

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

STARRED QUESTION NO:65

ANSWERED ON:24.07.2015

Cases of TB and MDR-TB

Kodikunnil Shri Suresh;Misra Shri Pinaki

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

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

- (a) the number of cases of Tuberculosis (TB) and Multi-Drug Resistant TB (MDRTB) and attributable deaths reported in the country during each of the last three years and the current year, State/UT-wise;
- (b) the steps taken/proposed to be taken by the Government for identification, detection and treatment of TB/MDR-TB cases along with the funds allocated and utilised therefor during the said period, State/UT-wise;
- (c) whether the Government has set any target to control and eliminate tuberculosis, if so, the details thereof and the action plan drawn by the Government for the purpose, State/UT-wise;
- (d) whether as per the findings of a latest study, use of Xpert molecular test as an initial diagnostic test for TB in public health facilities increased the rate of notification of TB and rifampicin resistant TB cases in the country; and
- (e) if so, the details thereof along with the corrective measures being taken by the Government to include the same in country's TB control programme?

Answer

ANSWER

THE MINISTER OF HEALTH AND FAMILY WELFARE
(SHRI JAGAT PRAKASH NADDA)

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

STATEMENT REFERRED TO IN REPLY TO LOK SABHA
STARRED QUESTION NO. 65 FOR 24TH JULY, 2015

(a) to (c) Government of India, along with State Governments, has been implementing the Revised National Tuberculosis Control Programme in the country which since 2005 is under the aegis of the National Health Mission. The goal of the programme is to attain universal access to free and quality assured diagnosis and treatment of tuberculosis.

Under the programme, more than 13000 designated microscopy centres have been established for quality diagnosis of TB. Treatment for drug sensitive TB is provided through a network of DOT Centres where a dedicated box containing complete course of treatment is available for each patient. Most government hospitals, Community Health Centres (CHC), Primary Health Centres (PHC), sub centres function as DOT centres. In addition NGOs, Private Practitioners (PPs) involved under the RNTCP, community volunteers, Anganwadi workers, women self-help groups etc. also function as DOT providers/DOT Centres. Drugs are provided under direct observation and the patients are monitored to facilitate adherence to and completion of treatment.

Programmatic Management of Drug Resistant TB (PMDT) Services under RNTCP were initiated in India from year 2007 and the entire country was covered by 2013. Diagnosis of Drug Resistant TB is conducted through quality assured drug susceptibility testing at 62 Culture and Drug Susceptibility Testing (C & DST) laboratories, in addition to availability of rapid molecular tests like Line Probe Assay (LPA) and Cartridge Based Nucleic Acid Amplification Test (CBNAAT).

The programme also addresses co-morbidities with TB. TB was made notifiable vide Government Order No Z28015/2/2012TB dated 7th May 2012. A Case based web based online application 'Nikshay' has been implemented to improve surveillance and facilitate case notification. State/UT-wise number of cases of Tuberculosis (TB) and Multi-Drug Resistant TB (MDRTB) and attributable deaths reported in the country during each of the last three years and the current year is provided in Annexure 1 to 4. Details of funds allocated and utilized during the last three years and the current year, is provided in Annexure- 5.

Given the epidemiological pattern of TB in India, the Revised National TB Control Programme (RNTCP) targets Tuberculosis control and not elimination.

During the 12th five year plan, the focus is on Universal Access to free quality assured TB diagnosis and treatment with quality assured anti-TB drugs to all TB patients in the community. The salient features are as follows:

â€¢ Strengthening and improving the quality of basic DOTS services

- â€¢ Further strengthening and aligning with health system under National Rural Health Mission (NRHM)
- â€¢ Expanding efforts to engage all care providers
- â€¢ Strengthening and provision of quality care to the vulnerable groups including slum dwellers, tribal population etc.
- â€¢ Expanding diagnosis and treatment of drug resistant TB
- â€¢ Improving communication, outreach and social mobilization
- â€¢ Utilizing Information Communication Technology (ICT) tools for strengthening TB surveillance

(d) & (e) In a study undertaken to assess the impact of up-front Xpert MTB/RIF testing on detection of pulmonary tuberculosis and rifampicin-resistant cases of pulmonary TB in India, it was found that introduction of Xpert MTB/RIF as initial diagnostic test for TB in public health facilities significantly increased case notification rates of all bacteriologically confirmed TB and rifampicin resistant TB case notification.

Under RNTCP, appropriate technology is being used for early and improved detection of drug resistance, including the use of Line Probe Assay (LPA) and Cartridge Based Nucleic Acid Amplification Test (