C: PROGRAMME FORMULATION

117 *P Mercenier & J O'Rourke*: TB CONTROL IN CITIES
Maharashtra Med J 1965, 12, 569-73.

Tuberculosis Control Programme in the cities should be a component of the National Programme which ensures that the patients diagnosed anywhere should be treated in their own villages through a smooth transfer and efficient referral system. With this objective analysis of a large scale work done in Delhi Tuberculosis Centre (Annual Report 1962-63) and Lady Willingdon TB Demonstration & Training Centre, Bangalore in 1961 was made to identify the role of State TB clinics in the National Control Programme. The following observations were made: (i) Case finding activity can be easily carried out as seen in Bangalore city. 17100 (47.5%) smear positive patients were diagnosed during 61-63 from the estimated prevalence of 3600. (ii) It was further observed from both New Delhi & Bangalore TB programmes that they have the heavy burden on their curative services leading to constant flow of rural patients to the city TB clinics. This will deprive the legitimate development of the rural health institutions in carrying out the TB control activities and decrease the efficiency of urban clinics. (iii) From both epidemiological and sociological point of view it is important to provide tuberculosis services in the rural areas to avoid the heavy burden on the urban clinics providing curative services. (iv) Existing facilities for tuberculosis services and beds are adequate if proper co-operation and coordination inside and outside city is maintained. (v) Within cities similar coordination and uniformity is maintained through central case index system. (vi) The services and anti TB drugs are provided free of cost. (vii) Treatment of bacteriologically confirmed cases, recording and defaulter retrieval are more necessary than hospital beds and mass case finding. (viii) BCG vaccination has to be pursued intensively within the city and elsewhere in the country. House to house vaccination, neonatal vaccination in the hospitals should be attempted.

KEY WORDS: CONTROL PROGRAMME, CTP.

118 *DR Nagpaul*: DISTRICT TUBERCULOSIS CONTROL PROGRAMME IN CONCEPT AND OUTLINE
Indian J TB 1967, 14, 186-98.

This is a conceptual account of the District Tuberculosis Control Programme. The District Tuberculosis Programme (DTP) was formulated by the National Tuberculosis Institute in 1962 to form the basis of a community-wide programme to deal with the challenge of a large, predominantly rural tuberculosis problem

in the country. The limited resources in the form of funds, trained personnel and equipment, made it necessary that the programme be simple, easy to apply and widely acceptable.

The DTP includes provision for tuberculosis case-finding, treatment and prevention throughout the district from the health institutions in an integrated manner. Case-finding is carried out among the symptomatics attending the health institutions primarily by sputum examination and treatment is offered on ambulatory domiciliary basis. District Tuberculosis Centre **(DTC)** represents the pivot around which the integrated DTP revolves. DTC takes up all the responsibilities in respect of the programme on behalf of the District Health Authority. It undertakes planning, implementation, coordination and supervision of the DTP in the entire district besides offering the usual diagnosis and treatment service to the population, under its direct care. Health institutions other than DTC which participate in the DTP are called **"Peripheral Health Institutions"** (PHIs). These are categorised into **"Microscopy Centres"** and **"Referring Centres"** depending upon possession of microscope or otherwise. Both categories are full-fledged **"Treatment Centres".** Sputum examination is offered to all chest symptomatics reporting at "Microscopy Centres" and if found positive for AFB the patient is motivated and put on treatment immediately. DTC maintains the important **"District TB Case Index"** and offers "referral" X-ray examination to the sputum smear negative symptomatics referred by the "Referring Centres". One BCG Vaccination Team also works under DTC. There is one DTC in a district and the already existing TB clinics become just one of the PHIs under one DTC. Key staff consisting of a District Tuberculosis Officer **(DTO),** a Treatment Organiser **(TO),** a Laboratory Technician **(LT),** an X-ray Technician **(XT), BCG Team Leader** and a Statistical Assistant **(SA)** are required to provide service from the DTC and to organise the programme of case-finding and treatment in an integrated manner throughout the district from all available institutions of General Health Services.

KEY WORDS: DTP, DTC, PHI, INTEGRATION.