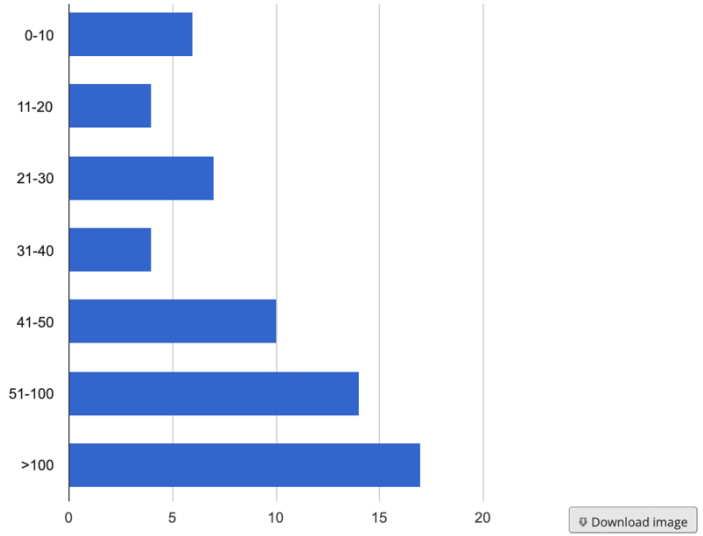
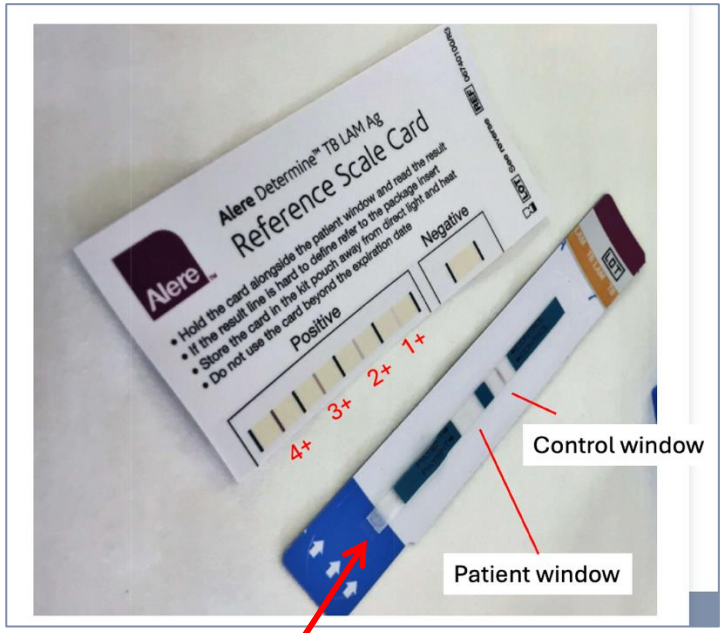
Real-world implementation of urine LAM in our setting

Online, anonymous survey for healthcare workers in SA

- ~56% female, mostly aged 26-35 years old
- ~79% work in inpatient settings
- ~90% work in public
- Mostly doctors (94%), some nurses
- Internal medicine (60%), clinics/GP (11%), Emergency (11%)
- Access to LAM for a median of 6 years

Tests performed over their career:





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	Training	Eligibility criteria	Add urine	Read the result		Act on the result, with urgency	Treatment monitoring
Best practice	Receive formal training	People **with HIV** who have TB symptoms / AHD / abnormal vital signs	Add 60uL urine to the test strip	Read at 25 minutes, or maximum 35 minutes	Any control line = valid result Any patient line must be compared with the reference card to check for true positivity	A positive LAM = needs TB treatment	Close clinical monitoring needed. LAM cannot be used to monitor response.
Preliminary results of online survey	3% trained at medical school 12% trained at facility	31% have used LAM in HIV-negative	5% have used LAM on sample other than urine e.g., CSF	48% read at 10-20 minutes 28% delayed reading before, due to clinical duties	15% have never seen a reference card (or a photo of it) before 8% had never heard of the reference card 66% have <u>ever</u> used the reference card	41% doesn't happen on the day of presentation 75% would start TB treatment immediately	16% have performed LAM in someone already on treatment

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