

## Airborne Infection Control Practices implementation under RNTCP in the era of MDR and XDR TB

Angad S.Uberoi, Divyansh Bajaj, Kirtipal Singh Bhatia, Malvika Gulati, Pratyaksha Rana

Maulana Azad Medical College, New Delhi

E-mail: divyansh.bajaj13@gmail.com

### Background

Tuberculosis (TB) is endemic in India, and diagnosis is frequently delayed. Unsuspected TB cases contribute to TB transmission because they are not being treated and may go unsuspected for days or weeks, and may visit multiple health-care facilities. Unless TB is considered, available diagnostic tests may not be used, proper treatment might not be initiated and proper TB infection control measures might not be in place. Therefore, TB Infection Control (TB-IC) measures should be implemented effectively to reduce transmission.

### Objective

To study the implementation of TB-IC measures in various health facilities implementing RNTCP/under RNTCP/ providing diagnostic and treatment facilities for TB.

### Materials and methods

A cross sectional study was carried out on 102 health facilities chosen randomly in urban area of Delhi during Oct-Nov 2011 using a predesigned, pre tested semi structured questionnaire containing items on TB-IC practices.

### Results

The TB-IC practices were assessed with regard to administrative, environmental and personal protective control measures. The significant results are being presented below. At 90.91% facilities visited, Bio medical waste management committee was in place. Separate isolated space for sputum collection was present in 74% facilities. Sufficient air flow in patient waiting area was observed in 91.43% facilities. HEPA / UV filters were available in 50% facilities. Majority of the staff (95.38%) at health facilities was practicing hand hygiene. Pre-employment medical examination for TB was conducted for 47.14% of the staff posted at facilities visited. Signage and materials on cough etiquettes was found to be present at 85.71% of the facilities. The personal protective equipment was well stocked and being used by the HCWs at 92.86% of the facilities. The disposal of sputum was being done in a designated area at 100% of the facilities. HIV testing of the patients was being done at 100% of the facilities.

### Conclusions

TB-IC practices need to be strengthened under RNTCP for better control on the transmission of tuberculosis. Keywords: Tuberculosis, infection control practices, RNTCP