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Airborne infection control in decentralized drug resistant TB sites in South Africa

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Aim and Objective: Prior to 2011, national policy in SA mandated DR TB patients be initiated on treatment in specialized TB hospitals. New cases outstripped the bed capacity and South Africa moved to decentralizing DRTB management. IC is a requirement for decentralized MDR TB care. A baseline study was done at 98 facilities. After interventions a follow-up assessment was conducted. To determine if infection control can improve after recommendations made to facilities.

Methodology: A cross-sectional descriptive study of 75 decentralized MDR TB facilities (10 CHC, 34 hospitals and 31 PHC clinics) was conducted followed by a follow-up assessment, using a standard assessment instrument assessing availability of IC guidelines, IC committee, safe sputum collection area, IC plan, risk assessments done, patients screening, fit-testing and availability of N95 respirators. Staffs were interviewed and hospital walkabouts conducted. Following the baseline assessments, IC plans were developed to help attaining the minimum requirements to support the decentralization of MDR TB.

Results: The assessment revealed IC practices increases 92% of sites had access with the baseline assessment and 100% after intervention, 50% did screening with baseline assessments and 70% thereafter. A limited number of facilities (15%) had IC committees, IC plans (20%) and IC officers (20%) with baseline assessment. This improved to 40% with IC committees, 45% with IC plans and 40% indicated that they have developed and implemented IC plans. The 30% with safe sputum collection points increased to 50%. Patient screening was done at 20% of the facilities with baseline assessment and 60% thereafter. 80% of facilities had N95 respirators available with the baseline assessment and the follow-up assessment, although not visible at all facilities.

Conclusion: Findings demonstrated that recommendations after baseline assessments are valuable to better IC practices.

Biography

Annatjie C Peters has started her career in 1976 at the Technical College, Kroonstad as a Lecturer. She has joined the Kroonstad LA in 1989 as Trainer. In 1996, she became Assistant Manager for PHC in Fezeli Dabi and in 2000, TB Manager in the Free State. In 2006, she was appointed TB/HIV Lead at CDC (SA) and in 2014 as Chief of Party at JPS Africa, establishing a National MDR-TB center of excellence and implementing the first nurse-initiated MDRTB management program worldwide. In 2017, before joining FPD as Head of the Nursing School, WHO contracted her to write the Pakistan TB/HIV Strategic Plan

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