

## Editorial

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Rapid strides have been made in the molecular tests for the diagnosis of Tuberculosis- CBNAAT (Cartridge Based Nucleic Acid Amplification Test) is one such test. CBNAAT detects *Mycobacterium tuberculosis* and rifampicin resistance and the results of the test are available in about two hours and is thus an ideal candidate for use in de-centralized settings. The article on *Onsite Evaluation Mechanism for CBNAAT laboratories* lucidly outlines the checklist for the onsite evaluation of CBNAAT sites. The article is important as there is no specific onsite evaluation check list for CBNAAT facilities introduced at the sub district level.

The article on *Demographic profile of Childhood TB cases under Revised National Tuberculosis Control Programme in Himachal*, is a retrospective record based study pertaining to Shimla district and reports on the demographic profile of paediatric TB cases in terms of age & sex distribution and the site of the disease. The study revealed majority of the cases were females and the most common type of TB was pulmonary TB.

The National TB Institute, Bangalore had demonstrated vide a pilot project undertaken in collaboration with World Health Organisation regarding use of Information and communication technologies for effective service delivery and management of TB patients data. 'Nikshay' a web enabled application, which facilitates monitoring of universal access to TB patients data by all concerned has been developed jointly by the Central TB Division of the Ministry of Health and Family Welfare and National Informatics Centre (NIC) and it was launched by the Government of India in June 2012. The article "‘NIKSHAY’ – harnessing Information technology for delivery of enhanced TB care" provides an insight into the current status and the road ahead for the use of ICT in TB control.

Editor