

PS-82052-19 Turn-around time: a tool for monitoring sputum smear microscopy

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Introduction: A short turn-around time (TAT) for smear results (the duration of time from the taking of a sample from the patient to the receiving of smear results at the point of care) is essential to ensure timely initiation of treatment of TB patients. This has been used in improving mycobacterial cultures in many industrialized countries but has not been extensively investigated for smear microscopy services in high-burden countries.

Aim: To demonstrate that TAT can be used as a tool to identify poor performance.

Setting: Nine Primary Health Care (PHC) facilities (6 in the Metropole; 3 Regional/rural) in the Western Cape (RSA).

Methods: TAT was documented in the facilities. Samples collected between 1 July 2006–31 December 2007 with a collection date, a smear result date and a TAT ≥ 0 days and ≤ 100 days were included. The results were tabulated by facility in percent of samples returned by day and percent with long delays ($>20\%$ samples with TAT >3 days).

Results: Results of 32 455 samples were received of which 29 955 were included in analysis (92.3%). Four of the 9 PHCs had long delays. The remaining 5 had a higher percentage of samples returned within 24 hours.

Conclusion: TAT is a useful tool that can be used to monitor performance of smear microscopy and to identify locations that require further investigation.

PS-82061-19 A one vs. two-day protocol for smear-positive TB diagnosis: non-inferiority analysis

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3055 new TB suspects were retrospectively analysed. A one-sided non-inferiority analysis was undertaken. **Results:** Smear-positive case detection using the two-day WHO protocol and the one-day protocol was 11% and 13% respectively. The point estimate and 95% CI of the difference in percentage case detection between the two-day and one-day diagnostic protocols was -2% (-4% to 0.3%).

Conclusion: Our results therefore indicate that a one-day diagnostic strategy based on testing a single instructed spot specimen can be as effective for case finding as the current WHO protocol, under operational conditions. Particularly in high burden urban diagnostic centres, moving to a one-day diagnostic strategy could have several time and cost saving advantages for patients and laboratories, without lowering case detection rates.

PS-82089-19 A counselling system for TB and MDR-TB via phone and e-mail in a low-income setting

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Introduction: Infosalud is a public system in Peru aimed at giving general health counselling to the public via phone and/or e-mail. Beginning in June of 2005, a unit specializing in TB and MDR-TB was created within Infosalud as another way to reach out and provide counselling to people going through anti-TB treatment or any user wanting more information on the disease (including treatment options). This team consists of trained nurses with experience in TB and MDR-TB care.

Aim: Evaluate the types of counselling given for TB and MDR-TB provided through Infosalud and describe the mechanisms by which patients' requests are evaluated and reported to the NTP offices and finally addressed by the personnel.

Results: Calls are received by a trained nurse with experience in TB and MDR-TB care. The calls are subsequently grouped into one of these categories: a) caller in need of or requesting counselling; b) caller wanting to file a complaint related to TB or MDR-TB care; c)