

EDITORIAL

DO WE KNOW FATE OF ALL OUR TB PATIENTS?

*Shamshad Rasul Awan**, *Sohail Akhtar***

In spite of the fact that effective chemotherapy is available for the treatment of tuberculosis (TB), globally it is still a major health problem. It is estimated that 1.5 million people died with tuberculosis in 2010 and 9.2 million people were infected with mycobacterium tuberculosis¹ Formerly Pakistan was ranked 6th amongst 22 high burden countries and now for the last few years, it has moved to 5th position in this group. This may be because of increased incidence of tuberculosis in Pakistan, or due to improved reporting system leading to increased number of registered TB patients, or that the incidence in other countries has decreased proportionately². In Pakistan, the incidence, prevalence and mortality of TB is 231, 364, and 58/100,000 population per year respectively.

Tuberculosis control remained a low priority in Pakistan for many decades. DOTS was adopted as a national strategy in 2000, seven years after declaration by the WHO as a global emergency, and expanded to all public health facilities as part of primary health care in the next few years³⁻⁵.

In this issue, Anila Basit et al have studied the referral system of patients diagnosed as TB in a major teaching hospital in the province of KPK⁶. Tertiary care hospitals cater larger volumes of patients compared to primary health services. These hospitals have greater potential to increase TB case detection and notification. Hospital DOTS linkages refers to linkages at different levels⁷:

- (1) The linkages among multiple services available within a given hospital (i.e. inter departmental and internal linkages)
- (2) The interface between hospitals and local or regional primary health facilities under NTP (i.e. external linkages) for optimal case management and follow up.(6,7)

The authors have studied the external linkage; in their hospital this linkage is functional in the OPD department but lacking for the indoor patients. This audit highlights a system fault which probably exists in many other tertiary care hospitals of the country. Communication through a separate letter with these centers is also not practiced. Another weakness in our system, as highlighted in this article, is lack of feedback of the fate of these referred patients from the peripheral TB centers to the primary referred units. Yet another issue commonly observed is when patients move their residence away in a different district or province. Lack of inter-center referral system and/or stoppage of anti-TB treatment in these migrants are common. The primary treatment center does not know if their diagnosed cases are cured eventually, and the many patients presumably do not register to a DOTS center in their new area or stop the TB course themselves. The end results of all such lacking are the same: high default rate and development and spread of resistance strains.

In a study from India by Kondapak KK et al, feedback on referrals was not received in three out of 10 individuals referred to peripheral facilities for continuation of anti TB treatment⁸. They suggested mobile telephonic contact with these patients to improve their linkage also proposed by Basit A et al. Telephone is being used freely in the country even by poor people.

* *Avicenna Medical College, Bedian Road Lahore.*

** *Department of Medicine, Ziauddin University Hospital, Karachi.*

There is indeed a great need for strengthening the linkage between tertiary care hospitals and peripherally located DOTS TB centers of NTP. The concerned authorities and NTP should take up this matter and increase the linkage. Institutions, especially those catering for large population volumes, should take notice of logistic issues; allocation of duty of linkage to specified persons, doctor or a health care worker, for collaboration with the patients and TB centers through telephone and writing letter, and any other feasible to the local circumstances. Contact tracing of defaulted patients through telephone has shown to be effective in increasing the number of cured cases in an individual center⁹. It may also help if addresses and telephone numbers of DOTS centers are available at tertiary care hospitals for better liaison.

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