in that way we help people at early stages rather than waiting to refer people to KMC.

Advice - Education on those zoonotic diseases should be given to the community and health care providers.

- The government law should allow those disease to be tested at the dispensary so that test is done starting from the dispensary level.

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Malaria cases are high here in njoro because fumigation is not done. In some places fumigation has been done so malaria cases are not high. Because of low income many patients would prefer to buy malaria tablets without any diagnosis.

Mostly in other dispensaries and health centres this zoonotic diseases are not investigated because of lack equipments and reagents.

M.L.M
28/05/2014

There is also low awareness about the zoonotic diseases for instance Brucellosis, people do not know what are the causes of Brucellosis and the symptoms of it.

My advice is that to all dispensaries let be provided with equipments and reagents for the diagnosis of zoonotic diseases. Also the government should subsidize medicine to the health centres with low price so that people can afford it.

More seminars are important to the health centres workers and to the community so that they can prevent themselves.

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The Cases of malaria mentioned are ok, but I can also say there are normal if the MRAT test was used because at times MRAT test can show negative for Malaria but on using Microscope the results are positive. KXIM 28/06/2017

- If those Zoonotic diseases cases were 100 and had dropped to the number you have mentioned then I could say the number was ok, but if that's the starting number I can say the cases are high and since also if no precaution is taken that number might add up.

- I think those Zoonotic diseases are not tested because there are no facilities for testing them, also I think there is low awareness among health providers in the hospitals and sometimes they tend to focus on certain common diseases and don't check other diseases.

Advice

- Education should be provided to the community and to all healthcare providers.
- The government should make sure facilities are available at the hospital for testing diseases.
- Also when Researchers are conducted feedback should be provided, so that from it areas for improvement can be known or if training is needed in a certain area.

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- To get few cases of Malaria at KMC or Mawenzi, its because you find most of the patients have been treated in other hospitals in their home areas so by the time there are referred to KMC its something else.

- For Zoonotic diseases I can say the number is high because I haven't come across those diseases and we don't test them here.

- These diseases are not tested because there are no facilities in the hospitals to test; hospitals also don't have laboratory workers who know how to test those diseases. Also there is no awareness on these diseases in hospitals, that is why we need seminars to remind people because you find people have forgotten.

Advice

- Health education should be provided to the community and to health providers.
- Government to make sure there are facilities in the hospitals to test different diseases and to have laboratory people who are experts on testing different diseases.

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- What were the questions? And what did you say to answer?

- There cases of Malaria are dk, there are no many malaria cases.

- For Zoonotic diseases, cases are normal. Brucellosis is very common. At first when I came to work here I did not believe there was Brucellosis, I thought it was in Mblu area because in these area you get a lot of Brucella ^{Kwimolle/2014} cases. But there is a lot of brucella here in town since people drink yogurt prepared from unboiled milk, Consume Kiburi.

- These diseases are not tested in hospitals because they are not common, there is no awareness on these diseases among health providers in the hospitals and to test these diseases requires a person to ask questions to get the persons history and it also requires experience to know ^{Kwimolle/2014} these diseases. Further more there are no facilities to test these diseases.

Advice

- Government to provide Reagents and facilities from the primary level eg dispensaries.
- Education should be provided to all Health Care providers.

SECTION 11: COMMENTS & FEEDBACK

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- To have one or two cases of malaria is ok, because even here it can pass a month without having positive malaria.

- The Zoonotic diseases cases are also normal. For instance, for brucellosis, many people here in Moshi like to eat meat, and you find the meat is not well cooked and still has some blood. So if the animal is infected, it is easy for the person to get the disease. We also get brucella cases here at the hospital.

- These diseases are not tested because there is low awareness on these diseases among human doctors in hospitals. Further, there are no many laboratory workers who are experts on testing different diseases. Also you find many private hospitals are business oriented, so if they find malaria negative they will require you to test different diseases, so it is easy to test disease like Brucellosis.

- Advice - These diseases are not given a priority in the hospitals, even the sector of zoonosis in the Ministry of health has not done much on zoonosis. Also in schools these diseases are not given priority in teaching you find diseases like Brucellosis are considered just minor.

- There should be a relation between zoonotic officers and human doctors. We should be able to have meetings at least once in a month. For instance if we have brucella cases then we can discuss with them and find a way to go about it. But at the moment that relationship is not there. There are no facilities to test these diseases especially in small hospitals mostly you can find them in big hospitals like Mawenzi or KMC.

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During the time when we are using a microscope to diagnos Malaria ^{M.L.M, 02/04/2014} but we can get more positive cases of malaria but since recently we had turn to MRDT then it has become rare to find malaria. So the case are right if MRDT test has been used.

For other zoonotic diseases, I can't say whether the numbers are high or not because we don't usually check (diagnos) this diseases. We normally base on diseases that are very common like malaria.

Also we don't diagnos these diseases because they are not common, we are less aware about them and also we don't have enough facilities to do them.

My advice is that education should be provided to all health providers, also ^{M.L.M 02/04/2014} facilities should be provided to health centres.

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The statistics for Malaria is true especially if the MRDT test was applied during the diagnosis. Most test from MRDT would confirm Malaria negative in most cases but if you use a microscope it will show positive of some MRDT negatives.

It is very high number for brucellosis and other zoonotic diseases. Kcmc and Mawenzi would receive a large number of town dwellers and not pastoralist. Most people affected by zoonotic diseases are pastoralist. My expectation is that in every 100 people only 2 people would contract Brucellosis and other zoonotic diseases but 20% would be Malaria.

Most ~~doctors~~ ^{M.L.M} ^{2/9/2014} dispensaries and health centres had no qualities of diagnosing ~~zoonotic~~ zoonotic diseases but I am a medical doctor so I can do it. Also most hospitals and health centres had no enough facilities.

My advice is that more research and diagnosis should be done to investigate the presence of zoonotic diseases. Also the health workers has to prove whether MRDT is the perfect test for malaria.

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The malaria statistics are very low compared to the people tested. I expected 50% of malaria confirmatory because in our environment has a lot of mosquitoes.

It is an astonishing news to know that other zoonotic diseases are also found in the area since we don't have a habit of checking them. This is because ^{neither M.L.M 02/09/2014} the doctors or health workers nor the patients had an idea about them. Due to that reasons there are no even equipment for diagnosing these diseases.

Question: ^{M.L.M 02/09/2014} Can zoonotic diseases be transmitted through inhalation and touching animal droppings?

The ^{M.L.M 02/09/2014} answer is yes, if people leave together with their animals in the house then there are possibilities of inhaling the bacteria. Also when people directly touch droppings using their bare hands then the bacterial can pass through the small openings in the skin.

My advice is that education to both health providers and the communities is important and equipment should be provided in health centres.

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If 61 people have fever that seems to be a clinical sign of malaria then 1 or 2 confirmatory is very low. My expectation was that malaria would have been high because the number of the clinical sign is high.

For the other diseases like brucellosis or zoonotic diseases, I am not sure and I can't comment anything because I have never encountered them here.

There are two main reasons why zoonotic diseases are not diagnosed in most dispensaries

1. It is because these diseases are not common therefore awareness is low.
2. Lack of facilities for the diagnosing of these diseases

My advice is that to all health providers education should be provided, also to the communities. Facilities should also be provided

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- These malaria cases are normal, in Kilimanjaro there is no malaria and when you get malaria cases if you take the person history you find that person is from other places like Tanga.

- Also for the Zoonotic diseases the cases are ok, because here in Kilimanjaro people eat a lot of meat and drink milk, maybe I think the cases could have even been higher.

- Other hospitals don't check these diseases because you find the policy does not allow them to test, for instance here at the dispensary we can test typhoid it has to be done at Mawenzi hospital. Also there is low awareness on these diseases among human doctors. Further more the health providers in the hospital concentrate more on diseases that are endemic in that particular area.

Advice - Education should be provided to the community and to health providers because you find they have learned at school ^{02/29/2014 KIMW} but because they do encounter these diseases must forget about them.

- Facilities should be available at hospitals

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for malaria to obtain such statistical data would be possible if MRDT test was used but if other test were used (eg microscope) the result would have been more +ve.

Brucellosis is abit astonishing because here people would boil their milk before they drink may be in pastoral areas.

Most dispensary would not diagnose this zoonotic diseases because they lack facilities and reagents

My advice to the health providers to stop trusting too much MRDT test also not to stick only on malaria but also advice the patients to check the zoonotic diseases.

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- Those Zoonotic disease are not tested because these cases happen rarely, Also there ~~are~~^{are known as} no facilities or test these diseases in hospitals and I think some hospitals don't have these equipment to test because there are rare cases.

- Malaria Cases mentioned are normal, Kilimanjaro does not have many cases of malaria and many other diseases can cause fever apart from Malaria.

- I can't say if these Zoonotic cases mentioned are high or low, furthermore that person having Zoonotic diseases might be coming from other areas out of Kinyago region. These diseases are also not tested at the dispensary level. Awareness on these diseases is low a person may know brucellosis but does not know the disease present in self or how its transmitted.

Advice

- Animals should be vaccinated.
- Sick animals should be isolated.
- Meat inspection should be done.
- Education should be given on the importance of Cookery Meat and Milk well in the community.

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- Malaria cases mentioned are low because the weather here is favorable for Malaria.

- The number of Zoonotic disease mentioned is high, ^{Kum/p3/09/2014} that though when we pass to gather data in different hospitals we don't get those diseases. It might be patient who come to Mawenzi or Kencu come from different places apart from Kilimanjaro and in great that practice livestock keeping a lot that's why they got many cases. That is why when reporting out cases we also have to be careful, because you can report there is a problem of a certain diseases in a area but when you start to trace back you find most of these people are not from here.

- These ^{Kum/p3/09/2014} diseases are not tested in some hospitals because mostly ^{they} tend to concentrate on diseases that are common in the area and the patients many on which few will go further to ask on livestock keeping or can differentiate the symptom of Malaria to other diseases, unless its a direct symptom like a person has been bitten by a dog then they found on something else because its a clear sign.

Advice - Health education is needed on these diseases.

- Health provider to be aware on these diseases so that they provide proper treatment.

- Livestock officer should do proper meat inspection.

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The statistics for malaria is true. If I refer our records using MRDT we usually find 2 malaria positive in a week. In Kilimanjaro region Mosquito doesn't stay here compared to other places so the incidence of malaria is very low too. The reason why malaria in Kilimanjaro region is because of it is warm weather and also the town is clean.

For the other zoonotic diseases I can't comment anything because I am not encountering it in my day to day activities

Most health centres and dispensaries do not diagnose this diseases because they do not have facilities to do so. There is also very low awareness about the diseases to both patients and health providers. Many patients do not ^{M-LM 04/09/2014} request for the test of the zoonotic diseases because they are not common.

My advice is that health providers should be updated on the various zoonotic diseases to make them aware. Also communities should be informed to check their health and not only malaria.

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For the malaria confirmatory to be 1 or 2 is true because mostly when we use MRAT to check malaria the results are the same, few ~~negative~~ positive.
m.l.m 9/9/2014

For other zoonotic diseases, I think most health providers mistreat the patients by sticking on malaria. The best thing is to take all the measurement so as to get the true diagnosis

Most health centres has awareness with the zoonotic diseases but do not have facilities (equipments and reagents) so they cannot diagnose this diseases.

My suggestion is that, after the results of this ^{m.l.m 9/9/2014} ~~tea~~ research the ministry should provide the needed facilities to the health centres so that they can make proper diagnosis. Also proper ^{m.l.m 9/9/14} ~~h~~ health education should be provided to the health providers and the community.

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I think malaria cases according to that research conducted in Mawenzi and KCMC hospitals are very few. I expect the cases for malaria to be high because when people were diagnosed with fever many health workers consider mostly to be caused by Malaria.

For other diseases like brucellosis, I think the cases can possibly be high because sometime people with fever when they come to my dispensary and get diagnosed, they show no any sign of malaria/case of malaria so I think ^{their} ~~they~~ fever they have might have been caused by brucellosis unknowingly.

Also I think the zoonosis diseases cases might be high because many health workers ignored them. These diseases are not mostly diagnosed because there are no equipments, health workers neglect these diseases. And also there are no experts committed to this problem. My advice is that more seminars and training would help. Also providing diagnosing equipments.

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I think the confirmatory cases of malaria according to the mention research are very low because I expect most fever cases here are a result of malaria. But it is common that when we use MRDT test to check for malaria the results are positively ~~low~~ low.

A.L.M
20/10/2014

I think the case for brucellosis particularly is right to be high because such figures are only from referral hospitals that means that in the other health centres there possibly high number of victims of this problems.

Most health centres can't diagnosed this zoonotic diseases because they had no equipments and the health providers had no knowledge about those diseases

I advice that more training and seminars should be provide as well as instant symposium on arising health problems to the health workers.

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To me, it is true for malaria cases to be less because ^{Malaria} fever is not the only cause of fever. ^{M.L.M 3/10/2019} Malaria is becoming less because people got learned and change their behaviours and now they are using Mosquito nets.

It is true that many doctors and clinicians do not bother checking these zoonotic diseases because they are not common, also equipments are not all that available. There is no updates training on the zoonotic diseases to health providers.

My advice is 1, to the government through the ministry to update the health providers with upcoming zoonotic diseases by providing seminars and training. 2 to the people that they should be careful when using animal products, they should prepare them very well.

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Why Zoonotic diseases not tested - Every fever is considered as Malaria or UTI, even if the person has no malaria he will be given paracetamol. So by the time the person comes to any hospital the disease has become chronic. Also the laboratory experts don't have that much knowledge. Cause you find a person is tested for different diseases and nothing is found but if the laboratory worker had much knowledge he could advise the person to check other diseases.

- Malaria cases ^{mentioned from 03/12/2014} are low, but I think it also depends which test they are using because for RDT most results come out Negative. There are some tests that we do for Malaria using RDT and results show Negative but when you repeat using slides they come out positive.

- For Zoonotic disease cases I can't say if there are high or low and those are just results ^{from} those who came to test, what about those who have not tested at all? ^{known 03/12/14}

Advice
Laboratory starting from the dispensary level should be well equipped so that diseases are detected at early stages and facilities should be of good standard.

Education on these diseases should be provided to the community and to all health care providers.

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It is true to have 100 patients attend hospital for medical ^{services} and ^{ETM 021214} diagnose 1-2 patient with malaria out of 61 patients with fever. it may be correct because ^{ETM 021214} in our hospital we don't have any alternative way to test for other diseases.

- To have 4 patients of positive brucellosis out of 100 patients admitted to the hospital is very true because we doctors we don't request such test because there is no reagent to test brucellosis. Also to have 5 patient of 100 for fever may also be correct because we don't test because we don't have facilities to test other diseases.

- My advice is for the ministry and other authorities to provide seminars and education to workers about that issue and provide enough reagents and facilities to test many diseases.

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Those Zoonotic diseases are not tested because there are no facilities in hospitals. For instance here in the dispensary we don't have facilities to test these diseases, we just check Malaria, Urine, Stool. Also there is low awareness on those Zoonotic diseases among health providers.

- Nowadays there are low cases of Malaria, for instance last month out of fifty patients only one was positive for Malaria. So to get one or two malaria positive in the research is Normal.

- For Zoonotic diseases cases, I can't say if the number is high or low because we don't test those diseases here. Those who test the diseases are the one to say depending on the data that they get.

Advice - Equipment for testing those diseases should be available in hospitals and also ^{experts} ~~technicians~~ who can test those disease should be available in laboratory. ^{08/12/14 KRM}

- Education should be provided to the community so that they know not every fever is Malaria and that there are diseases that ^{human} ~~human~~ ^{can} get from animals. ^{08/12/14 KRM}

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I agree with the data from Mawenzi and KCMC because in our hospital we are using M25T to check malaria parasite and always the results became negative but some times when we are using blood slide for microscope it becomes positive and others negative. we don't have to check malaria parasite by using Culture method because we don't have reagents but in KCMC they have to do so.

Also we doctors when the patient come to the hospital with fever, the first priority investigation is malaria and if it is negative we treat malaria clinically. we don't have to consider for brucella because it is not common in our area. Or we consider UTI and Typhoid fever.

My advice is for the ministry of health to provide seminar for all health care provider about the zoonotic disease and to supply enough reagents to test other diseases when the pt. come to the hospital with fever. Health education must be provided to the community about zoonotic diseases and those who have animal stocks to make sure the animals are vaccinated. Also we doctors make sure that we take proper patient history so that to plan for proper care.

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I agree that the data from the Mawenzi-KMC research are true because Kilimanjaro is the leading region with dairy cattle and people in Moshi consume a lot of animal products so there is a possibility that they can be affected by zoonotic diseases.

It is very unfortunate that many people (both doctors and patients) are ignorant about these zoonotic diseases. Also the doctors have developed a habit where they assume people with fever symptoms are suffering from malaria. That is why many clinicians do not remember to check zoonotic diseases. Also many dispensaries and other ^{peripheral} ~~periphery~~ hospitals have no equipment.

My advice is that if possible the government should help to provide equipment to all dispensaries so that they can test for the zoonotic diseases.

M.L.M
5/12/2014
The ministry should carry trainings and seminars so that they can update the staffs.

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Did not have time to discuss the feedback question
- He had patients to attend.
Kwita 8/12/14

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ETM 05112114

on my side that data may it be true because most of the test checked by M2DT the result is negative always. But when you do blood slide by using microscope the malaria parasite is seen. Also most of the people they aware of malaria and most of them they are taking precautions like using mosquito net and destroy the favourable environment for mosquito breeding.

Like doctors we are not aware of zoonotic disease so we don't request other test for the patient with fever rather than malaria.

My advice to the ministry of health is to provide Guideline to test other diseases like Brucellosis or all zoonotic diseases so that to provide better care for the patients.

Ministry to provide Health education about the zoonotic diseases to all health care provider from the level of dispensary to referral Hospitals.

Also facilities and reagents must be provided from dispensary level. Animal doctors and Human doctors should interact together to discuss about cross sectional diseases and have to do about it.

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The problem is that every fever is considered as Malaria, people don't think of other diseases it's just Malaria. Even when a person is checked and was told they don't have malaria they will still go to the pharmacy on their own and buy anti-malaria and take, and this is because they still feel sick. If they still feel sick what do they have? There are many causes of fever. So I think these Zoonotic diseases are not tested maybe because some health providers focus more on diseases like Malaria or UTI, but I think they should think more broadly and take properly full history of the patients.

- The number of Malaria cases are normal, even here we don't have many cases.

- For Zoonotic diseases cases, what I can say is that in general the aim is not to have any case whether it's Malaria or Zoonotic disease, so Veterinary officers should provide education and treat well livestock.

Advice - people that work in the Laboratory should be competent in testing different diseases.

→ Education on Zoonotic diseases should be provided from the Community level to all health care providers.

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To me, the high number of other zoonotic cases against malaria is very true because nowadays people has forgotten (doctors) to check this zoonotic diseases and they even ignore that they are the most among those indicated by fever. Doctors do not check zoonotic diseases regularly despite the fact that equipment are available and not expensive

It is true that doctors and clinicians do not have time to test other ^{zoonotic} ~~zoonotic~~ diseases possibly because of a heavy number of patients in the hospital and the diseases are not common to both the doctors, ~~at~~ ^{M.L.M 2/12/2014} clinicians and the patients. ^{M.L.M 03/12/2014}

My advice is to the doctors and clinicians that, they should stop assuming that every fever symptoms is a result of malaria. They should try to ^{check} ~~check~~ the origin of the patient and test other possible zoonotic diseases. ^{M.L.M 3/12/2014}

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~ Those cases of Malaria obtained in the research are normal because nowadays there are very few cases of Malaria. In one month you can get one positive malaria, and cases of Malaria that I ^{can} remember were from people that came from places out of Mashi, in Mashi malaria is very low.

~ For Zoonotic cases - I can't say if its high ^{or} low and its also important to know where these people came from. Further more sometimes you treat patients and they don't come back so its difficult to keep track and know what problem they had. In our hospital we check Brucellosis but there are very few cases.

~ Some hospitals don't check for these diseases because they don't have facilities to check and also awareness is less among health care providers.

Advice - Facilities to test these Zoonotic diseases and other diseases should be available in hospitals.

- Training is needed among health care providers.

~ Veterinary officers should also provide education in the communities.

SECTION 11: COMMENTS & FEEDBACK

Please record the key points of any discussion/ follow-up conversation that you have with the respondent after talking through the study feedback.

Points to record notes on should include:

- How much discussion/ interest there was?
- Did the respondent provide any answers/ feedback in response to the questions listed at the end of the feedback sheet and if so what?
- Did the respondent ask any questions about the interview process, feedback, project etc?
- What were the questions? And what did you say to answer?

I can just say nowadays we are well equipped with equipments and we are checking brucellosis in our laboratory. We have more negatives on malaria and frequent positive results of brucellosis so it is true that many fever cases are a result of brucellosis.

Many health providers and the patients are ignorant of these zoonotic diseases and they tend to assume that any fever and joint pains is a symptom of malaria directly.

My advice to the health workers is that they should know that not only malaria is indicated by fever and joint pain, they should check other zoonotic diseases together with malaria.

The government should ensure training to the health providers on various upcoming zoonotic diseases.