



*In The Name of God, the Compassionate, the Merciful*

**Opening Remarks**

to the

**TASK FORCE FOR THE MANAGEMENT OF TUBERCULOSIS SUSPECTS AND  
HOUSEHOLD CONTACTS**

**Tunis, Tunisia, 6 May 2007**

Dear Colleagues, Ladies and Gentlemen,

It is my great pleasure to welcome you all to the meeting of the Task Force for the Management of Tuberculosis Suspects and the Management of Household Contacts.

Case detection is still the major challenge facing tuberculosis control activities in the WHO Eastern Mediterranean Region. Only five countries have achieved the global target of 70% case detection. The regional average is just 44%, according to the Global TB Report 2007. This is actually the second lowest out of the six WHO regions.

Based on our discussions during the last meeting of national tuberculosis programme managers in Cairo in September 2006, we found that poor management of both people with chest symptoms and the household contacts are contributing to the low case detection rate. This was supported by the results of the in-depth review missions in Egypt, Syrian Arab Republic and Sudan.

Ladies and Gentlemen,

Our meeting today was planned in order to discuss together what we can do to improve the support to these two important fields of tuberculosis control.

As we all know, cases with chest symptoms for more than three weeks are considered tuberculosis suspects and should be examined for tuberculosis. Those cases seek health care

at the peripheral level of the health care system, in either private clinics or primary health care centres. Health workers should be trained to identify possible tuberculosis cases or tuberculosis suspects and manage them properly. Records for tuberculosis suspects should be available at all levels of health care, either separated or merged with outpatient registers. Reports on suspect management results should identify the primary defaulters and provide a clear picture of the yield of suspects' examinations.

Household contacts are considered a rich pool of tuberculosis cases. Incidence among contacts may be as high as 400 times the national incidence. However, less than 5% of household contacts are currently examined, and many questions in that regard are still without answers, such as frequency of examinations, type of examinations and the type of index cases whose contacts should be tested for tuberculosis.

Your task today is to discuss and develop a regional draft policy for proper management of tuberculosis suspects and household contacts.

I wish you a successful meeting and productive results.