

## **Abstract**

This investigation is the fifth in a series of case-finding studies in Kenya. It explores the potential for case-finding by the identification of persons with suspected tuberculosis (persons with a cough for 1 month or more) through careful screening of general outpatients attending a district hospital. Of 601 suspects identified among 20,756 new outpatients attending hospital during a period of 11 wk, 5.6% were considered by an independent assessor to have active pulmonary tuberculosis (2.2% with sputum positive on both smear and culture, 1.2% on culture only, and 2.2% negative sputum but radiographically active lesions). A further 2.0% were considered to have inactive tuberculosis. This method of case-finding appears to be uniformly effective within a radius of approximately 9 miles of the hospital, becoming less effective outside this range. There were certain important diagnostic pointers. There was an excess of tuberculosis cases in males, in those with weight loss, in those with a history of cough of less than a year, in those with a history of hemoptysis, and in those 35 yr of age or older. This investigation provides additional support to our previous studies, which demonstrated serious problems of case-finding in the peripheral health units and suggests that unless the infrastructure of primary health care at the periphery can be improved, the policy should be to diagnose tuberculosis in the district hospital and to operate a simple referral system for persons with suspected tuberculosis from the periphery.