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सत्यमेव जयते

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

निर्माण भवन, नई दिल्ली - 110011

GOVERNMENT OF INDIA

MINISTRY OF HEALTH & FAMILY WELFARE

NIRMAN BHAVAN, NEW DELHI-110011

D.O. NO. Z-28015/2/2012-TB

21st July 2015

Notification of TB cases: Amendments

Dear

Following amendments are made in Govt Order No **Z-28015/2/2012-TB** dated 6th May 2012 in context with Notification of TB cases:

1. For the purpose of case notification, a TB case is defined as follows:
 - A patient diagnosed with at least one clinical specimen positive for acid fast bacilli, or Culture-positive for Mycobacterium tuberculosis or Rapid Diagnostic molecular test positive for tuberculosis

OR

 - A patient diagnosed clinically as a case of tuberculosis, without microbiologic confirmation, and initiated on anti-TB drugs.
2. Once private practitioner notifies TB patient information following actions will be taken by local public health staff of general health system of Government or local bodies and entered in Nikshay:
 - Patient home visit as per convenience of patient,
 - Counselling of TB patient and family members,
 - Treatment adherence and follow up support ensure treatment completion,
 - Contact tracing, symptoms screening, evaluation of TB symptomatic and offering INH chemoprophylaxis to eligible contacts,
 - Offering HIV testing, Drug Susceptibility Testing (DST), if eligible.

All laboratories shall notify TB cases with information as per Annexure I and medical practitioners, Clinics, Hospitals, Nursing homes shall notify TB cases with information as per Annexure II.

3. For more detailed information, concerned District TB Officers may be contacted, whose details are available on www.tbcindia.gov.in and <http://nikshay.gov.in>.

With regards,

Yours sincerely,


(Anshu Prakash)

Copy for immediate further necessary action, to:

- 1) All Principal Secretaries / Secretaries of Health of States / UTs
- 2) All Directors of Health Services of States / UTs
- 3) All State TB Officers of States / UTs

With the request to kindly immediately bring this order to the notice of all concerned for compliance, in your respective State / UT

CC for information to:

1. PS to Union Minister HFW / Union Minister of HRD & CIT / MOS (HFW)
2. PPS to Union Secretary HFW / DGHS / Union Secretary AYUSH / Union Secretary HR (DG-ICMR) / union Secretary – NACO / DG-NIC
3. All Addl. Secretaries & Joint Secretaries in MOHFW / GOI
4. All Dy. Director General / DteGHS / MOHFW / GOI
5. Director (Media) MOHFW / GoI
6. All Regional Directors (HFW/GOI) – Kindly facilitate wide dissemination of this Govt. Order, for compliance, in the states / UTs under your coverage.
7. Websites of MOHFW/GOI (www.mohfw.gov.in) and Central TB Division (www.tbcindia.gov.in)

(Anshu Prakash)
Joint Secretary to the Government of India

Annexure I

TB Notification reporting format for Laboratory

Period of reporting: From/...../..... To/...../.....

Health Establishment code for TB Notification

Name of the Laboratory :.....

Registration Number:..... Telephone (with STD):.....

...../.....

Mobile number:.....

Complete Address:

.....

Sr No	Name of TB Patient (surname first)	Father / Husband's name	Age (yrs)	Sex (M/F/O)	Gol issued identification number *	Complete residential address	PIN number	Patient Phone number	Date of TB Diagnosis	Date of sputum collection	Date of result	Type of Test result (smear microscopy positive / culture positive / MTB on LPA / MTB on Xpert / MTB in FNAC / TB on Histopath/ DST	DST results for each drug tested (R=resistant / S=sensitive/NA=not available) Rif, INH, SM, EMB, Ofx, Km, Eto, Cipro, Capr, etc \$							
													Rif	INH	S M	EMB	Ofx	Km	—	—

* Aadhaar, driving license, voter ID, ration card, PAN no, passport no etc

Laboratories include those Health Establishments carrying out any of the RNTCP endorsed TB diagnostics

Signature:..... Date:/...../.....

Annexure II

**TB Notification reporting format for
Medical practitioners / Clinics/Hospitals/Nursing homes**

Period of reporting: From/...../..... To/...../.....

Name of the health facility / practitioner :.....(single/Multi)

Health Establishment code for TB Notification

Registration Number:..... Telephone (with STD):.....

Mobile number:.....

...../.....

Complete Address:

Sr No	Name of TB Patient (surname first)	Father / Husband's name	Age (yrs)	Sex (M/F/O)	Gol issued identification number *	Complete residential address	PIN no	Patient Phone number	Date of TB Diagnosis	Date of TB treatment initiation	Site of Disease (P / EP)	Patient Type (New TB case/ Recurrent TB case/ Treatment change)	Basis of diagnosis (Smear microscopy / culture / PCR / LPA/ FNAC/Histopathology/Clinical exam/X-Ray)	Weight in Kg	Drugs and dosages (in mg) H/R/Z/E/S/O/K/Cs/Eto/Levo/Mx/Cpr/Other (specify)

* Aadhaar, driving license, voter ID, ration card, PAN no, passport no etc

Private practitioner / Clinic (single) will include any Health Establishments where TB cases are treated or diagnosed clinically / radiologically and the medical services are provided by single medical practitioner

Hospital / Clinic / Nursing Home (multi-practitioners) will include any Health Establishments where TB cases are treated or diagnosed clinically / radiologically & medical services are provided by more than one practitioner

Signature:..... Date:/...../.....

TB Notification reporting format for Medical practitioners / Clinics/Hospitals/Nursing homes

Period of reporting: From/...../..... To/...../.....

Health Establishment code for TB Notification

Name of the health facility / practitioner :.....(single/Multi)

Registration Number:..... Telephone (with STD):.....

...../.....

Mobile number:.....

Complete Address:

Patient ID	Patient home visit Done (Y/N)	If Yes, done by	Patient counselling Done (Y/N)	Type of treatment adherence (DOT/ SMS/ Phone/ Nil)	Status of patient (regular/ Not regular / defaulted)	Month at which FU examination done	Status at FU examination (SM/Cult) (Pos/Neg)	Clinical improvement (Yes/No)	No of contacts	No of contact symptomatic	No found to have TB among contact	No of contacts initiated on anti-TB treatment	No of contacts offered chemoprophylaxis	HIV testing offered (No/Neg /Pos)	DST testing offered (No/RIF resistance /RIF sensitive/ Indeterminate)	Treatment Outcome (C/TC /F/D /LTFU/TO /RC)

C=Cured, TC=Treatment Completed F=Failure D=Died LTFU=Lost to FollowUp TO=Transferred Out RC =Regimen Change

This information on page 2 is to be submitted during treatment and after treatment completion with sos updation in Nikshay with public health action support by local public health staff.

Signature:..... Date:/...../.....