

Editorial

Revised National Tuberculosis Control Program (RNTCP) has a provision of feedback system to alleviate the apprehension of the treating doctor regarding the compliance and outcome of the patient referred or transfer out of a health facility. The referral may be within the same TU, same district, inter district or to a DOT centre in another state. The DOTS centre, to which the patient has been referred for treatment, is required to report back to the health facility from which the patient had been referred. There is scarcity of data on the performance of the feedback system related to the patients transferred out of a health facility under RNTCP. A Record Based Study from a Medical College in Dakshina Kannada District of Karnataka describes the status of the performance of the feedback system under RNTCP.

India's National AIDS Control Programme (NACP) and RNTCP recognized importance of HIV/TB co-infection, in their control efforts, as early as 2001. The two programmes jointly developed interventions to ensure early detection and prompt linkage of TB and HIV cases to care, support and treatment. These interventions were governed by "National Framework for joint HIV/TB Collaborative Activities". Department of AIDS Control and Central TB Division jointly developed a National Framework for HIV/TB collaborative activities in 2008, 2009 and latest in 2013 to address the intersecting epidemics. Challenges and Opportunities encountered during NACP IV are highlighted in this issue.

The laboratories working on isolation of mycobacteria have started reporting isolation of nontuberculous mycobacteria (NTM) in various specimens, but fall short of identifying them up to species level due to lack of facilities and increased work load. National Tuberculosis Institute has the ability to identify NTM up to species level by three confirmatory methods – HPLC, LPA and Gene Sequencing and the Institute is planning to implement these technologies to identify NTM isolates from different IRLs that are under supervision of NTI. The importance of NTM in human disease and their identification are described.

The other highlights of the issue include field experiences while conducting community based disease prevalence study by NTI are presented and lessons learned to tackle different situations under field conditions are described.

Editor