Methods The cross-sectional, mixed methods design was employed. The study population was 785 health care workers and non-health workers working at University of Port-Harcourt Teaching Hospital (Nigeria). The purposive sampling was used for qualitative study while the stratified random sampling technique was utilised for the quantitative study. Qualitative data were collected from fifteen respondents while a total of 511 questionnaires were administered at the study site. The qualitative data was analysed using inductive thematic analysis. The quantitative data was analysed using structural equation modelling (SEM).

Results The qualitative study suggested that quality improvement was perceived as most useful in influencing all the three sub-components of readiness. Training is perceived as most useful in building readiness while it is perceived to be moderately useful in influencing the sub-component of readiness. The OLS estimates indicates that QI/QA exert a positive and significant effect on motivation ($b=0.004$, $p<0.05$) and general capacity score ($b=0.28$, $p<0.05$) while it inversely but significantly exerts influence on innovation specific capacity ($b=-0.21$, $p<0.05$). The SEM/pathway analysis shows the direct and indirect roles of interactions among predictors of readiness after adjusting for confounders. All the explanatory variables have significant effect on readiness except gender which was dropped from the final model.

Conclusion The strength of evidence of how an evidence-based system for innovation support can influence readiness was established. Though readiness is a rate-determining step in epidemic containment, exploring innovation outcomes and a total of 511 questionnaires was established. Though readiness is a rate-determining step in epidemic containment, exploring innovation outcomes and their amplification through explicitly target readiness dynamics requires further investigation.
CULTURE-FREE APPROACHES FOR THE DIAGNOSIS AND MANAGEMENT OF PATIENTS WITH RIFAMPICIN RESISTANT TUBERCULOSIS: THE DIAMA PROJECT

1Faridath Massou*, 2Dissou Affolabi, 3Céline Merle, 4Gemeda Abebe, 5Oumou Bah Sow, 6Bassirou Diarra, 7Osman El Tayeb, 8Ayou Gaye Diallo, 9Michel Kaswa, 10Jean Claude Ngabonziza Semuto, 11Melissa Sander, 12Philip Supply, 13Bouke De Jong.

1Supranational Reference Laboratory of Mycobacteria, Cotonou, Benin; 2Special Programme for Research and Training in Tropical Diseases, World Health Organization (WHO/TDR), Geneva, Switzerland; 3Jimma University, Jimma, Ethiopia; 4Service de Pneumonologie, Guinean Conakry; 5Université des Sciences, des Techniques et des Technologies de Bamako, SEREF, Mali, Bamako; 6Damian Foundation, Ibadan, Nigeria; 7Université Cheikh Anta Diop, Senegal, Dakar; 8Institut National de Recherche Biomédicale (INRB), Kinshasa, DRC; 9Rwanda Biomedical Center (RBC), Kigali, Rwanda; 10The Tuberculosis Reference Laboratory Bamenda, Cameroon; 11Genoscreen, France, Lille; 12Institute of Tropical Medicine (ITM), Belgium, Antwerp

Background Buruli ulcer is one of the neglected tropical diseases. It is a chronic, debilitating, necrotising disease of the skin and soft tissue caused by Mycobacterium ulcerans. Most times, the pattern of presentation is neglected by the infected because it is regarded as a disease of the poor who have little or no access to healthcare. Living in rural often inaccessible areas and suffering from a triad of ignorance, stigma and poverty, this poor population fails to present early to a hospital.

Methods A retrospective review of patients who accessed care at the infectious disease clinic of Nnewi Diocesan Hospital, Nnewi, Southeast Nigeria, between 1 January to 31 December 2017. To achieve a complete inference, the results of laboratory wound swab culture of all patients were collated and matched with the clinical presentation. All cultures were done by a trained scientist of the German Leprosy and TB Relief Association (GLRA).

Results Review of data showed a total of 10 120 patients of which 6402 were outpatients and 3718 were inpatients; they were between 1 and 86 years of age. There were 60 cases of limb ulcers of which wound swab culture was done. Fifty-four (54) were diabetic foot ulcers while five (5) were venous ulcers. Acid-fast bacilli were detected with Zielh-Neelsen staining in one specimen and confirmed by the reference center.

Conclusion Most of the Buruli ulcer patients are found incidentally following late presentation at hospitals with a questionable ulcer/wound with a high index of suspicion on clinical examination. If Buruli ulcer is to be eradicated, an intensive rural epidemiological identification programme must be implemented to isolate the infected. The vicious cycle of delay/irritation following late presentation at hospitals with a questionable ulcer/wound needs to be broken by massive awareness and education campaigns.