



## Significance of Follow-up of Patients on Anti-Tuberculosis Treatment and Defaulter Tracing: Bangladesh Perspective

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TB treatment is a long process and it is critical to maintain contact with patients throughout treatment to ensure successful outcomes<sup>1</sup>. However, sometimes circumstances interfere with maintaining contact, so that these patients stop their medication or take their drugs irregularly, often resulting in development of drug resistance by the TB bacteria in the patient's body.

Monitoring is the regular observation and recording of activities and results taking place in a programme. Follow up the patients throughout the course of anti-TB treatment is necessary by checking the results of sputum examinations and hence monitor their clinical response to treatment. Like any medical activity, TB programmes need continuous monitoring<sup>2</sup>. To achieve this, patients need to be followed very strictly and the outcome of treatment needs to be clearly defined. The role of health worker is very important in ensuring patients are taking their drugs properly. This is called adherence to treatment<sup>3</sup>. Part of the responsibility is to tell the patients very clearly not to interrupt their treatment and to look for side-effects of drugs and to seek help accordingly.

It is important to monitor all individuals with TB during treatment, both adults and children by checking that they are taking their medication properly during the intensive phase of treatment, and that they are periodically collecting their drugs during the continuation phase; this is called refilling their drugs<sup>4</sup>. Monitoring with sputum examination is readily available only for patients with sputum smear-positive pulmonary tuberculosis and these are usually adults and older children. Routine monitoring of treatment response by chest X-ray is unnecessary and wasteful of resources

because it is not readily available and also costly to the patient. But if patients with smear-negative TB and extra-pulmonary TB do not show clinical improvement, their symptoms do not improve and there is no weight gain, or if patients get worse during or after anti-TB drug treatment, it must be referred such patients to a hospital for further evaluation. For such patients, it is essential to monitor the clinical symptoms and keep monitoring their weight over time<sup>4</sup>.

Sputum examination is required for diagnosis for all persons suspected of TB and is able to produce sputum; this test is also essential for follow-up of smear-positive TB individuals. The patient must be referred for testing at the times on this schedule<sup>4</sup>. If a registered patient plans to move out of the area permanently, find out when and where the patient is moving and identify an appropriate treatment facility in the new area. In discussions with the patient in the period before the move, stress the need to continue treatment and the importance of reporting to the new health facility<sup>5</sup>. Make sure that the patient understands that to be cured, he/she must continue taking all of the required drugs for the entire time required. If necessary, provide self-administered doses for several days until the patient has reached their new home. If it is not received confirmation from the receiving health facility, contact the facility to ask whether the patient has reported for treatment. If not, tell the facility where to locate the patient.

The District TB Coordinator will ask whether there is any new information about the patient. If the transfer is never confirmed i.e. the patient never reports to the new facility, the patient's treatment outcome will be recorded as a transfer out, transfer

TB patient to other health facility<sup>6</sup>. If the transfer is confirmed, at the appropriate time, ask the new health facility where the patient was referred about his or her treatment outcome, so that you can record it on the patient's registration.

Give the patient the missed doses one day at a time an extra dose on any days do not give. If a patient misses a dose of anti-tuberculosis medication during intensive treatment for more than 24 hours, find the patient by making a home visit within the next couple of days. Use the address on the patient's TB registration to find the patient. When you go on the home visit, take the patient's drugs with you. If the patient is not at home, ask the family or neighbours where the patient is and see if you can find out why treatment was missed. If necessary, visit the contact person listed on the patient's TB registration. When the patient is found, talk to the patient and the family about the problem that caused the interruption in treatment<sup>34</sup>. If you cannot locate a 'defaulter' patient who has interrupted treatment at the home address recorded on the TB unit register form, try to find the patient through the contact person listed on the card. Information will be seek and leave messages with neighbours and relatives or at the patient's workplace and try to find out whether the patient is just temporarily missing or has permanently moved. If the patient has moved, try to find out the new location and notify the District TB Coordinator. In this way the patient may eventually be transferred to the care of another health facility. If a patient is found and resumes treatment within a month, the same treatment should be continued and should be prolonged to make-up for the missed doses. If treatment is interrupted for between one and two

months, the patient will need a new sputum examination before the appropriate treatment can be determined. If treatment is interrupted for two months or more, the patient has defaulted. The treatment outcome 'default' should be entered on the TB unit register form. If the patient returns, he or she will need to be re-assessed to determine the appropriate treatment.

Bangladesh is low middle income country. Due to COVID-19 pandemic, there is a large number of people are in defaulter list. Therefore proper actions should be taken to overcome the problems.

## References

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