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## Assessment of contributions of community tuberculosis intervention to tuberculosis case detection and treatment outcome in two states in Nigeria

Audu Onyemochu<sup>1</sup>, Hassan Abiodun<sup>2</sup>, Queen Ogbuji, Adewale Osho and Shember-agela Igbabul<sup>3</sup>

<sup>1</sup>Benue State University, Nigeria

<sup>2</sup>Association for reproductive and Family Health, Nigeria

<sup>3</sup>Benue State Epidemiology and Disease Control Unit, Nigeria

Nigeria, one of the high burden tuberculosis countries, has developed various intervention strategies for ensuring universal access to quality-assured tuberculosis diagnosis and treatment. However, low case detection and unsuccessful treatment outcome still remain a serious challenge in most states. Community tuberculosis care was born against this background in 2010 as a complementing front to combat the challenges, bringing DOTS strategy beyond the clinic settings to the doorsteps of patients. A comparative retrospective cohort review of 3 years (2015 to 2017) with convenient sampling technique was employed to evaluate the contribution of the community level intervention in two northern states of Nigeria. The analyses presented in this report consisted only of secondary unlinked data; no contact with human subjects occurred. Overall, there were 23,241 identified presumptive tuberculosis cases reviewed. The annual percentage increase of identified presumptive tuberculosis cases was 2.9%, 22.1% and 5.0% (in 2015, 2016 and 2017 respectively). The AFB positive testing rate was 23.8% (n=5539) and the negative cases were 17380 (74.8%), while the cases that were diagnosed clinically were 322(1.4%). Of the total 5867 cases treated, 71.1% had successful outcome (37.9% cured and 33.4% treatment completed), 7.2% loss to follow up, 7.1% died and 1.7% had treatment failure. The majority (77.4%) of the cases detected were referrals from communities where the community level intervention was implemented and they had more (88.6%) successful treatment outcome compared to the patients who had their treatment in facilities where community TB intervention was not implemented (76.1%). The community level tuberculosis intervention led to significantly better case detection and treatment outcome when compared to the conventional approach ( $p<0.05$ ). Therefore, full community engagement should be advocated as a major strategy for end tuberculosis implanted by WHO since the patients are found in the community and not in the health facilities.

audeeony@yahoo.com