

Importance of community meetings in control of tuberculosis

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Perspective

Tuberculosis (TB) is fast emerging as the major public health concern, especially in the developing countries, in terms of morbidity and mortality^[1-4]. The grave consequences of this disease is the emergence of the drug resistant TB (DR-TB's) like the Multidrug resistant (MDR) and extensively drug resistant TB (XDR-TB)^[2,5,6]. The most distressing fact about drug resistant TB is detection of Multi drug resistance among the primary cases, i.e. patients diagnosed for the first time with the strain of Mycobacterium tuberculosis that is resistant to Rifampicin and other first line anti tubercular drugs^[2,5].

There are so many factors contributing to the development of MDR-TB^[2,6,7]. The most important being the incomplete or irregular treatment with first line anti tubercular drugs^[2]. The other being the intolerance to these drugs^[7-9]. In most of the developing countries like India, the disease is more prevalent in densely populated urban slums, where there are more chances of people to people contact, hence more chances of transmission of the disease among them as the disease transmit as airborne droplets from the sputum positive patients^[1,3]. Hence, to quell the disease, it is very important to prevent this transmission in the community. For this community participation and awareness about the disease has a very important role^[1,3]. Revised National Tuberculosis Control Program has stressed on the importance of regular community meetings in the area and also on efforts to encourage the involvement of the local community leaders and volunteers in these activities^[10]. By community meetings, the residents are educated about the symptoms of the disease for the early diagnosis and the modes of its transmission so as to prevent the spread of the disease from the infected person to other people in the community. People are also educated about the importance of treatment completion, as stopping the treatment before the full course results in the emergence of DR-TB^[2,6]. They are also enlightened about the facilities available and locations of the Designated Microscopy Centers and DOT Centers in their vicinity, and above all they are also detailed about that all these facilities for TB detection and control are free of cost^[1,3].

The disease is no longer limited to the slums, and is now showing increasing trends among the educated and working class of the society, who many a times are

unwilling to accept that they can be infected with TB^[1,3]. Besides a large section of society is harnessing TB as latent TB^[11]. To create awareness among these groups, an altogether new concept of TB awareness was started by the Chest Clinic Moti Nagar, a large center (also known as a District TB center in Delhi DOTS program) in West Delhi wherein a five day long TB information Kiosk was set at one of the major Delhi Metro Station (Moti Nagar), where the staff had displayed IEC material and were present for the whole five days and provided information to the commuters and answered the queries about the disease and also distributed pamphlets with information about the disease, the details of the whole activity are published elsewhere^[1,3]. To get control of the disease and prevent the emergence of MDR-TB, it is very important that people in the community are educated enough about the disease, so that they reach the health facility and complete the treatment on their own. Importance of healthcare education to the society is imperative and the role of agencies involved in the dissemination of the same in low healthcare budget countries is very important^[12]. The success of the TB control programme depends on finding out each and every hidden TB case in the community and putting them on treatment at the earliest so as to contain the source of the spread of the disease.

With the availability of the modern rapid diagnostic facilities like Cartridge Based Nucleic Acid Amplification test (CBNAAT) at most of the District TB centers, it is now easier to diagnose the disease and drug resistance at an early stage and hence now we can expect to achieve improvements in the TB cure rate. Furthermore a number of factors are still present both at the patient and provider level that need immediate attention for the TB control.

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