

STRATEGIES TO IMPROVE CASE-FINDING IN TUBERCULOSIS PROGRAMME*

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Summary. To augment case-finding under NTP, Dais were used in a rural area for identifying chest symptomatics by making door-to-door visits and collecting sputum specimens from them. They could pick up 87% of the expected case-load in the community. In an urban area; student volunteers and propaganda measures were used for the purpose. Among those who reported at the area dispensaries for examination, 79% of the expected case-load was diagnosed.

Introduction

The National Tuberculosis Programme (NTP) adopts a positive case-finding policy, i.e. cases are detected from among the chest symptomatics attending the various Government health facilities for medical advice. The efficiency of case-finding in NTP is estimated to be around 30%.

In order to improve case-finding, Tuberculosis Research Centre, Madras (TRC) has undertaken two different studies: one in a rural area by utilising village Dais and another in an urban area utilising college student volunteers enrolled in National Service Scheme (NSS), along with propaganda measures. Dais are traditional birth attendants and their services are well accepted in the community.

The aim of the study was to judge the feasibility of utilising along with propaganda measures,

1. NSS student volunteers in an urban area, and

2. The Dais in a rural area for improving case-finding in District TB Programme.

Study area and population

The study was undertaken in 63 villages in

Sriperumbadur taluk, covering a population of 18,320 of whom 11,808 were above the age of 15 years (Table 1). The area village Dais were mobilised for case-finding and a voluntary welfare organisation delivering primary health care through the Dais was motivated and prepared for the study.

At Madurai the population covered in the selected area was 50,000 of whom 35,000 were above 15 years of age. Student volunteers from 4 city colleges who were enrolled in the National Service Scheme were utilised for the study.

Training methodology

The identified personnel were trained by the TRC staff who briefed them about TB in general and taught them to identify chest symptomatics in the community. Lectures with flash-cards, slides, exhibitions, group discussions and film shows were conducted for both Dais and students. Since the dais were mostly illiterate, role plays were enacted for them. In addition, they were given practical training in the field in home visiting, identification of chest symptomatics and sputum collection. Booklets and hand bills were distributed to the student volunteers.

Table 1. Study population

	Rural (Sriperumbadur)	Urban (Madurai)
Population	18,320	50,000
Above 15 years	11,808	35,000
Personnel Utilised	Dais (Illiterate)	NSS Student Volunteers

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Table 2. *Outcome of case-finding in urban area*

Population	50,000
Above 15 years of age	35,000
Symptomatics attended	1,561
Smear positive cases	
Expected	91
Found	72
	(79% of expected)

Table 3. *Case finding by Dais in rural area*

Population	18,320
Above 15 years of age	11,808
Symptomatics identified	276
Sputum positives	
Expected	47
Observed	
	(87% of expected)

Community health education methods

An important aspect of the exercise was to educate the community on TB. The methods used in the rural area included exhibitions, door-to-door visits, periodic meetings, role plays and film shows. In the urban area, exhibitions, street plays and villupattu at important street corners and junctions, use of microphones and All India Radio announcements, posters and film shows were used.

Case-finding by using student volunteers and propaganda measures

In the Madurai City area, 3 camps were held over a period of 10 months. From the 35,000 population aged above 15 years, following the student motivation and other propaganda measures, 1,561 chest symptomatics attended the Corporation dispensaries and 72 were found smear positive. Estimated number of smear positives in this population is 91 (Table 2).

Case finding by Dais

Dais did active case-finding by making door-to-door home visits, identifying chest symptomatics and collecting sputum specimens from them. In a population of 11,808, a total of 276 chest symptomatics were identified by the *Dais* and sputum collected from them (Table 3). In all, 41 were found to be sputum positive by smear and or culture as against the expected 47, as per the national prevalence survey.

Discussion

The present study shows that with proper training, the existing forces in the community can be effectively mobilised for case-finding. It is encouraging to note that using these task forces it was possible to identify about 80% of the sputum positive patients existing-in the community. NSS volunteers and dais are potential task forces available throughout the country. Their services can be utilised for case finding in National TB programme.