



राष्ट्रीय स्वास्थ्य मिशन



Ministry of Health and Family Welfare
Government of India



National Guidance on Differentiated TB Care



Overview

**For Community Health Officer / TB Health Visitor/
Senior TB Laboratory Supervisor /Senior TB
Treatment Supervisor**



Scan this QR Code for Differentiated TB Care Guidelines

Triaging process

Quick Assessment (Initial Triage): Rapidly screen patients using critical clinical parameters

Referral & initial evaluation

Triage-positive patients are referred immediately to higher-level health facilities for further assessment and referral for hospitalization as needed.

Risk Stratification and Management

The patient is to be stratified at health facilities based on the initial evaluation and supporting investigations as advised by the treating physician.

Referral

Patients identified as high-risk to be referred to the nearest referral health facility as required

Discharge and follow-up

hospital to home- based care: Patients are discharged and referred to their communities for continued follow-up by health workers.

Monitoring and reassessment

Patients are reassessed regularly to ensure ongoing recovery.

Follow up

- Every TB patient must be followed up every month until the treatment outcome is assigned and post treatment every 6 months.
- Community health workers, supported by resources such as Ayushman Aarogya Mandir, play a critical role in follow-ups
- **What should be done during follow-up?**

Parameters

Monthly weight monitoring to track nutritional recovery

Adherence counselling to ensure completion of treatment

Periodic investigations to detect early signs of complications or clinical deterioration

• DRTB Patients

- If a patient is diagnosed as DR-TB, follow-up remains the same as per PMDT guidelines

• Mechanism of follow up

- Treatment supporter, TB champion, Health System mobile vans for referral, Ni-kshay Sampark, Telemedicine

**Central TB Division
Ministry of Health & Family Welfare
Government of India**

Ni-kshay Sampark (National TB Call Centre) - 1800 11 6666

@TBDivision.India.1



@TbDivision



@TB MukT Bharat



TB Aarogya Sathi

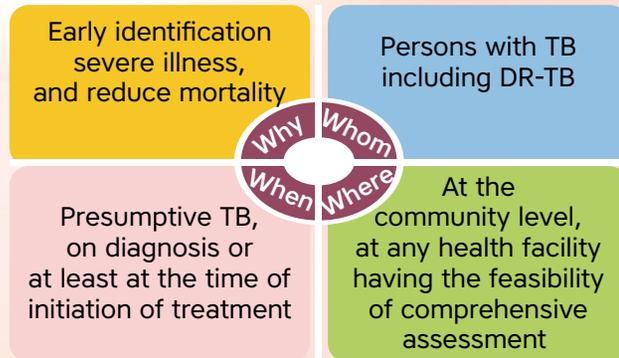
Differentiated TB Care for reducing Mortality

Goal

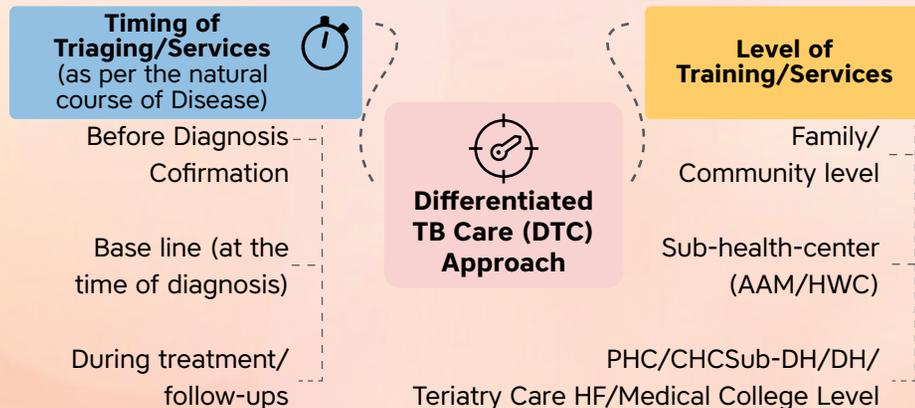
- Identify TB patients who are at risk of mortality, provide timely care to prevent death



Comprehensive Assessment of TB Patients



Approach to Differentiated TB Care



AI based PATO (Prediction of Adverse Treatment Outcome) tool :

- First level of segregation of patients more likely for adverse outcomes based on Ni-kshay data
- To be prioritized for triaging based on Red Flag Criteria More frequent and additional investigations as applicable
- More intensive monitoring required for such patients
- To be used for all the patient diagnosed and notified in Ni-kshay

Key highlights of differentiated TB care

Evaluation & Triaging at Family / Community Level

ASSESS RED FLAG CRITERIA OF SEVERE TB DISEASE



Evaluation & Triaging at Ayushman Arogya Mandir (AAM)/ TB Unit

ASSESS FOR SIGNS & INVESTIGATIONS

- Impaired mobility: patient unable to stand without support during examination
- SpO₂ < 94%
- Breathlessness: Respiratory rate 24 breaths/ minute in >5 years age; >40 breaths/ minute in 1-5 years age; > 50 breaths/ minute in 2 months - 1 year of age; > 60 breaths/ minute in 0-2 months of age
- Systolic BP <90 mmHg or ≥140 mmHg; Diastolic BP <60 mmHg or ≥90 mmHg
- Pulse rate >120 or < 60 beats/ min
- BMI < 14 kg/m² or BMI <16 kg/m² with pedal/ dependent area edema
- Jaundice and ascites