

“And the stick to fight TB is IPT”: Perspectives on TPT Implementation Among Senior Nurses in Rural South Africa

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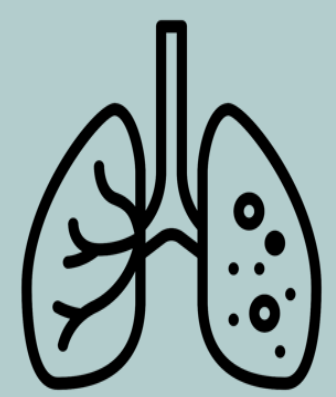
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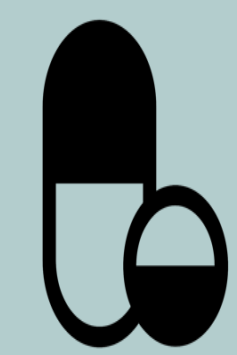
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Background & Methods



South Africa has one of the highest tuberculosis (TB) burdens in the world. TB disproportionately affects people living with HIV (PLH).



The World Health Organization (WHO) has endorsed tuberculosis preventative therapy (TPT) in resource-limited settings with high HIV and TB burdens.



The currently available TPT regimen is isoniazid preventative therapy (IPT) for 12 months.



In the rural, impoverished Msinga sub-district, senior nurses working in primary care clinics participated in anonymous, semi-structured interviews assessing TPT knowledge, beliefs, and attitudes.



Codes were generated using an iterative process, applied to interview transcripts, and data were analyzed using thematic analysis to identify barriers and facilitators to prescribing TPT.

Main Barriers to Implementation of TB Preventative Therapy:

- Limited time to counsel patients
- Missing or incomplete documentation in patients' charts
- HIV-related stigma
- Pill burden & duration of therapy

Main Facilitators to Implementation of TPT:

- Upcoming rollout of new, shorter TPT regimens (3HP)
- Task-shifting (ie, involving non-prescribing staff in TPT education)



Results

22

participants
at 14 sites

39 years

Median Age of Participants

86%

Proportion that is female

“Everyone in the community knows if you are taking IPT, you are HIV positive” – Participant 17, male

“They [patients] say there are a lot of tablets they are already taking, so they don't want to take another treatment. Others say it takes [too] long to finish, because it should be 12 months [for TPT].” – Participant 84, female

“We are always pressed for time as nurses, especially at this clinic; it's a high-volume clinic. I don't really think [...] we are able to give patients information the way we are supposed to because of time.” – Participant 08, female

“On the prescription [the nurse] has written that she has given the TPT, and you can see the patient has the TPT in his hand, but on the clinical chart you will find it is not written, and it's the clinical chart that [the district] audits.” – Participant 101, female

“I think 3HP will be very wise. The patient will take one dose per week, so I think a person will become very compliant taking it once per week, [rather] than taking a tablet every day. – Participant 109, female



Photo outside Mandleni Clinic, taken after interviewing staff

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