



Incidence and predictors of two months' sputum non follow-up and patients' perceived quality of Tuberculosis care, Hoima district

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ABSTRACT:

Introduction: Tuberculosis treatment success in Hoima district was only 68% in 2017 compared to the national target of 85%. About 55% of the smear positive tuberculosis patients remain positive at the end of two months of medication.

Objective: The main objective was to determine the incidence, predictors of two months' sputum non follow-up and explore patients' perceived quality of care among pulmonary tuberculosis patients in Hoima district.

Methods: We used a concurrent nested mixed method, retrospective cohorts and phenomenology design. **Results:** The incidence of two months' sputum non follow-up was 26.9% (95% CI = 7.0 – 64.4). The predictors associated with sputum non follow-up include positive versus negative HIV status (aIRR = 1.48, $P < 0.001$), not on versus being on directly observed treatment (aIRR = 1.31 $P = 0.002$), rural versus urban health facilities (aIRR = 1.79, $P = 0.006$), private versus government health facilities (aIRR = 2.05, $P = 0.015$), distance $> 5\text{km}$ versus $\leq 5\text{km}$ (aIRR = 1.38, $P = 0.021$). Patients' perceived quality of tuberculosis care was generally good with regards to availability of health workers at health facilities, being initiated on treatment immediately after diagnosis among others. However counseling was perceived to be inadequate, patients experienced long waiting times in addition to rude treatment from some health workers.

Conclusion: Incidence of sputum non follow-up was high. The counseling services to patients should be strengthened and village health teams should be encouraged to follow-up tuberculosis patients. Special attention should be given to patient living with HIV, not on DOT, attending rural health facilities, private health facilities and travelling beyond 5 km from the respective health facilities. Government should recruit more staff especially counselors and nurses to attend to tuberculosis patients in a timely manner.

Biography:

ApoloAye bale has just completed his master's degree in Clinical Epidemiology and Biostatistics from Makerere University, Uganda. He is an epidemiologist currently working as a volunteer with the Ministry of Health on some projects. He has worked as a clinician in government health facilities, treating patients for over ten years. He is currently working on three papers for publication.



Achievement:

1. Participated as a team leader in Monitoring of surveillance activities at different points of entry for Uganda.
2. Participated in National task force meetings to predict, detect and respond to epidemics and public health events.
3. Participated in surveillance activities to prevent haemorrhagic fevers in Uganda during mass gatherings like Namugongo celebrations, meetings.
4. Participated in cross border meetings to improve the prevention of Ebola virus disease in Uganda.

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Theme: "Fighting STD & Infectious Diseases with Innovative Therapeutic Techniques"