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Sputum collection and transportation initiatives by local community volunteers under NGO PP scheme in hard to reach areas among vulnerable populations increased sputum examination and TB notification in Bastar district, Chhattisgarh

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TB is a major public health problem in India. While the routine TB services are essential for case management, it has proved inadequate to address the estimated 3 million incidence cases among the high risk poor and vulnerable populations where TB often concentrates. Government of India devised National Strategic Plan in line with the global technical strategy for TB prevention and cares to reduce the missing million cases. Chhattisgarh is one among the high TB burden states in India (216 TB patients/100,000 populations). $\geq 40\%$ of the sputum microscopy centers running under the public health facilities are categorized as difficult to reach where sputum examination for TB diagnosis is a difficult task for the local community known as the vulnerable and deprived. Considering quality assured sputum smear microscopy as the backbone of tuberculosis diagnosis under the National TB Control Program (NTP), NGO PP supported Sputum Collection and Transportation (SCT) activities have been intensified in Bastar district to improve the reach and access of TB diagnostic services in the hard to reach areas among vulnerable populations during 2017-18. Trained on TB basics (the signs and symptoms, diagnosis and treatment, referrals and SCT), the Community Volunteers (CV) visited the unreached villages, interacted with community members, inform them about the disease, its prevention and care and demonstrated cough expectoration procedures. CVs collected specimens in the robust sterile clear screw capped transparent and leak proof plastic sputum containers and transported through certified sputum container bags ensuring that sputum samples are labeled/placed properly and collected before initiation of chemotherapy. Few Presumptive TB patients (PTB) were given these sputum cups for early morning collection by self. SCT service was provided to all PTBs identified during the process besides few being offered the choice of referral services. Sputum transportation standards were maintained as per NTP and ISTC norm. CVs were guided and supervised by the NGO/NTP staff and lab technicians to ensure that biohazard/infection control issues are addressed. SCT for 2,949 cases was done during the period (Oct 2016 to Mar 2018). With 100% sputum examination done for all 2,949 SCT cases, 411 patients (279 Sm+ve and 32 Sm-ve) were diagnosed in 23 of 39 outreach designated microscopy facilities (DMC) running in the tribal dominated district. SCT added 51% Sm+ve patients in to the fold with 12% increase in new adult OPD vs. referral/microscopy activities. Quality smear examination was ensured in around 26% of the DMCs where lab services were either casual or halted over the years due to least/no sputum samples available under the voluntary referral process. The 67% referrals reported during the six quarters period would have yielded more cases if SCT would have done for the neediest most. The intervention highlights the need and urgency for establishment of SCT services in hard to reach areas among the deprived. In the absence of these services, 411 patients would have sought care from various/alternate service providers and not notified in to the system contributing to the missing million cases. This strategy would benefit the NTP, but needs to prioritize appropriate areas and create a network of willing and dedicated TB supporters/CVs to offer quality SCT services in such locations in India and elsewhere.

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