ABSTRACT

Surveillance evaluation of the integrated disease surveillance project (IDSP) w.r.t. TB in Shimla district of Himachal Pradesh, India

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# **Background:**

The major objective of IDSP is to recognize early warning signals of impending outbreak and help initiate an early response in a timely manner. A project to study the disease surveillance project in reference to tuberculosis was undertaken to know the causes of increase in the incidence of tuberculosis.

**Methods:**

A protocol for evaluation was prepare and shared with all the stakeholders to get their involvement. We mailed self administered questioners to various health functionaries and also had informal discussions with various stakeholders in the district. We also assessed the level of integration as well as sensitivity of IDSP with respect to TB as component of Revised national tuberculosis programme, RNTCP. We entered the data in Excel software and calculated various indicators as proportions using Epi Info.

# **Results:**

The prevalence of TB in the district is 257/Lakh population and is higher than the state prevalence of 210/lakh population. 208 of 275 health workers in place responded to the questioner with a response rate of 78%. IDSP reported 249 cases of cough more than 3 weeks out of that only 131 were sputum positive, while those reported by RNTCP for similar period was 2333 chest symptomatic screened and 263 cases were confirmed, and the difference was significant. (χ2 = 297; Df=1 ,p = 0.00). This translates into sensitivity of 10% of suspect cases and 50% of confirmed cases. Positive predictive value is only 20% at MPW level and only 57% reports are timely.

52 out of total 90 posts of lab technicians (58%) are vacant in the district, even 7 DMCs are without lab technicians. Mean population served by a single lab is 69203+/- 162458. Vacancy of MPW is related to the cure rate of TB that is as the vacancy increases cure rate decreases and is inversely correlated (r = 0.99). This is due to the fact that MPWs are also DOTS providers.

Only 33% of the health workers are able to visit their villages in a week. 59% of them said that people try to hide the disease even from them due to prevalent stigma in the community.

**Conclusion:** To fill all the vacancies and to have more involvement of private sector and medical college is the key to have a sensitive IDSP. Need to have less area for monitoring and some mobile allowance for MPWs to SMS data to the HQs.

**Key words:** IDSP, TB, surveillance , integration, sensitivity.