

'Mystery clients' reveal weaknesses of tuberculosis care in rural China

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This photomicrograph reveals *Mycobacterium tuberculosis* bacteria using acid-fast Ziehl-Neelsen stain; Magnified 1000 X. The acid-fast stains depend on the ability of mycobacteria to retain dye when treated with mineral acid or an acid-alcohol solution such as the Ziehl-Neelsen, or the Kinyoun stains that are carbolfuchsin methods specific for *M. tuberculosis*. Credit: public domain

Many health care providers in China—especially those at village clinics and township health centers—fail to correctly manage tuberculosis (TB) cases, according to a study involving standardized patients published this

week in *PLOS Medicine* by Sean Sylvia of the University of North Carolina at Chapel Hill, USA, Chengchao Zhou of Shangdong University, China, and colleagues at the World Bank, McGill University, Stanford University and other institutions in China.

Despite recent reductions in prevalence, China still faces a significant TB burden, especially in poor rural areas of the country. In the new study, researchers sent unannounced standardized patients (SPs) presenting with classic pulmonary TB symptoms to providers in 46 village clinics, 207 township health centers and 21 [county hospitals](#). In all, 247 interactions with providers were assessed against international and national standards of TB care.

Overall, 41% (111 of 274 SPs) were correctly managed, with a referral, chest X-ray or sputum test ordered based on the symptoms. Antibiotics unrelated to the treatment of TB were prescribed in 168 interactions (61.3%; 95% confidence interval [CI] 55-67%). Correct management proportions were higher at county hospitals compared to township health centers (odds ratio [OR] 0.06, CI 0.01-0.25, p

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