

Rev. Inst. Med. trop. S. Paulo
47(2):117-118, March-April, 2005

BRIEF COMMUNICATION

SCREENING FOR PULMONARY TUBERCULOSIS IN TERESÓPOLIS, RJ, BRAZIL. THE SEARCH FOR RESPIRATORY SYMPTOMATIC PATIENTS IN EMERGENCY SERVICE OF “HOSPITAL DAS CLÍNICAS DE TERESÓPOLIS COSTANTINO OTTAVIANO, FUNDAÇÃO EDUCACIONAL SERRA DOS ÓRGÃOS”

Rodrigo SIQUEIRA-BATISTA(1,2,3), Andréia Patrícia GOMES(1,2), Joana B. BISAGLIA(1,4), Paulo Estevão W. BORLOT(1), Heraldo X. D'AVILA JUNIOR(1), Carolina Gonçalves P. P. de FÁRIA(1), Bernardo D. BRAGA(1), Tiago S. BEZERRA(1), Juan Pedro V. CEDROLA(1), Guilherme C. ALMEIDA(1), Lílian S. COUTO(1), Marcelo NACIF(5) & Elvira CRIVANO(6)

SUMMARY

The aim of the present study was to investigate the detection percentage of tuberculosis among patients that are respiratory symptomatic (TB suspects). In this work, we present the preliminary results of research carried out at “Hospital das Clínicas de Teresópolis Costantino Ottaviano da Fundação Educacional Serra dos Órgãos (FESO)” from November 2003 to April 2004. Among the 40 respiratory symptomatic individuals identified and referred to the Tuberculosis Control Program in Teresópolis, two (5.0%) were characterized as smear-positive. These results confirm reports in the literature and underscore the need for and importance of this strategy.

KEYWORDS: Tuberculosis; Respiratory symptomatic; Prevention.

Tuberculosis constitutes a serious public health problem in Brazil, mainly in Rio de Janeiro, the state with the highest incidence. Until the seventies, the main indicators of this disease were in decline¹. However, various factors such as: reduced budget; dismantling of the control programs; and emergence and progression of the infection epidemic by human immunodeficiency virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) have caused recrudescence with an increase in the number of new cases, treatment abandonment rates and number of deaths^{1,6,7}.

Faced with such a scenario, the Brazilian Ministry of Health has developed control measures, notably reinforcement of the Tuberculosis Control Program (PCT), with the purpose of identifying and early treatment of those with this disease¹.

One of the main strategies in current use is the systematic screening of respiratory symptomatic (people presenting cough for over three weeks)³, individuals that may have tuberculosis and are therefore potentially disseminators of *Mycobacterium tuberculosis* - or that is, able to infect other people and thus spread the disease exponentially^{2,3}.

The Brazilian Ministry of Health estimates that four percent of respiratory symptomatic individuals in Brazil have tuberculosis^{1,2}. In

Colombia, a publication demonstrated that in 1980, one in every 17 respiratory symptomatic patients examined, was smear-positive⁵. By 2002, this number had been reduced to one person with positive smear out of 28 respiratory symptomatic persons examined. Despite the improvement, the same study shows that most of the regions still do not identify these subjects in the medical consultations. Another study, in Havana, Cuba, detailed reports of respiratory symptomatic persons with 14 days or more of cough, attended in medical clinic consultations, passed from 0.6% in 1995 to 0.9% in 1999, expressing an increase in the recruitment rate⁴.

In view of the above, we developed a study to identify respiratory symptomatic patients attended at the Emergency Service of Hospital das Clínicas de Teresópolis Costantino Ottaviano (HCTCO), in order to refer them to the Municipal TCP (Tuberculosis Control Program). For this purpose, a reference form for respiratory symptomatic individuals was created. This form was then filled out by the health professional responsible for that patient - in general, the doctors on duty - in duplicate, one copy given to the patient and the other filed in a specific folder kept in the Emergency room. Before starting the reference process, all the professionals (doctors, nurses, nursing technicians and assistants, and receptionists) and students (medical and nursing probationers) were prompted to investigate respiratory

(1) Núcleo de Estudos em Tuberculose (NET), Fundação Educacional Serra dos Órgãos (FESO), RJ, Brasil.

(2) Centro de Vigilância Epidemiológica (CVE), Secretaria de Estado de Saúde (SES), RJ, Brasil.

(3) Serviço de Clínica Médica, Hospital Universitário Clementino Fraga Filho (HUCFF), Universidade Federal do Rio de Janeiro (UFRJ).

(4) Faculdade de Medicina, Universidade Gama Filho (UGF), Rio de Janeiro, RJ, Brasil.

(5) Disciplina de Radiologia, Fundação Educacional Serra dos Órgãos (FESO).

(6) Programa de Controle de Tuberculose (PCT), Secretaria Municipal de Saúde, Teresópolis, RJ, Brasil.

Correspondence to: Dr. Rodrigo Siqueira-Batista, Núcleo de Estudos em Tuberculose/DPPE/FESO, Av. Alberto Torres 111, Alto, 25964-002 Teresópolis, RJ, Brasil. e-mail: anaximandro@hotmail.com

symptomatic cases, according to the criterion adopted by the Ministry of Health¹.

The preliminary observation lasted six months, from November, 2003 until April, 2004 during which approximately 60,000 people were evaluated at the Emergency Service. During this period 40 patients (25 males and 15 females) attended at HCTCO - for various reasons - were referred to the Municipal TCP, all of them complaining of cough complaints for more than three weeks. From this total, 27 (67.5%) presented at the Municipal TCP, where they were clinically assessed and underwent spit microscopic examination by Ziehl-Neelsen's method. Two patients (5.0%) presented spit positive to acid-alcohol resistant bacilli.

Therefore, the present data - albeit preliminary - are in agreement with the literature and reaffirm the importance of screening for respiratory symptomatic cases for the early detection of tuberculosis. However, our attention is drawn to the fact that only 40/60,000 patients attended in the Emergency area were identified as respiratory symptomatic, despite encouragement of the hospital staff. One can assume that despite the training in case detection, only the patient's main complaint is being taken into account, relegating cough reports (for more than three weeks) to minor importance.

In order to revert this problem - and thereby increase the recruitment of respiratory symptomatic and smear-positive patients - the next step is possibly for the question "Have you had a cough for more than three weeks?" to be included in the general attendance form, thereby minimizing the possibility of this being overlooked by the Emergency Team.

RESUMO

A busca ativa de tuberculose pulmonar em Teresópolis, RJ, Brasil. A procura de sintomáticos respiratórios na emergência do Hospital das Clínicas de Teresópolis Costantino Ottaviano, Fundação Educacional Serra dos Órgãos

Investigar o percentual de detecção de tuberculose entre sintomáticos respiratórios é o objetivo do presente estudo. Nesta nota

prévia, apresentam-se os resultados preliminares da pesquisa desenvolvida no Hospital das Clínicas de Teresópolis Costantino Ottaviano da Fundação Educacional Serra dos Órgãos (FESO), de novembro de 2003 a abril de 2004. Dos 40 sintomáticos respiratórios identificados e encaminhados ao Programa de Controle da Tuberculose do município de Teresópolis, dois (5.0%) foram caracterizados como bacilíferos. Esses resultados corroboram com os relatos da literatura e confirmam a necessidade e importância desta estratégia.

REFERENCES

1. BRASIL. Ministério da Saúde. Secretaria de Políticas de Saúde. Departamento de Atenção Básica - **Manual técnico para o controle da Tuberculose: cadernos de atenção básica**. 6. ed. rev. ampl. Brasília, Ministério da Saúde, 2002.
2. BRASIL. Ministério da Saúde. Fundação Nacional de Saúde. Centro de Referência Prof. Hélio Fraga. Sociedade Brasileira de Tisiologia e Pneumologia - **Controle da tuberculose: uma proposta de integração ensino-serviço**. 5. ed. Rio de Janeiro, FUNASA/CRPHF/SBPT, 2002.
3. BRITO, R.C.; ZUIM, R.; CARVALHO, R.M.G. *et al.* - Recomendações da assessoria de pneumologia sanitária do Estado do Rio de Janeiro, para o controle de tuberculose em hospitais gerais. **Pulmão (Rio de J.)**, 12: 169-173, 2003.
4. SEVY-COURT, J.I.; PELAEZ-SANCHEZ, O.; ARTEGA-YERO, A.L. *et al.* - Tuberculosis en la Ciudad de la Habana, 1995-1999. **Rev. Saúde públ. (S. Paulo)**, 37: 326-332, 2003.
5. MINISTERIO de Protección Social. Dirección General de Salud Pública. Oficina de Epidemiología. Instituto Nacional de Salud. Subdirección de Epidemiología y Laboratorio Nacional de Referencia - Panorama de la Tuberculosis en Colombia. **Inf. Quinc. epidemiol. nac. (Bogotá)**, 8(23): 369-384, 15 diciembre 2003.
6. OLIVEIRA, P.C.; NUNES, C.P. & OLIVEIRA, J.M. - Tuberculose. In: SIQUEIRA-BATISTA, R.; GOMES, A.P.; SANTOS, S.S. *et al.* **Manual de Infectologia**. Rio de Janeiro, Revinter, 2003. p. 350-356.
7. SANTUSSI, W.M.; BISAGLIA, J.B.; GAMA, F. *et al.* - Epidemiology of tuberculosis in Rio de Janeiro State, Brazil. In: IUATLD World Conference on Lung Health, 34, Paris. **Int. J. Tuberc. Lung Dis.**, 7 (suppl. 1): S276-S277, 2003.

Received: 6 August 2004

Accepted: 18 January 2005