

Active case finding- A new tool in the fight against TB

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Tuberculosis (TB) remains a major public health problem [1]. The burden of TB in countries like India is very high [1,2]. There has always been a need of proactive strategies for the fight against TB [1]. The importance of new and innovative ideas and techniques having a greater impact on the society is well known [1]. The RNTCP comes up with a number of solutions for the diagnosis and treatment of the disease, which is known for ages [3-5].

The usual approach of the TB diagnosis is passive, wherein a patient with all/some of the common symptoms of the disease is referred to the health facility for the establishment of the diagnosis mostly after the sputum examinations. However, this often leads to those cases who never reach the health facilities because of vast private setups or wrongly diagnosed or misdiagnosed cases thereby, constituting about three million missing cases in high TB burden countries [3,6].

In the year 2013 the Global Fund-supported Project Axshya, started the active case finding (ACF) among the high-risk groups in 300 districts in India [3]. ACF is a well-recognized key strategy to reach these 'missing' nearly three million cases in high TB burden settings [3,7]. ACF involves an active case finding approach in high risk areas and as per the RNTCP will be done three times a year [7]. These high risk populations within a district were operationally defined as 'marginalised and vulnerable' [3].

Although a really good approach the ACF has certain areas to be addressed [7]. There should be a retrospective analysis of the impact of the ACF on the societies [7]. The overall activity was inclined with an aim to create awareness among the masses and thus the post-ACF impact on the society needs to be studied [7].

The ACF has led to the reduction in the number of health center visits before the patient was started on treatment [3]. And thus, the diagnostic delay has been reduced [3]. So, comparable studies involving the ACF and the passive case finding (PCF) are important to establish and formulate the plan for including the ACF targeting the whole district and thus not only to the high risk areas. Besides, the treatment outcome in both ACF and PCF should be compared.

The ACF involved mostly the public health workers and few non-governmental organizations and thus the feasibility of the extent of involving the other major sectors of the society like the private practitioners

should be evaluated [7]. The central and state governments should work to involve all the stakeholders [3].

The cases which were diagnosed and put on treatment are a good indicator for studying the response of the service recipients [7]. This will help in modifying the existing national program as per the need of the patients [7]. Thus making the program more patient friendly.

The ACF although has served to be a good adjunct to the existing PCF, but there are certain drawbacks. The ACF in the national capital was done only two times in the year 2017, as the health staff was on strike and thus the second phase of ACF was aborted [8]. The central TB division (CTD) should ensure that such noble activities should not be hit by the lack of availability of staff.

In ACF the spot sample was collected and sent to the designated microscopy center (DMC) but, there were instances where the second sample was not deposited by the prospective TB cases in the DMC. The major contributor to this was that most of the members of these 'marginalised and vulnerable' populations were daily wage workers and for them to go to the DMC for deposition of second sample was time consuming and would have led to monetary losses in the form of travelling or loss in their overall daily wages. Although efforts were made to get the second sample also collected from the patients, but many a times these were futile.

Also, there were instances when the staff involved in the ACF was reluctant to give the exact data fearing that if the total number of cases will rise, then there will be extra monitoring from the higher authorities and this will disturb them. Thus, an active and strict monitoring of the activity is imperative so that such intentional errors can be avoided.

In short, ACF is a novel approach and could be a solution towards the elimination of TB. However, a detailed operational research is the need of the hour regarding various plus and minuses associated with the ACF. TB needs newer strategies for elimination and ACF is a very good answer to this ever growing public health issue.

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