in 2000. A negative prognostic symptom is the high number of active carriers (18.72%), which indicates that there is hidden morbidity. 50.39% of the TB cases are diagnosed after the disease has been fully developed, 52.71% of these patients have open caverns. According to Dr. Dimitrova the reasons for the increased TB incidence among Roma are complex. Although TB patients receive free treatment under the National Program for Fighting Tuberculosis, a very important aspect of any therapy – proper nutrition – is still missing. In the last few years the local phthisiatricians find it increasingly hard to track down the people who have been in contact with tuberculosis patients. The situation is further complicated by reduced immunity, inadequate immunoprophylaxis, worsening ecological conditions, growing resistance to tuberculostatics, increasing drug use, etc. Dr. Dimitrova proposes a project for early diagnostics and treatment of TB patients consistent with the National Framework Program for the Integration of Roma and the National Program for Fighting Tuberculosis.

Viral hepatitis is also a serious problem for Roma neighborhoods and ghettos in Bulgaria. The incidence of Hepatitis A and B is high among Roma. There are often young patients suffering from chronic hepatitis, which has not been treated or has been treated inadequately. Unfortunately, the existing possibilities for prophylaxis are not being used properly.

In the last few years some long-forgotten infectious diseases such as poliomyelitis and diphtheria have also been identified in the Roma community. In 1994 more than 90 Roma children from the region of Sliven (Sliven, Nadezhda District, Sotiria village, Straldzha and elsewhere) contracted poliomyelitis. The epidemic was very serious and resulted in permanent disability in most of the children. In 1993 there were quite a few cases of diphtheria in the same towns and villages. In 2001 several new cases of diphtheria were diagnosed in the region of Yambol. The main reason for this is that not all Roma children have been vaccinated. A research conducted by I. Tomova (1999) shows that children in 11% of the Roma families have not been vaccinated. After the reform in the healthcare system some Roma were left without health insurance, and therefore without family physician who is responsible for active immunization. This created a serious risk of having yet new cases of the above mentioned diseases.

The poor living conditions and the inadequate nutrition (sometimes with food waste from the garbage bins) increase the danger of intestinal diseases, especially in summer. Cases of echinococcosis and other parasitical diseases have been identified in almost all Roma neighborhoods. Skin infections, mainly mycosis, are also very common.

HEREDITARY DISEASES

In the last seven years an interdisciplinary team of the Minority Health Problems Foundation has been cooperating with neurologists and geneticists from Australia, France, Great Britain, Spain, and Germany to study hereditary diseases among Roma.

The field research conducted by the team in 1994–2001 cover more than 1,200 towns and villages across the country, inhabited by different Roma groups and subgroups. The affiliation to a certain group or subgroup has been established by studying the ethnographic and linguistic differences. The research identified the following diseases:

1. Hereditary Motor and Sensory Neuropathy, Lom type – an autosomal recessive neuropathy with deafness, which has been mapped to 8q24 chromosome. (Kalaydjieva et al., 1996). The first symptoms of the disease appear between the age of 5 and 10 when patients experience physical weakness in the lower limbs leading to gait abnormalities. Weakness in the upper limbs appears between the age of 9 and 12, hearing difficulties – usually between the age of 20