

Short Communication

Hajj (1422H) In-patient Characteristics in Al-Noor Specialist Hospital

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ABSTRACT

This descriptive study was undertaken to have an insight into the demography, nature of illness and outcome seen amongst Hajj pilgrims and is based on

admissions to the Al-Noor Specialist Hospital, Makkah, Kingdom of Saudi Arabia.

KEYWORDS: demography, hajj, in-patients, outcome characteristics

INTRODUCTION

Every year, over two million pilgrims gather from different countries to perform the sacred ritual, the fifth pillar of Islam, Hajj. Several nationalities from different climates come to Saudi Arabia, located in a subtropical region. A person could be ill at any time in his life and to seek medical aid, he might be admitted to a hospital for as long as it is needed. During the Hajj days, too many Hajj pilgrims get medical problems ranging from minor flu to major illnesses and some may need surgical intervention. They are provided the needed medical service in every hospital in Makkah. This aid is also at hand in Muzdalifa, Arafat and Mina. However, complicated cases are referred to major hospitals.

MATERIALS AND METHODS

This study was conducted for pilgrims of Hajj admitted in the Al-Noor specialist hospital during the 45 day period from 1/11-15/12,(1422H), of Hajj session corresponding to 2nd January to 27th February 2002. The patient's demographic data including nationality, wards where admitted, duration of stay and outcomes were noted.

RESULTS

A total of 166 patients (98 male and 68 female) were admitted during the study period. Table 1 shows the demographic details of the study subjects. Fifty nine percent were male whereas 41% were female. The patients were divided into six age groups (< 35 years, 35-44 yrs, 45-54 yrs, 55-64 yrs, 65-74 yrs and > 75 years). The highest number of patients (55, 33%) was from the age group of 55-64

years. Nationalities of patients were categorized according to the specific regions of world (South Asia, South East Asia, Middle East, western countries, South African countries and the Gulf and Peninsula). Seventy-four (45%) patients were from South Asian region of the world and 48 (28.31%) were from Pakistan. One hundred and fifty (90%) patients improved while 12 (7%) died and only 4 (3%) were discharged against medical advice (DAMA).

Table 2 highlights the admission details of patients. Most of the patients (n = 45, 27%) were admitted to the medical wards. There were ten wards where less than 1% of patients were admitted.

Table 3 gives details of the duration of their stay in various wards. The hospital stay was categorized into three groups (1-3 days, 4 - 7 days and > 7 days up to a maximum of 11 days). Most patients (n = 75, 45%) stayed for 1-3 days while only 38 (23%) stayed for more than a week.

DISCUSSION

This is a pilot study with limitations. It highlights only those cases admitted in the Al-Noor Hospital for the year 1422H. It is only a reflection of status of Hajj pilgrims and their illnesses from our perspective. Pilgrims are somewhat careless about their health matters, as they want to avail every single minute to perform rituals. However, they are forced to seek medical care when they fall ill. Only 166 patients got admitted during 1422H in this tertiary medical care center. Whether the patients were referred from some other hospital or admitted directly from the Emergency Room (ER) is not clear.

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Table 1

Demographic and clinical characteristics of in-patients of Hajj 1422H (n = 166)

Characteristics/Parameters		n	%
Sex	Male / Female	98 / 68	59 / 41
Age	< 35 yrs	7	4
	35-44 yrs	12	7
	45-54 yrs	36	22
	55-64 yrs	55	33
	65-74 yrs	43	26
	75 yrs	13	8
Regional distribution			
	South Asia	74	45
	South East Asia	32	19
	Middle East	26	16
	Western countries	25	15
	South African countries	7	4
	Gulf and Peninsula	2	1
Outcome			
	Improved or discharged	150	90
	Deaths	12	7
	DAMA	4	3

Majority of admissions were male. Most patients belonged to the age group of 55-64 years. This is expected as patients in this age group are more likely to have associated co-morbidity and these are people who come for the Hajj pilgrimage after finishing their essential liabilities such as education and marriages of their children. The highest number of patients stayed only for 1-3 days, as they wanted to leave the hospital earlier to finish their Hajj rituals and also to avail services of the Hajj caravan that takes them to Arafat to perform Hajj. Patients from the South Asian region (particularly Pakistan) were more in number as they are less likely to be careful regarding health issues. Maximum number of admissions were to the medical wards and CCU suggesting a high incidence of medical problems and heart diseases. Yousaf *et al*^[1] have recorded the health problems of pilgrims seen as outpatients. Of these, the commonest diseases were pneumonia, diabetes and ischemic heart disease. This results in a high admission rate to the medical departments, as in our study. Al-Ghamdi *et al*^[2] conducted a similar study during the same Hajj session but for the hospitals of Al-Mashaer areas (four in Mina and three in Arafat). These are considered as primary and secondary care facilities that cater to the urgent medical needs of pilgrims. The pattern of surgical problems alone was studied by Al-Harhi^[3] and Elhassan *et al*^[4]. The commonest problems listed were blunt abdominal trauma due to traffic accidents, obstructed inguinal hernia, and intestinal obstruction. In recent years, there has been a change in the pattern of diseases among pilgrims (from cholera and meningitis, to diabetes

Table 2

Admitted Hajj patients of 1422H in various wards (n and %)

Referred wards	n	%
Medical	45	27
CCU	42	25
Orthopedic	24	14
Surgical	19	11
ENT	6	4
ICU	5	3
Urology	5	3
Burn unit	3	2
Neurology	3	2
10 wards with < 1% patients	14	8
TOTAL	166	100

Table 3

Duration of stay for admitted Hajj patients 1422H

Length of stay in days	No. of pts	%
1-3 days	75	45
4-7 (days)	53	32
> 7 days	38	23
TOTAL	166	100

and ischemic heart disease), perhaps due to improved health education and hygiene^[5] as highlighted in Hajj studies for specific diseases^[5-7].

In conclusion, although this is a small study and needs further research in different aspects of Hajj and its impact on medical services, it provides a brief overview of age distribution, regional and clinical pattern of Hajj in-patients. We would like to recommend to Higher Health authorities to advise and educate Hajj pilgrims regarding health care. This will reduce hospitalization rate and the burden on health services in Makkah and Medina during the critical session of Hajj.

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