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WALK IN CENTRE – ONE STOP TB SOLUTION- A MODEL- 'GAME CHANGER' IN TUBERCULOSIS CONTROL

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Abstract

INTRODUCTION : India accounts for one-third of the tuberculosis cases worldwide. States must step up their efforts if they have to meet the challenging target of eliminating tuberculosis by 2025. The prevalence of tuberculosis in Tamil Nadu was 210 per lakh population (1), according to the Tamil Nadu TB prevalence survey. A key factor in interrupting the chain of transmission is early detection and treatment. Despite the fact that National Tuberculosis Elimination Programme (NTEP) decentralised laboratory services, a lot of patients are still diagnosed only in the secondary and tertiary health facilities. This has made it necessary to improve the services provided by the primary health care facilities. Hence Tamil Nadu has adopted the walk-in tuberculosis centre paradigm in this setting where all the services are brought under one umbrella at Primary Health Centre level.

KEY WORDS : : Walk in Centre- One Stop TB Solution, One Stop TB, Walk in Centre for TB, Game Changer in TB Control

INTRODUCTION

Tuberculosis (TB) is an infectious disease caused by Mycobacterium Tuberculosis and was the world's second leading cause of death in 2022 after Covid-19.[1] According to Global TB report 2023, 10.6 million people developed TB in 2022. The Global TB Report states that the prevalence of Tuberculosis In India was 196 per lakh people in 2022.[2] According to the Tamil Nadu TB prevalence survey 2019-2022, the prevalence of tuberculosis in Tamil Nadu was 210 per lakh population.[1] In 2022, Tamil Nadu had a case notification rate of 126 cases per lakh people.[3] We have an ambitious goal of achieving the Sustainable Development Goal (SDG 3.3) related to TB by 2025, that is 90 percent reduction in TB deaths and 80 percent reduction in TB incidence rate by 2030 compared to the levels in 2015. To achieve this ambitious goal, early diagnosis and treatment plays an important role. Since 2001, Tamil Nadu's laboratory network has grown rapidly. There are currently 147 Trunaat sites, 127 Cartridge-based Nucleic Acid Amplification Test (CBNAAT) sites, and 1969 Designated Microscopic Centres (DMC).

Decentralization of laboratory services was deemed required for patients to receive testing at neighboring medical facilities. However, the actual situation showed that most of the testing takes place in the secondary and tertiary health facilities. The public's preference for visiting the secondary and tertiary health facilities and the causes of the increased testing taking place are the dearth of qualified lab technicians at the peripheral health facilities, absence of functional fluorescence microscopes and lack of adequate training.

CURRENT SCENARIO

In 2022, a total of 4, 49, 33,062 adult patients were seen in the outpatient department of the 1969 Designated microscopy centres. Out of which 12, 75,512 (2.8%) presumptive TB cases were identified and offered smear examination for the detection of TB.

The majority of the presumptive TB cases (10, 20,832 presumptive TB cases - 80%) were tested in 805 health facilities (41%). The diagnosed patients were then offered molecular tests through the 147 TruNAAT and 127 CBNAAT facilities for knowing the Rifampicin resistance status. In the instances where the molecular testing labs coexisted with the DMCs, samples were immediately submitted by the patients themselves. In case the NAAT facilities are situated in a different facility, the samples of the patients are transported by courier or engaging a local human transporter. In some

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cases the TB staff themselves transport the samples. In some instances the patients are required to reach the NAAT facility for giving a second sample for Universal Drug Susceptibility Testing (UDST). Whilst testing in a facility with NAAT lab occurs earlier, it is considerably delayed in those facilities where in samples need to be transported because of non-availability of NAAT lab.

It is imperative that the services offered at the primary health care facilities to be strengthened. With this context, the idea of a Walk-in Centre-One Stop TB solution was introduced to bring all the services under the one umbrella starting from screening to monetary assistance and provision of nutritional supplement at primary health care level.

WALK IN CENTRE – ONE STOP TB SOLUTION

This approach states that a single primary health facility will be designated as a walk-in tuberculosis centre in each block. It will offer the following facilities.

• Diagnostic tests must be available (Microscopy/NAAT) in the facility. The results of the microscopy testing to be provided within 24 hours. In the event that the facility is unable to conduct the NAAT tests, the sample should be transported to the NAAT testing facility through Hub and Spoke and the results must be provided within 48 hours.

• And also the samples from other primary health centres of the block should be transported and processed in the One Stop TB centre

• Appropriate linkages for chest X-ray needs to be identified such as nearest community Health Centre, Government Taluk Hospital or Government Medical college Hospitals.

• Patients should be initiated on treatment within 24 hours of receiving their test results.

•The TB patients should be screened for other immunocompromised diseases such as Diabetes and HIV and vice versa

• The family members and close contact will be screened for TB

• TB Preventive therapy given to all close contacts of the patient

• Patients with tuberculosis must get monthly clinical follow-up as well as laboratory follow-up at the end of intensive phase and continuation phase.

• All the required entries such as registration, treatment details, direct beneficiary transfer etc to be done in Nikshay portal

• The medical officer has to ensure that every patient receives the Direct Benefit Transfer (Financial Incentive of Rs.500 per month for each notified TB patients for duration for which the the patient is on Anti-TB treatment) provided through Nikshay Pojan Yojana.

• Nutritional support with high protein and vitamin rich diets can be given to patients who require additional nutritional support with the help of volunteers, NGOs, and under the corporate social responsibility funds from the industries.

• The Block Medical Officer is the nodal officer for the operationalization of the Walk in centre.

As on now 100 Walk in centres are inaugurated. It will be expanded to all 424 Community Health Centres. All centres will be monitored by the Deputy Director Medical Services (TB) and the Deputy Director of Health Services at district level.

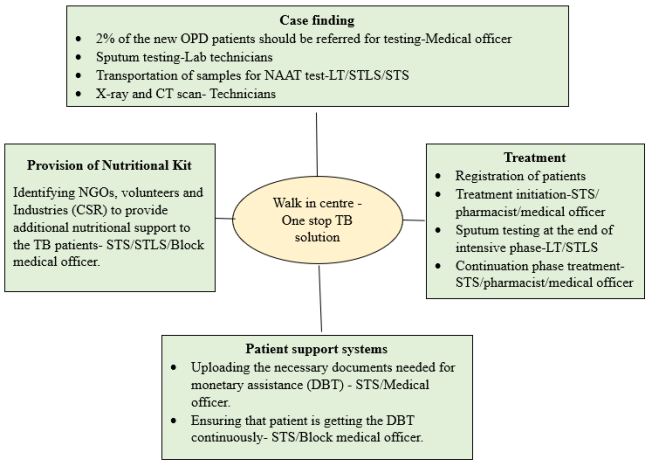

Figure 1 : Functions of Walk in TB centre and the responsibilities of each person

CONCLUSION

Accelerated efforts are needed to achieve the ambitious goal of ending TB by 2025. This Walk in TB centre will prove to be a one stop solution for TB patients where all the services will be offered under one roof. This model when appropriately implemented and followed will prove to be of great benefit to the patients.

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