



CONFERENCE ABSTRACT

Outcomes Of Nurses Led Community-Based Intensive-Phase Drugs Resistant Tuberculosis (DR-TB) Treatment Pilot in Montserrado, County, Liberia

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Background: TB Annex Hospital was the only center in the country treating DR-TB in 2017 after Ebola, when the community-based intensive-phase multi-drugs resistant tuberculosis treatment was piloted in Montserrado, County to decongest the DR-TB ward and improve treatment outcomes. To date, there are only two hospitals providing treatment for DR-TB in the country.

Intervention: The intervention of the study was to evaluate the implementation of community-based intensive-phase of DR-TB treatment pilot project in Montserrado County that would inform the decentralization of DR-TB treatment centers to mitigate the disease burden.

Methods: A prospective cohort study with real-time data collection, where six DR-TB patients were enrolled into the community-based intensive treatment phase for a period of six to seven weeks (01 July to September 2017). All the patients spent about six months in the TB Annex Hospital before transitioning into the community-based treatment pilot.

Results: Six DR-TB patients (3 or 50% males, 3 or 50% females for Rifampicin were recruited during the study period, with 100% (6/6) recovery rate during the pilot; no defaulter nor death. The patients' age ranged from 20 years to 35 years, with mean age of 26 years. Half (50%) of the patients were between the ages (25-29 years). The average length of stay in the initial phase of treatment (i.e. in the TB Annex Hospital) was 224 days or 8 months, while the minimum and maximum days were 155 and 195 days respectively. On the other hand, the average days spent by patients during the home-based treatment were 41 or 6 weeks, while the minimum and maximum days were 33 and 51.

Conclusion: Addressing tuberculosis is one of the major priorities for the Ministry of Health and key health partners in Liberia, there are both human resource and limited human resources and health facilities to manage patients according to standard treatment guidelines. Once patients are stabilized and have at least two-three (3) consecutive negative AFB smears; they can be safely transitioned to home-based or community-based treatment, with active involvement of stakeholders, including nurses, doctors and other family care givers. This helps in reducing crowdedness and workload for staff in facility with limited bed occupancy while promoting health and well-being of patients. Although



the sample size used in the study is fewer to generalize the findings, it is important to consider the lessons learnt from the pilot when decentralizing DR-TB treatment in Liberia. There is also a need to increase the awareness of this using the print, electronic and social media to get the message across to the community dwellers. Additionally, getting the community health workers involve is an added benefit.