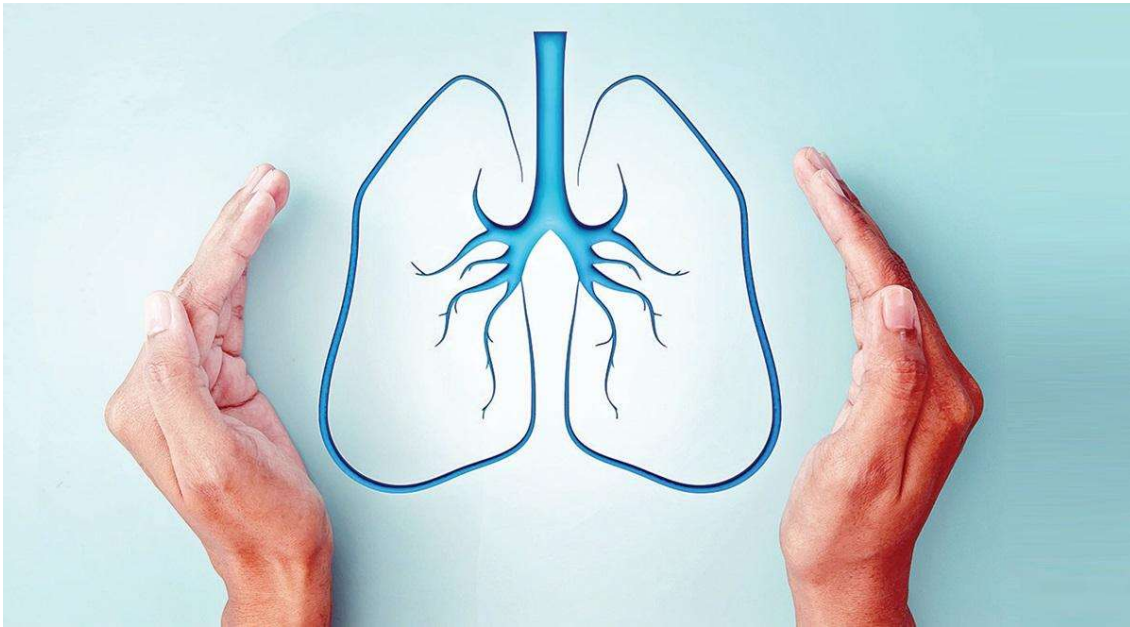


TB eradication programme must be upgraded



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The goal of the National Tuberculosis Elimination Programme (NTEP) is to eliminate the disease by 2025. But as the target year is drawing close, the field data and statistics pointing to the higher incidence of tuberculosis in the country are alarming.

According to the World Health Organisation's report, there were 210 TB patients per lakh in 2021. This figure has increased, says the recent report from the National TB Prevalence Survey in India 2019-21. As per this report, there are 316 TB patients per lakh in the country and the figure is 301 per lakh in Tamil Nadu. Informed sources say TB casualties happen in Tamil Nadu owing to certain practical problems and hassles in admitting people afflicted with TB as inpatients in hospitals.

What are the problems?

At this juncture, we may recall what the WHO Director-General, Tedros Adhanom Ghebreyesus, once advised the world countries: "The fight for the elimination of tuberculosis is not only against the virus causing the disease but also against the multi-

pronged attacks in the form of the people's ignorance, malnutrition, fear of social stigma and pollution of the environment.”

It is an important component of TB elimination that the disease is diagnosed in the initial stage itself and proper treatment is given. It is a primary challenge. If one is coughing for weeks together, contracting fever at night continuously and gradually losing weight, the person must come forward to undergo clinical tests. If TB is diagnosed in the initial stage itself, treatment will be easy and the cure total.

But there are several people, who are unaware of the symptoms and indifferent to them even if they are too clear and manifest to go unnoticed. Also are there those who stop treatment halfway through when the symptoms disappear. Hence TB changes into a disease uncontrolled by drugs (MDR-TB, XDR-TB), posing a great challenge to the TB elimination programme.

In Tamil Nadu, around one lakh TB patients are identified and clinically treated every year. About 49.01 per cent of patients go to government hospitals, 49.75 per cent to private hospitals and 1.24 per cent go for alternate medicine. It is only the GHs which help mostly the common people, offering modern test facilities and treatment methods free of cost.

Tuberculosis is diagnosed in users with symptoms through the tests known as CBNATT and TrueNat. Sometimes there is a delay in diagnosing TB when these tests are undertaken belatedly. In the next phase, they go to either the taluk hospital or the GH and by that time, the disease gets worse.

Bed facilities less

The TB patients in an advanced stage must be admitted and treated as inpatients. But around 90 per cent of such patients are not admitted as inpatients for exclusive clinical treatment though there are in the state 278 government hospitals including the district headquarters and taluk hospitals and 321 upgraded primary health centres (boasting 30-bed facilities). The remaining 10 per cent of the patients with advanced TB get treatment as inpatients and yet they are discharged soon owing to the shortage of beds.

Mostly those in the serious condition of TB are admitted in the government medical college hospitals only. But they are sent back home from those institutions too because of bed scarcity. It is known that around 6,000 to 8,000 patients die every year on account of incomplete treatment. Casualties can be avoided only if a two-month treatment is given continuously to TB inpatients with their full cooperation.

Funds reduced

Meanwhile, the survey known as RATIONS (reducing activation of tuberculosis by improvement of nutritional status) has confirmed that TB can be reduced through nutritional food. Importantly, TB patients need to be given protein-rich food. Earlier there were sanatoriums exclusively for TB patients, situated at places with good ventilation in Tamil Nadu. The TB patients used to get treatment for months on end in the sanatoriums where they would be given half-kg meat each that would boost their immunity. Meat played a vital role in increasing the survival rate of the patients even when there were no such advanced medicine facilities as we have now.

But today there are no exclusive sanatoriums for TB patients nor are there opportunities to feed them meat. Instead, under the Nikshay Poshan Yojana, the patients get a monthly amount of Rs.500 credited into their accounts for their food expenses for six months. But it is not enough to fulfil their protein needs. Besides, 9.55 lakh TB patients are 'adopted' by voluntary organisations which take care of their food needs. However, the severely malnourished TB patients whose mortality rate is higher, sufficient food is not available. In these circumstances, the union government has curtailed the funds for the TB eradication from Rs. 3,409.94 crore to Rs. 2,656.83 crore, causing a setback to the programme.

What should be done

Total TB eradication will be possible only if society comes forward to ensure an early diagnosis of TB and a six-month treatment course. Awareness campaigns in this regard must be intensified. Tamil Nadu has been implementing the Tamil Nadu Kasanoi Irappila Thittam (TB death-free project). For this project, the existing health infrastructure must fully be used. Those likely to contract TB such as people in proximity to TB patients, diabetics, senior citizens, malnourished people and so on must also be clinically tested. Moreover, TB patients in an advanced stage must be quarantined and given proper treatment in ventilated places so that their death can be averted. For this purpose, the old TB sanatoriums must be revived or exclusive hospitals for TB launched at district-level. All kinds of infrastructure including bed facilities and medical personnel must be upgraded. The union government, for its part, must earmark necessary funds to the states.

Every life is precious; hence it is the duty of the government to protect it.

Translated by V Mariappan.

