GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

STARRED QUESTION NO:549
ANSWERED ON:04.05.2005
DOTS TREATMENT FOR THE ERADICATION OF TB
Murmu Shri Hemlal;Nambadan Shri Lonappan

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether any survey has been conducted by the Government or any national/foreign agencies to assess the exact number of TB patients in the country;
- (b) if so, the details thereof including the number of cases of deaths caused by TB in urban and rural areas separately, State-wise;
- (c) whether according to the report of Massive Effort Campaign Organisation, 30 percent of the population of tuberculosis patients in the world reside in India:
- (d) if so, the reasons therefor;
- (e) whether the Government contemplates to bring entire country under the Directly Observed Treatment Shortcourse (DOTS) to cure tuberculosis;
- (f) if so, the measures taken by the Government in this regard; and
- (g) the steps taken/to be taken by the Government for the eradication of TB?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(g): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 549 FOR 4TH MAY, 2005

(a) and (b): A national sample survey was conducted in 2000-03 by the Government of India through the National TB Institute, Bangalore and TB Research Centre, Chennai, to estimate the incidence of TB in the country. For this purpose, the country was stratified into four zones and the study was conducted in 26 districts. The survey provided a measure of the incidence of TB in the four zones and the country as a whole. The estimated new smear positive TB incidence in north, south, west and eastern zones of the country was 95, 50, 80 and 65 per lakh population respectively. The average incidence of new smear positive TB in the country was 75 per lakh population. Based on this finding, it is estimated that annually 1.8 million of new TB cases occur in the country of which about 0.8 million are smear positive infectious cases. The survey also revealed that incidence of TB is more in urban areas in comparison to rural areas.

Data relating to deaths are not maintained under the National TB Control Programme. However, it is estimated that about 4 lakh persons die of TB every year in the country. However, under the Revised National TB Control Programme, (RNTCP), data relating to deaths due to TB among patients registered for treatment are maintained. State-wise details of death during last three years are Annexed. Separate figures for urban and rural areas are not maintained.

- (c) & (d) India accounts for nearly 30 % of global TB burden. About 1.8 million new TB cases are occurring every year in the country. The incidence of TB in India is estimated at 168 cases per lakh population which is lower than the rate of incidence in many high burden countries. But due to large size of Indian population, the actual number of TB patients in the country is larger.
- (e) to (g) The Government propose to bring entire country under the Directly Observed Treatment Shortcourse (DOTS) to cure tuberculosis. At present, one billion population in 564 districts/reporting units has been covered under the DOTS.

To control TB, National TB Control Programme (NTCP) was launched in the country since 1962. This could not achieve the desired results. Therefore, Revised National TB Control Programme (RNTCP), widely known as DOTS, which is a WHO recommended strategy, with the objective of achieving cure rate of 85% of new sputum positive cases and to detect at least 70% of such cases, is being implemented in the country since 1997 in a phased manner as a centrally sponsored scheme. Diagnosis by sputum microscopy instead by X- Ray helps in detecting and curing infectious cases on priority. Facilities for diagnosis by sputum microscopy has been decentralized and strengthend. Drugs are provided under observation and patients are monitored so that they complete their treatment. Drugs are provided free of cost in patient-wise-boxes.

Statement indicating State-wise details of the deaths reported during the last 3 years

State		Year

	2001	2002	2003
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ANDHRA PRADESH	950	1465	4344
ARUNACHAL PRADESH	950	16	57
ASSAM	58	52	376
BTHAR	164	158	194
CHANDIGARH	101	2.4	43
CHHATISGARH		144	366
DELHT	335	437	493
GUJRAT	1606	1788	2058
HARYANA	196	188	348
HIMACHAI PRADESH	256	361	433
JHARKHAND	85	81	177
KARNATAKA	920	1096	2429
KERALA	877	861	894
MADHYA PRADESH	166	258	1158
MAHARASHTRA	2093	3449	4971
MANTPUR	2093 50	156	148
MEGHATAYA	30	130	33
MTZORAM			55 66
NAGALAND		4	54
	F F 7	=	1116
ORISSA	557	812	
PUNJAB	26	48	511
RAJASTHAN	2052	2151	2275
SIKKIM	1007	28	26
TAMIL NADU	1997	3035	3335
UTTRANCHAL	670	1	54
UTTAR PRADESH	670	663	2500
WEST BENGAL	1973	2533	2996

TOTAL 15031 19809 31455#

As treatment outcome (death, success rate etc.) becomes available only after one year from initiation of the treatment, the information in regard to TB deaths is available only upto 2003.

The coverage of population under RNTCP has increased from year to year. This resulted in increased number of TB cases detected and put on treatment under the DOTS strategy. Hence, seemingly more number of TB deaths reported under RNTCP in the successive years although the proportion of deaths over the years is more or less the same as is evident from the table given below:

	Population r RNTCP detec	No. of TB Cases ted and put	TB deaths	%age
on	treatment	-		
2001	450 million	471658	15031	3.18
2002	530 million	622873	19809	3.18
2003	775 million	906472	31455	3 47