

# Are we still living in NTP era?

Sir,

A suspected or presumptive pulmonary tuberculosis (TB) case is the one who has cough lasting for more than 2 weeks with or without associated symptoms of sputum production, anorexia, weight loss, fever, or hemoptysis. The consulted general physician or primary healthcare provider usually seeks for nonspecific testing such as X-ray, complete blood count, and erythrocyte sedimentation rate while the microbiological confirmation through sputum microscopy is sought scarcely resulting in diagnostic delay and unjustified use of antibiotics, specially the fluoroquinolones.<sup>[1]</sup>

According to TB India 2016 report, in 2015, the total number of such TB suspects (not smears) examined were more than 90 lakhs (9,132,306), while the total number of sputum-positive cases diagnosed were around 9 lakhs (902,732).<sup>[2]</sup> Meaning, one TB suspect had sputum smear positivity among 10 examined. Moreover, in 2014, the total number of new smear-positive cases treated were around 6 lakhs (627,710), whereas only around 3 lakh (296,627) smear-negative cases got treatment.<sup>[3]</sup>

In my view, there is gross discrepancy between the number of suspected TB cases having sputum smear negativity (approximately 80 lakhs) and the number of smear-negative cases receiving treatment (around 3 lakhs). These huge number of smear-negative cases are the ones which will bounce from one physician to other, will be treated with empirical antituberculous drugs with no specific regimen, and for uncertain duration under guidance of X-ray, just as was happening in the era of National Tuberculosis Programme (NTP).

It is worth recollecting that before the inception of Revised National Tuberculosis Control Programme (RNTCP) in 1993, the Government of India launched NTP which in early 1990 was treating 1.3 million patients per year without little or no impact on prevalence of TB.<sup>[4]</sup> Among various reasons highlighted for the failure of NTP, overemphasis on X-ray for diagnosis and underutilization of laboratory services – for sputum smear microscopy – remained the most important one. Hence, when the RNTCP was launched based on Directly Observed Treatment, Short course (DOTS), it promoted the diagnosis of TB cases by sputum smear microscopy.<sup>[5]</sup> The standards for TB care in India still state microbiological confirmation as the diagnostic tool and use of X-ray chest as a screening tool.

I recommend increasing awareness in primary care physicians/general physicians to obtain microbiological

confirmation in each suspected pulmonary TB case as it not only will help the patient by providing confirmed diagnosis but also will help curb the monster of drug-resistant TB by preventing it for the collective good of society.

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### Conflicts of interest

There are no conflicts of interest.

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