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Comments on "Identifying the gap in operational knowledge regarding the tuberculin skin test and interferon-γ release assay among interns and postgraduates of a medical college"

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Dear Editor,

We read with interest the recent article, "Identifying the gap in operational knowledge regarding the tuberculin skin test and interferon-γ release assay among interns and postgraduates of a medical college" [1]. We commend the authors for addressing the preparedness of future healthcare providers, which is vital for tuberculosis (TB) control. However, we would like to raise several conceptual and methodological concerns that may affect the clinical relevance and interpretation of the study's findings.

First, the study appears to overstate the role of the tuberculin skin test (TST) and interferon-γ release assays (IGRA) in TB control programs. As the authors note, both TST and IGRA are indirect, non-confirmatory tests that do not detect active tuberculosis. Current guidelines recommend these tests mainly for latent TB infection (LTBI) screening in selected high-risk groups, not as primary diagnostic tools for active TB [2]. In high-burden settings such as India, microbiological confirmation remains the diagnostic standard [3]. Therefore, suggesting that knowledge gaps regarding TST/IGRA could "delay TB elimination" may overemphasize their actual role in clinical practice. Second, continued emphasis on TST should be reconsidered. TST is often operationally limited and increasingly obsolete in many settings due to poor specificity in Bacillus Calmette–Guérin (BCG)-vaccinated populations, cross-reactivity with non-tuberculous mycobacteria, and inconsistent administration and interpretation [2]. Although IGRA offers better specificity, its cost, laboratory requirements, and limited utility in resource-constrained, high-burden areas restrict its broader use . Prioritizing operational knowledge of these tests over more clinically relevant diagnostics may not lead to meaningful improvements in TB care.

Third, the study assesses cognitive knowledge through a questionnaire-based design, which may not accurately reflect real-world clinical competence or decision-making. TB management is algorithm-driven and system-dependent. Therefore, practical skills in diagnostic reasoning, microbiological testing, and treatment initiation are more critical than detailed operational knowledge of screening tests with limited diagnostic value for active disease . Fourth, interpreting a 53.41% correct response rate as a significant knowledge gap requires careful contextualization. Since TST and IGRA are not routinely used across all specialties, especially outside pulmonology and infectious diseases, the observed variability may reflect appropriate clinical prioritization rather than a true deficiency. Including postgraduates from diverse specialties without stratified analysis may further limit the validity of the conclusions . Finally, while the authors recommend widespread training programs, a

more targeted approach focused on early TB detection, microbiological confirmation, drug-resistance identification, and treatment adherence may provide greater benefits for TB elimination efforts. Under the National Tuberculosis Elimination Programme (NTEP) of India, the primary focus for TB detection is early microbiological confirmation using rapid molecular diagnostics such as Cartridge-Based Nucleic Acid Amplification Test, along with universal drug susceptibility testing (UDST), rather than immunological screening tests [3]. In high-burden settings like India, where prompt detection of active disease and drug resistance is critical to interrupt transmission, prioritizing operational knowledge of TST and IGRA over microbiological diagnostics may have limited impact on programmatic outcomes.

In conclusion, while the study addresses an important educational area, its implications should be interpreted with caution. Emphasizing TST and IGRA as central tools in TB control may misrepresent their actual clinical utility, especially in high-burden settings. Future research should align with programmatic priorities and evidence-based diagnostic pathways to support effective TB elimination strategies.

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