Patients satisfaction with TB DOTS services in PHC facilities in Katsina State, Nigeria

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Background: In Nigeria, Katsina, tuberculosis (TB) remains a major issue despite the availability of a TB control program and free anti-TB drugs. Assessment of client perception in Tuberculosis programs could contribute to understanding the gaps in health care delivery service and also the specific needs of the patients. This is very important in identifying the barriers to and the facilitators of successful TB control programs. This study demonstrates the perception of patients utilizing DOTS services in primary health care facilities in Katsina state and how it relates to their level of satisfaction.

Methods & Materials: This study was conducted on patients with pulmonary tuberculosis receiving DOTS services in PHC centers in Katsina state. A cross sectional descriptive study was carried out in January 2014 with a sample of 225 patients obtained by a multi-stage sampling process. A structured, interviewer-administered questionnaire was used to assess satisfaction of patients and data was analyzed using SPSS Version 21.

Results: Most of the respondents were males (70.2%), married (66.7%) and Muslim (92.4%) with no formal education (49.3%) and farming constituting their major occupation. Most of the patients were satisfied with different components of the TB control services. Majority of respondents (93%) were satisfied with TB DOTS services. There was statistically significant association between education and satisfaction with TB services (p = 0.006) and also between satisfaction and religion (p = <0.0001). No statistically significant association was found between respondent’s gender, occupation and their satisfaction with TB services.

Conclusion: Although DOTS in Katsina state services is provided in a resource poor setting, patient’s perception of DOTS services was good as they were satisfied with all the components of DOTS services. Future Healthcare interventions activities should hinge on these findings so as to improve service delivery and yield more comprehensive results. In-depth understanding of other factors contributing to satisfaction is also crucial for public health authorities to improve existing healthcare systems and, in turn, benefit the population seeking care.
TB control supporting partners in the country, should improve training of all the health workers on TB control services.

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Latent tuberculosis infection among close contacts of non-residential pulmonary tuberculosis patients in Shanghai, China

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Background: Under the fast urbanization, Shanghai is hosting more and more domestic rural-to-urban migrants who do not have a certified local residence. Tuberculosis is more prevalent in rural population in China. In 2014, non-residential population has accounted for 42.9% of new pulmonary tuberculosis (PTB) patients in Shanghai. Close contacts of non-residential patients are at high risk of latent tuberculosis infection (LTBI). This study aimed to understand the prevalence of LTBI in close contacts of non-residential PTB patients, and to identify the risk factors associated with LTBI in Shanghai.

Methods & Materials: A cross-sectional study was conducted among close contacts of non-residential PTB patients diagnosed in 2013-2014 in 4 districts of Shanghai. T-SPOT.TB was applied to detect the LTBI among contacts, together with a questionnaire for collecting information on demographics, socioeconomic status, history of Bacille Calmette-Gue´rin (BCG) vaccination, symptoms of TB and details of contacting. The status of LTBI was defined as T-SPOT.TB positive plus no TB symptoms and a normal lung image by chest X-ray.

Results: In this study, 460 close contacts were self-reported by 226 registered PTB patients. Of these contacts, 43.0% were male and 58.0% were BCG vaccinated. Overall, 83 contacts had positive T-SPOT.TB results without TB symptoms, which presented an 18.0% (95%CI: 14.5%~21.6%) prevalence of LTBI. The prevalence of LTBI increased with age ($X^2_{\text{linear trend}}=3.910, p=0.048$), and exposure duration to PTB patients ($X^2_{\text{linear trend}}=6.401, p=0.011$). Stratified analysis by age (0-19, 20-39, 40-59, and ≥60 years) indicated the association between LTBI prevalence and exposure duration was statistically significant at the age of 20-39 years ($X^2_{\text{linear trend}}=4.947, p=0.026$). Multivariate analysis showed that household contact significantly increased the risk of LTBI (aOR=9.030, 95%CI: 2.568-31.756); and contacts of PTB patients having cough (aOR=2.541, 95%CI: 1.258-5.133) and cavities in lung (aOR=1.698, 95%CI: 1.008-2.860) were more likely to be LTBI than those otherwise.

Conclusion: Close contacts of non-residential PTB patients had a relatively high LTBI prevalence. Intervention for infection control among PTB close contacts should be concerned in the policy development for ending TB in 2035 in Shanghai.

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