

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

STARRED QUESTION NO:78
ANSWERED ON:25.11.2011
WHO REPORT ON TUBERCULOSIS
Singh Shri Bhola;Singh Smt. Meena

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

- (a) whether as per the recent report of the World Health Organisation (WHO), titled Global Tuberculosis Control 2011, India has the highest prevalence of Tuberculosis in the world;
- (b) if so, the facts in this regard;
- (c) the estimated number of patients, particularly women and child suffering from Tuberculosis alongwith the number of such cases reported and deaths occurred therefrom in the country during each of the last three years and the current year so far, State/UT-wise;
- (d) whether the Government has taken/proposed to be taken any preventive measures to curb the incidences of Tuberculosis, particularly among women and children and also in areas where there is high prevalence of the disease; and
- (e) if so, the details thereof?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABIAZAD)

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 78 FOR 25 NOVEMBER, 2011

(a) & (b) No, Madam. In terms of prevalence rate India is 15th among the 22nd high TB burden countries as per the WHO Global Tuberculosis Control Report 2011. Many high burden countries like Pakistan, Bangladesh, Afghanistan, Cambodia, DR Congo, Ethiopia, Indonesia. Kenya, Philippines, South Africa etc have higher TB prevalence rates than that of India.

(c) The State-wise estimated number of TB patients and reported TB cases and deaths during last three years and the current year are annexed. The estimated proportion of women is approximately 35% and that of children is around 10-12% of the total estimated TB cases.

(d) & (e) Early Diagnosis and early initiation of Treatment of Tuberculosis patient is the best preventive measure for the community. The Revised National TB Control Programme (RNTCP) widely known as `Directly Observed Treatment Short Course` (DOTS), which is WHO recommended strategy, is 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 including women and children. More than 13000 microscopy centers have been established in the country. Treatment centers (DOT centers) have been established near to residence of patients to the extent possible. Drugs are provided under direct observation and the patients are monitored so that they complete their treatment.

RNTCP has adopted a policy of screening of all TB suspects in all OPDs including Antenatal Clinics and HIV service delivery points. In addition screening for TB is also undertaken in high-risk groups and vulnerable population like contacts of all Sputum Positive TB cases (Contact Tracing), People living with HIV/AIDS, Diabetics, Renal Diseases, Commercial Sex Workers, Slums etc. For prevention in children under six years of age not having TB disease and who are in contact with sputum positive TB patient, Isorriazid for six months is given as chemoprophylaxis. BCG Vaccine is advised in our country for primary prevention of TB at birth which is administered under Universal Immunization Programme.