

During the research we identified 3 children with anomalies: pyloric stenosis and inborn valvular heart disease. There are also several patients suffering from severe non-differentiated leukodystrophy with spasmodic paralysis, epileptic seizures, and developmental difficulties, as well as several cases of neural muscular dystrophy.

Approximately 4% of the population, both men and women, have a drinking problem.

1.3% of the people in the Roma community have different types of disabilities and receive medical pensions. Disabilities are usually the result of traumas, tuberculosis, oncological diseases or degenerative diseases. In fact the percentage of disabled people would have been three or four times higher, if everyone affected were evaluated. The research revealed several cases, which have been registered: psychosis, developmental difficulties, severe thyrotoxicosis, rheumatoid valvular heart disease, epilepsy with daily seizures, disc hernia.

70% of Roma admit that they do not go to a dentist because they have no money.

INFECTIOUS DISEASES

In the last few years due to poverty, malnutrition and lack of sanitary conditions in the Roma neighborhoods, infectious diseases became a serious problem for Roma in Bulgaria.

The most common among them is tuberculosis, which according to data submitted by the World Health Organization is one of the ten diseases most likely to end with death. As a result of the social and economic changes in Eastern Europe disease control deteriorated dramatically and the level of polyresistance increased. In Bulgaria resistance is not studied systematically. A research on 4 tuberculostatics covering a period of 11 years shows that resistance varies around 6%, both for primary and secondary resistance (Z. Yankova, 2001). Torosian et al. (1999) analyze the problem as a combination of poor living standards, reduced immunity and lack of funds for free combined therapy.

In the 1950s when the National Program for Fighting Tuberculosis was introduced, the number of TB cases per year, which run around 28-30 thousand, reduced 20 times. A network of TB centers for prophylaxis, early diagnostics and combined therapy was established in the country, and a system for sanatorial treatment and re-qualification of patients was organized. After 1992 however the incidence curve changed and in the last year TB cases exceed 43 per 100,000 people. Only in the second trimester of 2001 there were 909 new cases, which indicates that there is a new epidemic outbreak (Z. Yankova, 2001).

According to Associate Prof. Yankova, head of the TB center at the St. Sofia Specialized Hospital for Active Treatment, the phthisiatric network in the country was seriously compromised. The newly established diagnostics and consultation centers have undertaken many of the functions previously performed by the phthisiatric network, which is bound to collapse completely. The only two sanatoria, which are still working, already experience serious financial difficulties and are inefficient. The situation is further complicated by the unclear governance, the absence of a central laboratory for etiologic diagnostics, and the lack of a systematic monitoring of primary and secondary resistance.

Screening of risk groups emerges as an important aspect in preventing tuberculosis because in the last few years several epidemics have been registered among socially disadvantaged groups. In the developed countries, the risk of contracting tuberculosis is declining with 10% each year, while in Bulgaria it increases because of the growing number of active TB carriers.

It is considered that one active carrier may infect up to 40 healthy individuals depending on the living and working conditions. Screening of risk groups is a regular procedure in the coun-