

self-administered regimen

- ˘ Timely follow up
- ˘ Chemoprophylaxis not recommended as it is impractical

to be available through its vast reaches.

2.5. The longitudinal survey

Perhaps nowhere else the problem of tackling TB was treated as a multi-dimensional problem. The problem and its determinants had been identified. Methods of intervention were scientifically worked out. **For the first time, social sciences were consciously included as hard evidence and peoples' voices were placed on par with science, technology and administration. The National Programme was fully integrated with the GHS of the country, thus extending the scope of TB work**

In 1961, the EPS undertook an illuminating study (RP/33 Annexure II) : The Longitudinal Survey, in which observations were repeated in the same population at a given interval over a period of five years by means of follow-up examinations. A rural population of about 65,000 living in 119 randomly selected villages of Bangalore district were examined repeatedly four times (0 - 1½ - 1½ - 2 years) during 1961-68. The following tools were used: tuberculin test (all ages), X-ray



*Longitudinal survey
Field work in progress*

(five years and above) and sputum examination (for X-ray suspects). The survey was highly ambitious and was difficult to conduct due to a variety of practical difficulties and technical challenges.

It was planned that two teams would attempt to cover minimum of 80% of the population for all the examinations. Some of the problems associated with the field work have been elaborated in Chapter 3. The population being studied was highly mobile. There would be migration, immigration, births and deaths. To establish identities after a lapse of time for different examinations by different investigators was not easy. A new methodology of census, identifying the individuals, houses, location maps of households, etc., had to be developed. Data generated from such a mobile population had to be collated so that examinations conducted at different times had to go to the records of the identified

persons only. This was a new kind of data, a data flow of how TB behaved in a population living in a particular area. It revealed the natural history of TB in a general rural population, during the survey period. The report was published in 1974, as to draw tenable inferences would take time and much effort. The results of the survey are given in Chapter 3.

2.6. Building infrastructure for training

From the outset, training was one of the major activities of the NTI. BCG teams comprising of medical and non-medical personnel were trained in the theoretical, administrative and organisational aspects of the mass BCG vaccination campaign. BCG teams from southern states, Kashmir and Rajasthan and from the WHO arrived for training. In the last quarter of 1960, 36 trainees arrived from different parts of India for the

If the beginning of 1959 marked the modest start of NTI, the beginning of 1960 got the first proper programmes underway and 1961 was the time when NTI became ready to receive the first batch of trainees; then the beginning of 1962 was to become the time when NTI began to make itself known to the world outside Bangalore⁴¹.