

Letter to Editor

Implementation of Ban on Serology Tests and Mandatory TB Notification

Dear Editor,

Tuberculosis (TB) is the leading infectious cause of death worldwide. In 2014, the incidence of TB was estimated to be 9.6 million, (5.4 million men, 3.2 million women and 1.0 million children). TB killed 1.5 million people worldwide.<sup>[1]</sup> India is the highest TB burden country in the world, having an incidence of 1.98 million cases annually. Mortality is disproportionately high, of 1000 deaths/day, accounting to 280,000 each year. India also leads the world by having maximum number of Multi drug resistance cases (MDR) with an estimated 61,000 among all pulmonary TB cases. India has an estimated 2.2 % MDR among new TB cases and 15% among the previously treated TB cases.<sup>[2]</sup> Government of India (GoI) declared TB as a notifiable disease in 2012 making it mandatory for all private health establishments including clinical laboratories, allopathic hospitals, clinics, nursing homes and individual allopathic private practitioners (PPs) to register with the revised national TB control programme (RNTCP) for notifying the cases diagnosed and /or treated by them to the government authorities.<sup>[3]</sup>

The WHO expert group and STAG-TB concluded that currently available commercial serological tests provide inconsistent and imprecise estimates of sensitivity and specificity and strongly recommended that these tests should not be used for the diagnosis of pulmonary and extra pulmonary TB (adults and children) irrespective of HIV status. Hence GoI responded to this problem by banning serology tests in 2012.<sup>[4]</sup> Available literature for TB notification and use of TB serology tests in TB diagnosis suggests poor implementation. It is felt there is a need for such studies to be conducted, across the country to find out the status of the policy changes to involve PPs in RNTCP. Hence a study was made to find the status of implementation of mandatory TB notification

by private sector and ban on serological tests to diagnose TB in Kolar.

All the private clinical laboratories in Kolar city was visited and the laboratory technicians were interviewed. Around 7.5% of these laboratories performed TB serology test. Twenty percent of these laboratories notified TB cases to the public health authorities. Hence it could be concluded that the private laboratories are not completely engaged in the RNTCP programme. Periodic training and interaction with the private laboratories by the RNTCP personal may help in quality improvement in TB diagnosis and treatment as conceived by RNTCP. Public private partnership should be strengthened with the objective of engaging all private and public health care providers in the fight against TB using international health care standards. It is necessary for the facilitators to strengthen partnerships by trained quality management and gradually bring in service providers.

References

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