

Status of Tuberculosis Preventive Treatment (TPT) among household contacts of the smear positive pulmonary tuberculosis cases in Kamrup district of Assam in India

P1-L7

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It was a cross sectional study design with secondary data analysis followed by telephonic interviews. Out of the total 334 TB Preventive Treatment (TPT) beneficiaries, 91 (27.2%) were of paediatric household contacts less than 12 years of age. Most of the beneficiaries (93.3%) initiated TPT but 82.1% of them could complete the 6 months recommended duration.

BACKGROUND

Research Question: What is the prevalence of TB Preventive Treatment (TPT) among household contacts & the reasons for non-compliance, if any?

Tuberculosis (TB) in general & MDR-TB specifically affects the economically productive age group and has emerged as a significant socio-economic burden in India. It has been proved that Isoniazid Preventive Therapy (IPT), when taken as prescribed is highly effective in preventing latent TB infection from progressing to clinically apparent disease. TB chemoprophylaxis for household contacts is one of the important programme activities to limit the disease transmission in the community. In view of the ambitious target to #EndTB in India by 2025, expanding the scope and management options under Programmatic Management of TB Preventive Treatment (PMTPT) as a priority intervention has become critical to accelerate the decline in TB incidence.

METHODS

It was a cross sectional study design with secondary data analysis followed by telephonic interviews where universal sampling (Census method) has been applied & all the household contacts of smear positive pulmonary drug sensitive TB cases being treated under National Tuberculosis Elimination Program in 1st Quarter of 2023 residing in Kamrup district of Assam, India has been taken.

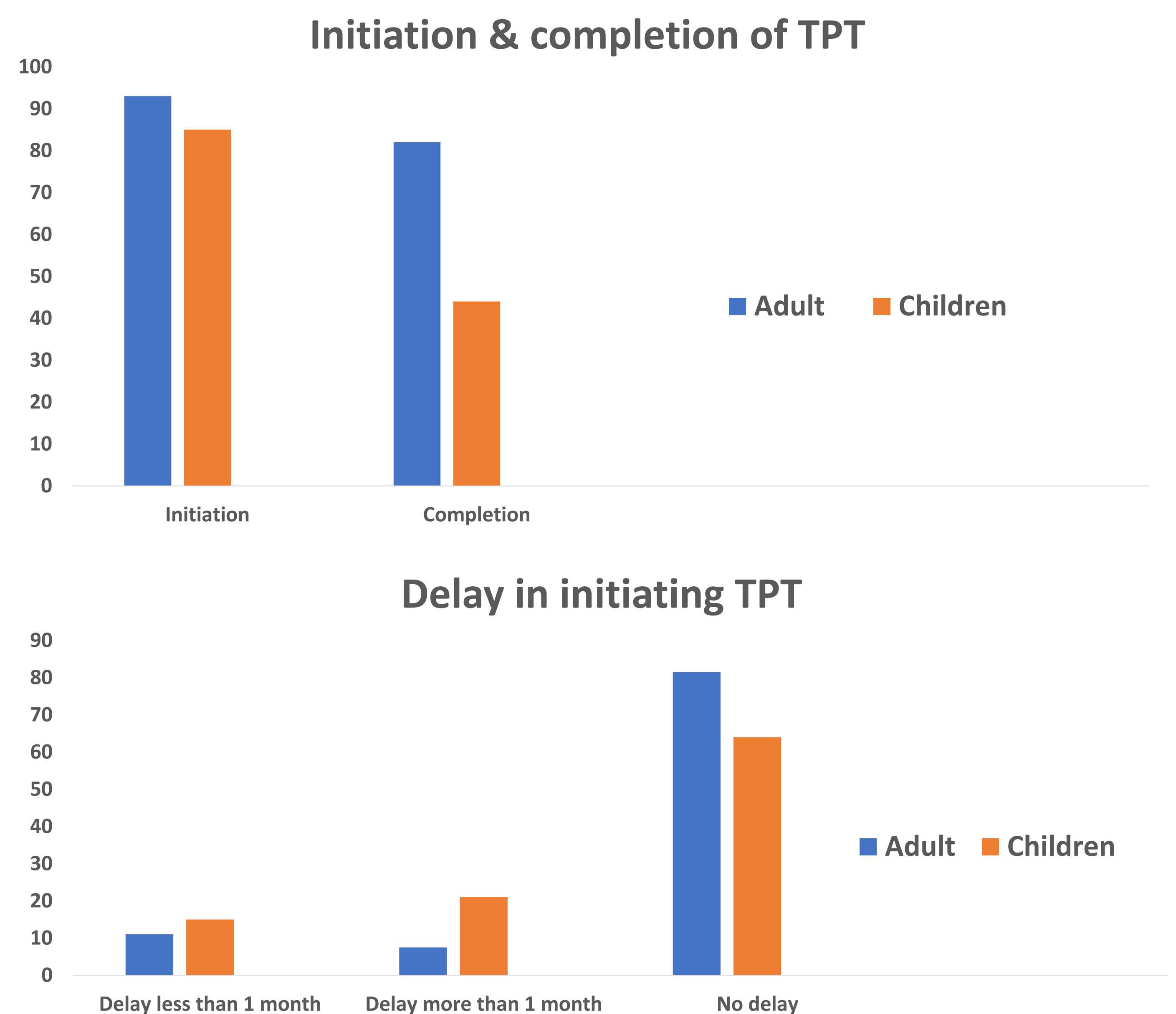
RESULTS

Out of the total 334 TB Preventive Treatment (TPT) beneficiaries, 91 (27.2%) were of paediatric household contacts less than 12 years of age. It was observed that 7.5% of the beneficiaries initiated TPT with a delay of more than 1 month & 11.4% with a delay of less than one month. Most of the beneficiaries (93.3%) initiated TPT but 82.1% of them could complete the 6 months recommended duration. Lack of motivation to complete the course was the most common reason cited for the drop out.

Table-I Type of TB Preventive Treatment (TPT) beneficiaries

| Type of TPT beneficiaries | Number of TPT beneficiaries (%) |
|---------------------------|---------------------------------|
| Adult | 243 (72.8%) |
| Paediatrics | 91(27.2%) |
| Total | 334 |

RESULTS CONTINUED



CONCLUSIONS

This was an operational research to know the prevalence of TB Preventive Treatment (TPT) among household contacts & analyze the reasons of non-compliance. Delay in initiating TPT & non-compliance to the regimen of daily Isoniazid for 6 months is a major hurdle for the success of TPT. Feedback has to be provided to the Program managers so that efforts are put to bridge the gap and rectify the deficiencies. Programmatic Management of TPT (PMTPT) has been traditionally limited in extent and less emphasized under National Tuberculosis Elimination Program of India (NTEP) until now due to other competing priorities. However, in view of the ambitious target to #EndTB in India by 2025, expanding the scope and management options under PMTPT as a priority intervention has become critical to accelerate the decline in TB incidence. TPT is going to be the gamechanger but further evaluation of TPT need to be urgently undertaken to know the operational difficulties so that we may overcome it to achieve our target of End TB by 2025.

ADDITIONAL KEY INFORMATION

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