

2015

TB: A Notifiable Disease

A resource for journalists

On 7 May 2012, the Ministry of Health and Family Welfare, Government of India, passed an order making notification of tuberculosis compulsory. Notifiable diseases are those diseases which are required by law to be reported to government authorities. *This means that all public and private providers must notify all cases of TB on a regular basis.*

Why did the government pass this order?

The Revised National TB Control Programme (RNTCP) has been successful in implementing quality-assured diagnostic and treatment services for tuberculosis in India. Though RNTCP has been achieving the global WHO targets for 70% case detection, the National Strategic Plan (2012-17) of RNTCP aims for 90% case detection. To achieve this it is critical to understand the number of TB patients in the private sector.

Studies have shown that more than 50% of TB patients first seek care in the private sector. In the 2013 Global Tuberculosis Report, the World Health Organisation highlighted that 3 million TB patients as the 'missing' cases with India having an estimated one million missing TB patients. The reasons for the missing million are that either they are treated in the private sector or do not access TB care services.

To understand the true burden of the disease, it is important to obtain information on the number of TB patients who take treatment within the private sector.

Why is TB notification important?

1. The burden of the disease as well as the impact of the disease can be estimated using notification data.
2. Evidence-based strategies can be planned and adopted to improve TB control activities.
3. The private sector can be supported to follow standardized practices to provide Standard TB care.
4. Patients can be supported for correct diagnosis, treatment, follow-up, contact tracing, loss to follow-up retrieval and chemoprophylaxis by public health staff.

WHERE'S MY STORY?

Here are some ideas for follow-up stories that you can do on the notification theme:

- **What is the current status of notification in your city/district/state?**
- **Has notification increased/remained stagnant? What are the reasons?**
- **What does the government need to do to improve notification rate?**
- **How does the private sector feel about this? Do they find the reporting mechanisms easy to access? What other challenges do they face?**
- **Are there any ethical issues in sharing information about patients with the public health system? How can these be resolved?**

Who should notify?

As per the Government order, It is mandatory for all health establishments, either private or government which are not under RNTCP, to notify about their TB patients. Health establishments to be involved in Notification of TB cases include:

1. Private practitioner / Clinics where TB cases are diagnosed or treated by a single medical practitioner.
2. Hospital / Clinic / Nursing Home (multi-practitioners) where TB cases are diagnosed or treated by more than one medical practitioner.
3. Laboratories carrying out any of the RNTCP endorsed TB diagnostics like Smear microscopy for AFB, Sputum culture (Solid media or Liquid media), Rapid diagnostic molecular test (Line Probe Assay or Nucleic Acid Amplification Test).

How is a provider expected to notify TB cases?

All health establishments should get registered for TB notification by submitting the registration form to the nodal officer (District TB Officer) or can be registered by the nodal officer after these health establishments submit their first TB notification report.

The notification of TB cases to the Nodal Officer (the list of Nodal Officers is available on <http://tbcindia.nic.in/>) can be submitted as a hard copy by post/ by courier / by hand (or) as a soft copy by authorized Email (or) can be submitted to the local public health authorities.

NIKSHAY (www.nikshay.gov.in) is a web enabled application for case-based recording of TB patients registered in RNTCP. NIKSHAY meaning eradication of tuberculosis, is a web based application developed jointly by the Central TB Division of Ministry of Health and Family Welfare and National Informatics Centre and was launched by the Government of India in June 2012. The TB cases notified by all the Health establishments will be entered in the Nikshay portal within two weeks from submission of the report. Notification of TB cases has to be reported at least on a monthly basis.

What information must be provided as part of the notification process?

The information to be notified about the TB patient includes:

1. TB Case name
2. Age
3. Sex
4. Govt-issued personal unique identification number
5. Detailed address of TB case with pin code
6. Phone number
7. Basis of diagnosis: Microbiologically-confirmed TB case / Clinical TB case
8. Patient Category: New / Recurrent TB case / Treatment change
9. Site of disease: Pulmonary / Extra-Pulmonary only
10. Rifampicin resistance: Resistant / Sensitive / not available (& other drug resistance pattern by laboratories)

Is any provider exempted from TB notification?

Medical practitioners who neither diagnose nor prescribe anti-TB drugs and do not manage TB patients for the past one year will be given exemption from sending a monthly report, by submitting a declaration of not

diagnosing or treating TB cases to the Nodal officer.

What are the current trends in notification?

In India, the rate of notification by private sector in 2013 is only 3.1 per 1 lakh population, with Meghalaya showing the highest notification rate of 32.3 per 1 lakh population. The notification of TB cases by private hospitals has increased enormously in 2013 as compared to 2012: from 132 to 19631. There has been a more modest increase in the case of private laboratories and private practitioners (from 132 to 1430 & from 2842 to 17535 respectively).

What steps has the government planned to ensure increased notification?

1. Dissemination of the “notification” gazette to all the private health care providers through advertisement in the media, Indian Medical Association meetings, medical conferences etc.
2. Innovative ICT based technology to be employed for notification by the private health care providers
3. Provision of an array of options (paper based, web based, postal etc.) for the private practitioners to choose from, for notification.
4. Recognition to districts and health establishments with maximum notifications.
5. Linking patient support services like reminders for treatment adherence while ensuring utmost patient confidentiality.

References

1. Ministry of Health and Family Welfare. Guidance for TB Notification in India, 2012. Available from: <http://tbcindia.nic.in/pdfs/Guidance%20tool%20for%20TB%20notification%20in%20India%20-%20FINAL.pdf>
2. TB India 2014. RNTCP Annual Status Report, Central TB Division, DGHS, Ministry of Health and Family Welfare. Available from: <http://tbcindia.nic.in/Pdfs/TB%20INDIA%202014.pdf>