A photograph of two men sitting at a desk in a clinical or office setting. The man on the right is wearing a white polo shirt with 'SDSMAS MOAMBA' and a red ribbon logo on it, and large black headphones with 'RADIO DD450' on the earcup. He is looking at a tablet computer. The man on the left is wearing a blue and white checkered shirt and is also looking at the tablet. There are papers and a stethoscope on the desk. The background shows a white door and a metal rack.

Advantage of using digital portable tablet audiometry monitoring tool for Drug Resistant Tuberculosis patients in resource limited settings

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Patient example

- DHM, 26 years old, female, student
- Diagnosed MDR TB and started treatment in September 2018 with short
- In Month 3: tinnitus in both ears
- Audiometry: mild hearing loss on the left ear/moderate hearing loss on the right ear
- Injectable was switched to Bedaquiline
- Finished treatment still with tinnitus but able to perform her daily activities



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1. MSF in Maputo

- MSF in Mozambique since 2001;
- Care for patients with Drug Resistant Tuberculosis (DRTB) in 6 Health Center (Maputo)
- High TB incidence - 361/100.000 habitants (2019) , with rate of HIV co-infection of 34%
- 150 new patients/year enrolled in DRTB treatment
- Almost all regimens contained injectables (end of 2019)
- Since 2020 the National protocol recommends all oral regimens
- Injectables still used for Salvage/Rescue therapy



2. The problematic

- Limited access to audiometry to monitor ototoxicity due to the time and logistics involved to have the test done
- Ototoxicity is a side effect of second-line anti-TB injectables drugs (aminoglycosides and peptides)
- Aminoglycoside induced ototoxicity can occur from 25 to 60 % depending on method of measurement
- Patients treated with anti-TB injectables needed monthly audiological evaluations



3. An innovative opportunity

- In 2018, MSF acquired 3 kits of CE marked and FDA certified iOS-based audiometry kits from SHOEBOX® Audiometry systems
- Application-based digital audiometry assessment outside of sound-booth; accuracy (+-10dB) with 90% sensitivity and 89% specificity*

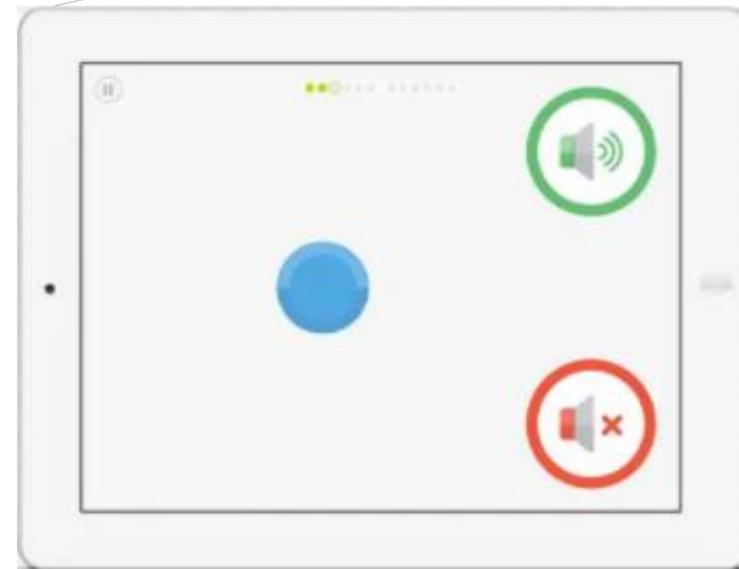


Image from <https://www.shoebox.md/>

How it works

- Results were directly downloaded in a secured account created for the purpose
- A paper record was also taken in a standard form for the patient file.



4. The implementation

- Training of MSF nurses and cough-officers
- The portable units were deployed in rotation in the HC
- Monthly tests
- Field evaluation - team feedback and field discussion
- In Parallel the medical follow-up of the patients used the audiometry results collected in TB database 6 (koch6)



5. Some figures

- 108 tests for 86 patients
- 14 patients had their admission audiometry done by Shoebox
- At admissions, only one patient had an abnormal audiometry
- For the follow-up, 3 patients were detected with an abnormal audiometry



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6. Our experience

- User-friendly
- Does not need specialised setup
- Decentralized diagnosis
- Decreased logistic of patients
- Benefits for patient: early detection of ototoxicity
- Main challenge: Cost of License



7. Conclusions

- Easy to use, helped decreasing the logistics and time to have the audiometry's and improved access to the exam
- Allows early diagnosis and early management of the case
- Potentially Improves quality of care in low resources setting
- Referral center not vertical program



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8. Recommendations

- Needs further research to strengthen evidence in order to:
 - have a better cost-benefits analysis
 - better understand the need in MSF projects
 - identify potential links to Ministry of Health
 - know if, and if so how, we should engage in dialogue with manufacturer



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