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## Tuberculosis – Recent Expansion of Services in a Lens of Surveillance

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National Consultant- Revised National Tuberculosis Control Program

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Tuberculosis is a public health problem in India and globally. Recent estimates have given some more understanding how we measure burden of this age old disease. This is in particular in India. The Global TB Report from World Health Organization documented the revision in estimates of TB in India to be on higher side. As per this report, it is estimated to be 28 lac cases of TB occurred in 2015 and 4.8 lac patients died due to TB.<sup>[1]</sup>

TB is one of the top 10 causes of deaths worldwide and TB now causes more deaths than HIV annually. In India, TB is the leading cause of death among infectious disease in the age group of 15-49 years.<sup>[2]</sup> This toll of death can only be prevented if we reach to each and every TB patients to act upon.

Currently, the Revised National TB Control Programme reports 17 lac TB patients, largely from public health system.<sup>[3]</sup> It means the system is missing almost a million TB patients in a year. There are important gaps in the surveillance system. TB cases that are diagnosed in private health care providers are unreported or TB patients go undiagnosed either they are not accessing health care services or are not identified by the health system (public or private).

There have been efforts to improve the TB surveillance system in India in the recent past. TB has been made a notifiable disease in 2012. Since then, trend of reporting of TB patients is increasing, largely from private sector with consistent reporting from public sector. Interventions like provision of free anti-TB drugs and effective use of ICT systems have gained considerable success at Patna, Mehsana and Mumbai in attracting private health care providers to notify TB patients and provide patient support till treatment outcome. Use of drug sale data has given a different dimension to how disease is measured and also, a good tool to scale of the coverage.

Recently, to reach to patients who are not accessing health care or seeking care late, the programme is encouraging systematic active TB case screening. TB case finding efforts generally remained passive i.e. patients presenting with TB symptoms to health care facilities evaluated for TB. First among the active efforts of case finding are defined in the revised Technical and Operational Guidelines in 2016<sup>[4]</sup> and now, the Government has launched the 15 days drive of active TB case finding in 50 districts.

One more step to reach among missing TB patients is provision of high sensitive diagnostic tools for diagnosis of TB among People Living with HIV and among children and access to rapid diagnostics at decentralized level. These tools are expected to increase diagnosis and reporting of TB and drug resistant TB cases.

While all these strategies will increase service delivery scope and will bring improvement in the surveillance of the disease, but the question remains about the scale. Out of 17 lac reported patients in the country last year, 2 lac were from private health care providers.<sup>[3]</sup> In comparison to the estimated TB patients in private sector, this looks minuscule. The Notification of TB Order does not have a spike of enforcement; the attractive interventions like Universal Access to TB Care are covering merely 2% population of the country and active TB case finding campaigns are just commencing.

Opportunities are plenty to enhance scope of surveillance for TB in India. The case based web based electronic system – NIKSHAY has already registered more than 1 lac private health care providers, more than any other surveillance system in India. There are more than 13,000 microscopy centres, 628 CBNAAT laboratories, 68 Culture and

DST laboratories and more than 10,000 private laboratories registered in NIKSHAY<sup>[3]</sup>, a potential scope of laboratory surveillance. Use of provisions under H1 schedule of Drugs and Cosmetic Act offer a prospect of sustainable drug sale surveillance. In addition, recent revisions in technical and operational guidelines of conducting post treatment follow up of TB patients up to 2 years, will take the TB surveillance beyond treatment completion. Expanded diagnostic algorithms are taking diagnosis of drug resistant TB beyond Rifampicin resistance. This will give a pattern of drug resistance on a regular basis and not merely restricting to the drug resistance survey.

Matter of the fact remains is effective implementation, the coverage and synergy of all

health care providers. The world aims to End TB by 2035 and so, does India.<sup>[5]</sup> But, as John Lennon says famously, a dream you dream alone is only a dream. A dream you dream together is reality. Let's all aim and work to end TB in our country.

**References:**

1. Global Tuberculosis Report 2016. World Health Organization, Geneva.
2. Global Burden Disease Compare. <http://vizhub.healthdata.org/gbd-compare/>
3. TB India 2016. Revised National TB Control Programme. Annual Status Report
4. Revised National TB Control Programme Technical and Operational Guideline 2016.