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## **Planned active case finding (screening) intervention improved TB case detection, shortened the diagnostic delay and successfully brought patients into care among the targeted populations in Durg district, Chhattisgarh**

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**T**B is a major public health problem in India. It tops among the seven countries with around 64% of the 10 million new TB cases and bears half of the 490,000 multi drug resistant TB cases worldwide. 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. Durg is one among the 50 high TB burden and low detection districts of the 17 provinces in India chosen to be involved in the National ACF Campaign to screen with a target for 120 million TB symptoms populations, conduct sputum examination of 6 million symptomatic and find, treat additional infectious 0.3 million TB patients among the bottom of the pyramid populations. Considering TB screening as a dynamic and innovative process in its low detected vulnerable communities, Durg district launched the provider driven ACF initiative among its vulnerable populations with the primary objectives of screening to ensure that active TB is detected early to reduce the risk of poor disease outcomes and health sequela, reduce TB transmission and the adverse social and economic consequences of the disease and to achieve the National Sweep Out TB/TB Mukht Bharat target by 2025. District level planning involving key officials was made to map/identify vulnerable areas and key affected populations. Systematic active TB screening through house visits among the slum, prison inmates and other penitentiary institutions, orphanages, school hostel/tribal residential schools, unreached villages, stone crusher units and PLHIVs was carried out for 217,101 populations by trained and dedicated 58 Medical Officers, 106 health care staffs, 12 local NGOs and around 200 community volunteers. WHO recommended algorithms for screening and diagnosis (GRAD tables) were followed. All possible ethical practice was maintained to protect their privacy and confidentiality while indiscriminate mass screening was avoided. Repeat test was done for 15% of the screened cases while HIV counseling and testing offered to all presumptive TB cases. Of 274,834 contacts, 217,101 (79%) were reached. 147 NSP TB cases were diagnosed from sputum examination of 1,847 cases against sputum referral/collected and transported of 1,921 among 217,101 targeted populations during 2017. 100% cases were given DOT within 1 to 4 days of diagnosis with ≥92% treatment success record. Cohort analysis (previous year) as reported shows increase of 9% in referral, 10% sputum examination and 15% case notification. Few presumptive TB cases identified through ACF refused care. Seven (7) positive cases diagnosed from the repeat sputum test were put on treatment later. Planned ACF intervention has improved TB case detection, shortened the diagnostic delay and successfully brought patients into care among the targeted populations. The effects of a successful ACF program to close the case detection gap and reduce the delays in diagnosis will be sustainable if passive case finding is strengthened.

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