GOVERNMENT OF INDIA
HEALTH AND FAMILY WELFARE
LOK SABHA

UNSTARRED QUESTION NO:337
ANSWERED ON:11.07.2014
CASES OF TB AND MDR TB
Patil Shri Shivaji Adhalrao;Shrirang Shri Chandu Barne

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

(a) whether cases of Tuberculosis (TB),particularly Multi-Drug Resistant (MDR)- TB and related deaths are on the rise in the country;

(b) if so, the details thereof and the reasons therefor, State/UT-wise;

(c) whether the drugs presently being administered under the Revised National TB Control Programme (RNTCP) are effective to treat TB and MDR-TB in the country;

(d) if so, the details thereof and if not, the corrective steps taken by the Government in this regard; and

(e) the fresh measures being taken by the Government for proper diagnosis and treatment of TB and MDR-TB in the country?

Answer

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. HARSH VARDHAN)

(a) & (b): No. As per WHO estimations, Tuberculosis prevalence per lakh population in India has reduced from 465 in the year 1990 to 230 in year 2012. Tuberculosis mortality per lakh population has reduced from 38 in the year 1990 to 22 in year 2012.

The estimated proportion of Multi-Drug Resistant TB Cases is not increasing. It is less than 3 percent among new TB cases and between 12-17 percent among re- treatment TB cases. However, the detection of MDR-TB cases has been increasing due to availability of more diagnostic facilities for MDR TB and coverage of the entire country by management of Drug Resistant TB in the Revised National TB Control Programme (RNTCP), between 2007 and 2013.

(c) & (d): Yes. With effective anti-TB Drug regimens administered under the Globally acclaimed DOTS strategy, RNTCP has been consistently achieving more than 85 percent treatment success rates among New Smear Positive Patients since the year 2001.

The anti-TB drug regimens used for treatment of MDR-TB under the Revised National Tuberculosis Control Programme are formulated by National experts in accordance with WHO Guidelines. The treatment outcomes among MDR-TB patients are comparable with Global outcomes.

The first-line drugs used for new TB cases under RNTCP are a combination of Rifampicin, Isoniazid, Ethambutol and Pyrazinamide, administered as standardized treatment regimen. Injection Streptomycin is an additional drug given to re-treatment cases.

RNTCP has also introduced Pediatric patient wise boxes, with formulations and doses specifically designed for convenient usage in children.

The main second-line anti-TB drugs for treatment of MDR-TB are Kanamycin, Levofloxacin, Ethionamide, Pyrazinamide,Ethambutol and Cycloserine.

(e): # Quality assured diagnostic facilities are available through more than 13000 Designated Microscopy Centres (DMCs) across the country for diagnosis of TB.

More than 10,000 sputum collection centres have been established in underserved areas which have difficult access to Designated Microscopy Services.

Treatment facilities for drug-sensitive TB are available at more than six lakh DOT Centres across the country.

Programmatic Management of Drug Resistant TB (PMDT) services are now available in all States/UTs.

Diagnosis of Drug Resistant TB is undertaken through quality assured drug susceptibility testing at 58 Culture & drug susceptibility testing (C-DST) laboratories, of which 48 laboratories are also equipped with rapid molecular test named Line Probe Assay (LPA).

Cartridge Based Nucleic Acid Amplification (CBNAAT) Test Machines have been installed at 89 sites for early detection of Rifampicin resistance among TB cases.

111 specialized Centres for initial indoor management of Drug Resistant TB Cases have also been established.

Notification of cases of Tuberculosis by health care providers has been made mandatory.

The Government has banned the use of serodiagnostic test kits for tuberculosis.

Central TB Division in collaboration with National Informatics Centre, has developed a case based web based platform- 'Nikshay', to enable better surveillance and tracking of TB cases.

Incentives for community DOT providers, for patients in tribal and difficult areas, volunteers for transportation of sputum samples and travel cost reimbursement for MDR-TB suspects and patients, have been upwardly revised and incentives for transportation cost for co-infected TB-HIV patients and for administering injectables, have been recently introduced.