

# PROJECT FEEDBACK



## DR RICHARD BROSTROM

### Funding A1c Kits for the Marshall Islands

Globally, the primary driver for tuberculosis (TB) is poverty, overcrowded living conditions, poor access to healthcare, missed and delayed diagnosis of disease. However, in the Pacific, among adults, a significant driver of the high TB rates is poorly controlled diabetes. The Republic of the Marshall Islands has among the highest rates and burden of TB and diabetes in the world. Current screening and management strategies are not effectively addressing the burden of disease, or identifying and addressing the health needs of people with TB and/or diabetes.

A project team led by Dr Richard Brostrom in collaboration with the Republic of the Marshall Islands, Ministry of Health conducted an Active Case Finding activity within the adult population living on Ebeye Island. The team screened 5,165 residents aged over 15 years of age (representing 86% of the population) for active TB, diabetes and Hansen's Disease (leprosy) over a two month period commencing in February, 2017.

The primary aims of the screening activity were to identify people with a delayed diagnosis or missed cases of TB, thereby reducing the potential for ongoing transmission of the disease, reduce poor treatment outcomes, long term health problems, and adverse social and economic consequences for individuals. People found with TB, diabetes or leprosy were referred to the Ministry of Health for care and treatment. The Marshall Islands Ministry of Health stated "that this project is the first step towards improving our ability to diagnose, treat, and prevent TB in our island community".

The ARC provided funding of \$5,264 for purchasing point of care HbA1c glucose test kits to be used as part of the screening activity. Monitoring blood sugar/glucose levels for individuals diagnosed with diabetes is an essential component of understanding the health status of an individual and assessing their risk of progression to TB disease. The traditional methods of assessing blood sugar levels by a blood test are not suitable for this activity given the number of people to be screened and the availability of services in Ebeye. The HbA1c glucose testing can be performed during the consultation with the patient and is a superior test for understanding the control of diabetes within an

individual over time.

Dr Brostrom and the team are in the process of publishing the screening outcomes and results. Mareta Hauma, the TB Coordinator from Ebeye presented an overview of the screening activity, the findings and nursing response to delegates attending the Pacific Island TB Controllers Association Conference held in September, 2017. Mareta advised that two new TB Program nurses have been employed, they have undertaken intensive training for contact investigations and TB case management. TB treatment by supervised therapy continues with the 14 newly trained Community Health Outreach Workers employed within the program. Despite the remarkable increase in workload for the Ebeye TB Program, there is a renewed sense of optimism and organisation for managing the increased workload.

The Marshall Islands Ministry of Health have renewed their commitment to maintaining a strong TB Program to manage the additional cases and drive the TB rates lower.

