

Exchange program of tropical infectious diseases in Airlangga University

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I spent three weeks in Surabaya, the second biggest city in Indonesia, and studied tropical infectious diseases at Airlangga University. Through this program, many people helped us study very much. Thanks to them, I had a very precious experience. I really appreciate it. I will use this experience for my future and would like to contribute to patients and the development of medicine.

### **Program content**

We attended the morning report every morning with students of the medical school of Airlangga University. In each morning report, two students reported about their patients and picked up one of them, of which we discussed the details of the patient's condition and treatment. The hospital of Airlangga University was the central hospital in that region and therefore patients in severe condition were sent there. There were a lot of common cases such as diabetes and also there were many cases of tropical infectious diseases which are rare in Japan.

We saw patients in wards during the afternoon. In the first week of the program, we went to all wards of internal medicine in turn and saw patients there. There were a lot of patients of Hepatitis B and C. Education of infection route is not enough and infection is still spreading, doctors there said. Tuberculosis was also a quite common disease in Indonesia and many patients of AIDS were infected with it.

In the second half, we studied whole processes of treatments in tropical infectious disease wards. It was so beneficial to see whole treatment as a process from the start to the end: a condition of a patient when he/she was transferred to the hospital and the way of diagnosis and recovery.

When we were in Surabaya during the rainy season. The cases we followed were dengue fever, dengue hemorrhagic fever, typhoid fever, malaria and leptospirosis. Most of them were dengue fever. Doctors told us a simple way of differential diagnosis of dengue hemorrhagic fever and treatments of dengue fever and dengue hemorrhagic fever. Regarding dengue fever, patients normally did not get worse and treatment was transfusion. On the other hand, regarding dengue hemorrhagic fever, we should intervene it to prevent hypotension, doctors said.

In Indonesia, there are some areas where malaria is epidemic. A patient we saw stayed there for work and got infected. When he was transferred to the hospital, he was in a very severe condition and developed cerebral malaria. The treatment proceeded in the tense atmosphere and fortunately he got well one week after the transfer.



### **Cultural differences**

There were a lot of difference due to economic situation, culture and religion and sometimes it made treatment different.

Doctors told us that patients do not go to the hospital until they are in a severe condition and that it makes treatment difficult. One of the reasons was financial problems, but also patients didn't really know that it was important to start a treatment in an early stage. So, doctors insisted the importance of education.

Indonesia is an Islamic country and there were a lot of differences compared to Japan due to religion. One of them was that male and female wards are separated in hospitals. We didn't see any difference of disease between men and women in tropical infections disease wards, while in internal medicine ward we saw more SLE patients in female wards and felt the difference of the incident rate between the sexes.

Regarding organ transplant, some people refused to be a donor or recipient in terms of religion and that prevented organ transplant from prevailing, some doctors said.

It was so nice to see and experience the difference on my own. I am sure that this experience deepens my understanding of Indonesia and Islam and that it will be helpful when I become a doctor and have a patient who has such a background.

### **Life in Surabaya**

Living in Surabaya was also quite enjoyable. There were some exchange students in the dormitory

where we stayed. They were from Poland, Nepal, Yemen and Afghanistan. The time shared with them was precious. Students in the medical school and doctors were so kind and invited us for dinner at their places and brought us to many places which might be impossible to go on our own. Outside the hospital we talked a lot about not only medicine. I think I was able to experience the life of Indonesian people. These experiences definitely enriched my life.

On the weekends, we went to see Borobudur. When we went there, it was Chinese New Year's Day and we could not get air plane tickets. With the help of students in the medical school, we finally managed to get train tickets. A trip by train in Indonesia took a lot of time but it was nice and Borobudur itself was spectacular. A sight of the heritage with morning haze in the dawn was so inspiring and beautiful and I was touched.



In the end of my report, I would like to thank again all the people who helped me during the program. With their help, I had a great time in Indonesia. I really appreciate it. Thank you.