walk test (2MWT) is a potential alternative to optimize the measurement of this outcome.
Objectives: To assess the t validity of the 2MWT for assessing exercise capacity in individuals with PD.
Methods: A methodological study was developed. People with idiopathic PD, age $\geq$ 50 years, medically stable for at least 6 months, classified between the stages 1-3 of the modified Hoehn and Yahr scale were included. Individuals were instructed to walk the longest possible distance in six minutes in a 30-meter corridor. Standardized stimuli were provided every minute of the test. In the second and sixth minutes, the distances covered were recorded. Two tests were performed with an interval of 30 minutes or until hemodynamic stabilization. The best total distance covered (in meters) was used in the analyses. Descriptive statistics was used to characterize the sample. Pearson's Correlation Coefficient was used to investigate the correlation between the tests (6MWT and 2MWT). Regression analysis was used to develop an equation to predict the distance covered in the 6MWT based on the 2MWT. The intraclass correlation coefficient (ICC) was used to assess the validity of the equation. The magnitude of the correlation was classified as follows: very low$\leq$ 0.25; low=0.26-0.49; moderate=0.50-0.69; high = 0.70-0.89; and very high = 0.90-1.00. The significance level was α=0.05.
Results: Forty-six individuals, 32 males (69.6%), mean age 66.93$\pm$ 8.34 years, and mean disease duration 8.5$\pm$5.96 years were included. Most were classified at stage 2.0 (54 .3%) and 3.0 (17.4%) on the modified Hoehn & Yahr Scale. Significant, and very high magnitude correlation between the distance covered in the tests was found (6MWT and 2MWT) (r=0.95; $p < 0.001$). The equation developed to estimate the distance covered in the 6MWT explained 91% of the 6MWT variability: 6MWTdistance=46,31+(2,40x2MWTdistance). Significant, and very high magnitude agreement between the distance covered in the 6MWT and predicted by the equation was found (ICC= 0.90; $p < 0.001$).
Conclusion: Preliminary results indicate adequate validity of the 2MWT to assess exercise capacity in individuals with PD. Furthermore, the developed equation was adequate to predict the distance covered in the 6MWT based upon in the distance covered in the 2MWT. However, the study must be completed to ensure the results.
Implications: The 2MWT has potential to assess exercise capacity in individuals with PD, and the developed equation can estimate the distance covered in the 6MWT. This can optimize the measurement of this result, making the measurement feasible.
Keywords: Clinical trials, Exercise capacity, Parkinson's disease

Conflicts of interest: The authors declare no conflicts of interest.
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Ethics committee approval: Comitê de Ética em Pesquisa da Universidade Federal de Minas Gerais (COEP/UFMG) (CAAE: 5.3970.421.0.0000.5149).

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IMPACT OF THE COVID-19 PANDEMIC ON TUBERCULOSIS CONTROL IN BAHIA

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Background: Tuberculosis (TB) is a transmissible infectious disease caused by species of the Mycobacterium tuberculosis complex and, until the emergence of the new Coronavirus Disease (COVID-19), it was the leading cause of death among adults from a single infectious agent. The pandemic emergency substantially affected TB services, as it reorganized actions and health systems with the aim of mitigating transmission and treating those infected with COVID-19, culminating in a break in the TB management chain.
Objectives: To describe and compare the incidence and outcomes of TB treatment in Bahia before and after the emergence of COVID-19.
Methods: This is a retrospective, epidemiological, descriptive and quantitative study using secondary data from new TB cases reported in Bahia between 2017 and 2022, through the National System of Notifiable Diseases (SINAN), available at DATASUS. Data from the pre-pandemic period (2017 to 2019) were compared with the post-pandemic period (2020 to 2022).
Results: Bahia had 16,806 new cases of TB from 2017 to 2019, with an incidence of 114 cases per 100,000 inhabitants. The highest proportion of cases was among males and in the age group of 20 to 39 years, followed by 40 to 59 years. After the onset of COVID-19, from 2020 to 2022, the number of new cases was 14,919 and the incidence of TB was 101 cases per 100,000 inhabitants. The highest proportion of cases remained for males and for the age group 20 to 39 years old, followed by 40 to 59 years old in 2020 and 2021. However, in 2022 there was an inversion between age groups, with a higher proportion of TB between 40 and 59 years old. Regarding treatment outcomes, there were reductions of 33% in TB treatment dropout and 25% in primary dropout. Despite this, there was a 44% reduction in the number of patients cured of TB. Changing treatment regimens increased by 64% and multidrug resistant TB decreased by 18%. Regarding deaths of patients with TB, there was a small increase (2%) in deaths from TB and a 20% reduction in deaths from other causes. Ignored or unfilled outcomes increased 3.97 times post-pandemic.
Conclusion: After the emergence of COVID-19, there was an 11.2% drop in the number of new TB cases in Bahia. Despite the reduction in treatment abandonment, an increase in the number of uncured patients and a slight increase in the number of deaths from TB was observed. The significant increase in ignored or unfilled outcomes can be justified by the reallocation of resources for coping with COVID-19, generating less follow-up of active cases and those undergoing treatment for TB from 2020 to 2022.
Implications: Epidemiological monitoring allows tracing and comparing the profile of patients, knowing health-related outcomes, identifying changes and measuring the impact of COVID-19 on TB care and control, in order to help adapt strategies and goals for better management of patients undergoing treatment and contacts.
Keywords: Tuberculosis. COVID-19. Control of communicable diseases

Conflict of interest: The authors declare no conflict of interest.
Acknowledgment: Universidade Federal do Sul da Bahia.
Ethics committee approval: As this is an epidemiological study with secondary data, there was no need to register with the Comitê de Ética e Pesquisa, as proposed by Resolution No. 466 of December 12, 2012 of the Conselho Nacional de Saúde.

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ORGANIZATION OF PRIMARY HEALTHCARE FOR USERS WITH CHRONIC MUSCULOSKELETAL PAIN BY PROGNOSTIC STRATIFICATION

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Background: Primary healthcare provides coordinated care to the needs of users of the Brazilian Unified Health System (SUS), within the Health Care Network (RAS), in a collaborative intervention model that involves the primary, secondary and tertiary levels of healthcare. The prognostic stratification of SUS users with chronic musculoskeletal pain can help structure the care network and establish adequate flows for user care.
Objectives: To analyze the prognostic stratification of SUS users with chronic musculoskeletal pain referred to the pain neuroscience education program (*EducaDor*), in the city of Guarapuava, Brazil
Methods: This is an exploratory cross-sectional observational study, following the recommendations of Strengthening the Reporting of Observational Studies in Epidemiology (STROBE). The sample consisted of 140 SUS users with chronic musculoskeletal pain, referred from primary healthcare in Guarapuava city to the *EducaDor* program. The prognostic stratification for chronic musculoskeletal pain was analyzed using the Keele STarT MSK Tool: 0 to 4 points for low risk, 5 to 8 points for medium risk, and 9 to 12 points for high prognostic risk. Sociodemographic data, performance and location of physiotherapeutic treatment (primary healthcare, or medium-complexity clinic) were collected.
Results: The study included 114 SUS users with chronic musculoskeletal pain, aged 55.46±11.9 years, and 79% (n=90) were women. 7% (n=8) of SUS users were low risk, 43% (n=49) were medium risk, and 50% (n=57) were high risk. It was also observed that primary healthcare did not carry out physical therapy interventions for users with low risk, intervening only in users with medium and high risk (n=31; 27.2%).
Conclusion: Primary healthcare performs physical therapy interventions for SUS users with chronic musculoskeletal pain at medium and high prognostic risk. This indicates that an organizational redesign of the referral system for users with chronic musculoskeletal pain should be structured in the public health, keeping SUS users with low risk in primary healthcare. Those SUS users with medium and high risk should be referred to specialized services in the secondary level of healthcare.
Implications: It is necessary to analyze the organization of primary healthcare regarding the referral system for SUS users with chronic musculoskeletal pain. The Keele STarT MSK Tool is an instrument that can be implemented in primary healthcare to organize the Health Care Network of SUS users with chronic musculoskeletal pain and improve clinical decision-making by primary healthcare professionals.
Keywords: Primary healthcare, Chronic pain, Prognosis

Conflict of interest: The authors declare no conflict of interest.
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PAIN NEUROSCIENCE EDUCATION IN THE BRAZILIAN PUBLIC HEALTH SYSTEM: PRE-IMPLEMENTATION PROCESS

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Background: Non-pharmacological approaches, including pain neuroscience education, are recommended for the management of chronic musculoskeletal pain. Although, pain neuroscience education is commonly non-implemented in the Brazilian Public Health System (SUS). The implementation of evidence-based practices is challenging at different levels of organizational analysis, including public policies, public management, health services and primary healthcare.
Objectives: To describe the pre-implementation process of a pain neuroscience education program (*EducaDor*) in the SUS, at the organizational level of analysis of public health managers, in the city of Guarapuava, Brazil
Methods: This is an exploratory qualitative study, with the focal group. The *EducaDor* program was presented to a group of five public health managers in Guarapuava city, from Planning and Management Department, Health Information System Department, Regulation Department and Primary Healthcare Department. Then there was a discussion about possible facilitators, barriers, and solutions for the implementation of *EducaDor*, with a written document record. Afterwards, the points discussed were identified in the five domains of the Consolidated Framework for Implementation Research (CFIR).
Results: The main facilitators, barriers, and potential solutions for the implementation of *EducaDor* were: (1) Intervention characteristics – municipal public health does not offer pain neuroscience education to its users, with the interest of managers in its implementation. However, the implementation needs to be carried out in the secondary level healthcare, in partnership with the University; (2) Outer setting – the public health managers recognize the high prevalence of chronic musculoskeletal pain among SUS users, and that most of them have smartphones and internet. The public health managers suggested monitoring SUS users through WhatsApp groups, due to previous experience with the Anti-Tobacco Program, carried out by the Primary Healthcare Department; (3) Inner setting – *EducaDor* is aligned with the Clinical Protocol and Therapeutic Guidelines of the Brazilian Ministry of Health, and strengthens the Health Care Network (RAS) for users with chronic pain; (4) Characteristics of individuals – it was identified the need to strengthen the dialogue with primary healthcare professionals in the Guarapuava city for the success of scheduling SUS users to *EducaDor*; (5) Process of implementation – the case managers, through their study groups, could facilitate the dissemination of *EducaDor* at the various organizational levels of municipal public health to assist the *EducaDor* implementation process.
Conclusion: The barriers, facilitators and solutions identified in the pre-implementation phase of *EducaDor* were essential for the reorganization of the structure and operationalization of *EducaDor*. Continuous monitoring during the implementation of *EducaDor* is necessary to ensure the success of the implementation and