CORRESPONDENCE

Mainstreaming tuberculosis case detection and reporting in medical colleges in India: early lesson learnt

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In India, the contribution of medical colleges to the Revised National Tuberculosis Control Programme (RNTCP) in terms of tuberculosis (TB) case detection is exemplary.¹ In 2013, about 15.2% of TB cases were detected in the 330 medical colleges across the country.² The RNTCP extends support to medical colleges by providing human resources (a medical officer, TB health visitor and laboratory technician), the requisite logistics for microscopy activities and drugs for TB treatment.³ The infrastructure to establish this programme unit is provided by each medical college, and is often known as the 'RNTCP cell'. The programme guidelines suggest that all TB cases detected in medical college clinical departments should be routed through the RNTCP cell, where patients are registered and initiated on anti-tuberculosis treatment.

For programme monitoring and reporting, the medical college is considered as the peripheral health institute (PHI), and they submit monthly PHI report and quarterly case finding reports to the district TB control officer. We discuss an innovative approach to mainstreaming TB case detection and reporting by the academic sector.

Missed TB cases are one of the main challenges to TB control today.⁴ The contribution to reducing 'missed TB cases'—those who are either never diagnosed or are diagnosed in the laboratory but do not appear on the TB treatment register—is of paramount importance. As medical colleges are well resourced with diagnostic equipment and many more severe cases might end up there, there may be an impact on TB transmission and mortality which is of likely benefit to the new 'End TB' strategy. The issues prevailing in the current reporting mechanisms and ways of strengthening the recording and reporting at medical colleges are enumerated below.

The medical college is a huge institution, with 18 departments, the majority of which (except anatomy and physiology) are involved directly or indirectly in screening, diagnosing, investigating, treating or managing a case of TB. The burden of TB cases detected for the first time at autopsy by the department of forensic medicine is also well recognised.⁵ In the current system, all presumptive TB cases screened for TB who are either smear-negative or extra-pulmonary are not captured. We believe it is crucial to record these data from

all the departments, as there remains a high probability that some of these missed cases may later turn out positive.⁶ As tertiary health facilities, medical colleges are equipped with all types of equipment for investigating a case. The decreasing trend of nationwide smear-negative TB case detection augments the importance of capturing the data at subunit levels of a medical college.

The majority of TB cases diagnosed at medical colleges are referred to the primary health centre nearest to the patient's residence for initiation of treatment. The programme depends entirely on referral forms, the postal service, short messaging service (SMS) using mobile phones and telephone to inform the primary health centre and district TB officer about the referral. However, this communication mechanism is tedious, often delayed and lacks promptness in providing feedback. This inefficient system also leads to interdistrict and interstate referral meetings that are usually less fruitful. It is thus imperative for the programme to develop a real-time web-based referral mechanism that is effective and prevents unnecessary loss of time for the programme staff. There is an urgent need to develop better recording and reporting systems in medical colleges. Mechanisms to capture all presumptive and diagnosed TB cases should be made operational through full involvement of the medical records department of the medical colleges. Strengthening the medical colleges will be a very helpful investment for the RNTCP in years to come.

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