

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:1047

ANSWERED ON:05.08.2011

CASES OF SPINAL TUBERCULOSIS

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

- (a) whether there is rise in the number of patients suffering from spinal tuberculosis in the country;
- (b) if so, the number of such cases detected during each of the last three years and the current year, State/UT-wise;
- (c) the steps taken/proposed by the Government to control the cases of tuberculosis including spinal tuberculosis alongwith the funds allocated and utilised for the purpose during the said period, State/UT-wise;
- (d) whether the Government has set any target to control the cases of tuberculosis including spinal tuberculosis in the country; and
- (e) if so, the details thereof alongwith the extent to which the said target has been achieved so far?

**Answer**

THE MINISTER OF STATE FOR HEALTH & FAMILY WELFARE (SHRI SUDIP BANDYOPADHYAY)

(a) & (b): Information regarding number of patients suffering from spinal tuberculosis is not maintained under the Revised National TB Control Programme (RNTCP).

(c): The Revised National TB Control Programme (RNTCP) widely known as Directly Observed Treatment Short-course (DOTS), which is WHO recommended strategy, is being implemented as a 100% Centrally Sponsored Scheme in the entire country. Under the programme, diagnosis and treatment facilities including supply of anti TB drugs are provided free of cost to all TB patients. For quality diagnosis, designated microscopy centres have been established for every one lac population in the general areas and for every 50,000 population in the tribal, hilly and difficult areas. More than 12700 microscopy centres have been established in the country.

So far as Spinal TB, is concerned, diagnosis is made on the basis of advanced investigations which are available at most of the District Hospitals, General Hospitals and medical colleges.

Treatment centres (DOTs centres) have been established in all Government Hospitals, Community Health Centres (CHC), Primary Health Centres (PHCs) and Sub-centres. In addition NGOs and Private Practitioners (PPs) involved under the RNTCP, Community Volunteers, Anganwadi workers, ASHAs Women Self Groups etc. also function as DOT Providers. Drugs are provided under direct observation and treatment of the disease is monitored to ensure that they complete their treatment.

The funds allocated and utilized for the purpose during 2008-09 – 2010-11, State/UT-wise under RNTCP are annexed.

(d) & (e): Following are Objectives of the RNTCP:

# To achieve and maintain cure rate of at least 85% among New Sputum Positive (NSP).patients

# To achieve and maintain case detection of at least 70% of the estimated NSP cases in the community

In 2010, the treatment success rate among New Sputum Positive (NSP) was 87% and NSP Case detection rate was 72%.