Revised National TB Control Programme

TB is a major Public health, social and economic problem in our country. TB is a leading health concern all over the world particularly in India because 1/3rd TB patients belong to India globally. TB is prevalent in world since ages and its treatment is being revised with latest advances in medical sciences.

National TB Control Programme (NTCP) was initiated in 1962 as a decentralized programme in India. NTCP was analyzed in 1992. In the year 1993, WHO declared TB as a global emergency. A new programme was evolved, which was named as RNTCP (Revised National TB Control Programme) India adopted RNTCP in the year 1993.

In Punjab state RNTCP was implemented in a phased manner in the year 2001 starting with district Patiala, which was selected as a pilot district. Since Dec 2004, the whole state of Punjab has been covered under RNTCP.

The RNTCP is an application of the WHO-recommended Strategy the Directly Observed Treatment, Short-course- Chemotherapy (DOTS) to control Tuberculosis. Under this revised strategy, the main diagnostic tool is sputum microscopy instead of chest X-ray.

Objectives:-
1. To achieve and maintain cure rate of 85% among NSP cases.
2. To achieve and maintain NSP case detection rate 70% of expected NSP cases in the community.

Year wise performance of RNTCP

<table>
<thead>
<tr>
<th>Year</th>
<th>Population in lakhs</th>
<th>Annual/Annualized Suspects examined per lakh population</th>
<th>Annual/Annualized Total TB Case Notification Rate per lakh popn.</th>
<th>Annual/Annualized New Smear Positive Case Notification Rate per lakh popn.</th>
<th>Annual New Smear Positive Case Detection Rate (in percentage) (Expected at least 70%)</th>
<th>Treatment Success rate among New Smear Positive TB cases (Expected at least 85%)</th>
<th>Default rate among New Smear Positive TB cases (Expected below 5%)</th>
<th>Treatment Success rate among Smear Positive Re-treatment cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>2006</td>
<td>260</td>
<td>573</td>
<td>133</td>
<td>52</td>
<td>55</td>
<td>86</td>
<td>6</td>
<td>71</td>
</tr>
<tr>
<td>2007</td>
<td>264</td>
<td>572</td>
<td>133</td>
<td>52</td>
<td>55</td>
<td>85</td>
<td>7</td>
<td>72</td>
</tr>
<tr>
<td>2008</td>
<td>267</td>
<td>599</td>
<td>138</td>
<td>55</td>
<td>58</td>
<td>87</td>
<td>4.9</td>
<td>74</td>
</tr>
<tr>
<td>2009</td>
<td>270</td>
<td>701</td>
<td>143</td>
<td>59</td>
<td>62</td>
<td>87</td>
<td>4.3</td>
<td>74</td>
</tr>
<tr>
<td>2010</td>
<td>274</td>
<td>644</td>
<td>148</td>
<td>62</td>
<td>65</td>
<td>88</td>
<td>3.9</td>
<td>75</td>
</tr>
<tr>
<td>2011</td>
<td>277</td>
<td>658</td>
<td>142</td>
<td>56</td>
<td>59</td>
<td>88</td>
<td>4</td>
<td>73</td>
</tr>
<tr>
<td>Upto March, 2012</td>
<td>280</td>
<td>772</td>
<td>139</td>
<td>58</td>
<td>61</td>
<td>89</td>
<td>4</td>
<td>76</td>
</tr>
</tbody>
</table>
To further strengthen the programme four zones have been made in the state and monthly meetings are being held at the zonal HQ where the information about the referred and transferred out cases can be discussed. The four zones that are formed are Amritsar, Faridkot, Patiala & Ludhiana.

OTHER FEATURES OF THE PROGRAMME

A) Supply of Medicines:
- State Drug Store is established as per guidelines.
- Free Anti-TB and MDR TB drugs are being received from Govt. Medical Store Depots (GMSDs) on quarterly basis against release orders by the Central TB Division (CTD), New Delhi.
- Medicines from state are being supplied to districts quarterly on the basis of their quarterly consumption and balance at district stores.
- District Societies further distribute the medicines to peripheries as per requirement.

B) Scaling of Manpower:
Initially in Punjab state only 20% of the regular LTs were allowed to be recruited under RNTCP but with consistent efforts of the State Programme Officer- RNTCP, the state was allowed to recruit 50% of the regular LTs on Contractual basis. All the contractual vacant posts in various districts under RNTCP have been filled in Nov. 2009.

C) Facilities to MDR Patients:
IRL Lab at TB Hospital Patiala started cultures of sputum samples till then sputum samples are sent to WHO accredited IRL, Delhi for C & DST. Patients after diagnosis are admitted at DPS, Patiala and Amritsar. Upto June, 2012 State will be covered under DOTS Plus Services.

Issues for DOTS Plus:-
- Female Ward at DPS, Patiala not upgraded.
- Generator backup for IRL, Patiala not there.

D) Global Funding for AIDS, TB & Malaria:
Under GFATM project of Govt. of India, IMA Punjab, has initiated the Public Private partnership project between IMA, Punjab and RNTCP, Pb to assist in achieving the goal to bring down the burden of TB in Punjab till it ceases to be a public health problem. Under this project one objective will be sensitization of the members of IMA about DOTS regimen and its effect vice versa daily regimen.
- Initiation of PP participation project between IMA & RNTCP.
• 189 PPs have signed an MOU for involvement under RNTCP in the state
• Adoption of DOTs strategy by Private Practitioners. 167 DOT centres have been opened in the state up till now.
• 47 CMEs and 25 District training programmes have been conducted in the year up till now.
This project will provide impetus to the private health care sector to join and participate in RNTCP by using the DOTS strategy for patents suffering from TB.

E) ACSM Activities
• For generating more awareness regarding TB in the periphery at the district level Community Volunteers are being given training regarding DOTS with the help of State Red Cross Society, Pb.
• An MOU has been signed with the NGO; OPERATION ASHA under slum area scheme for its implementation in two districts namely ASR & LDH. The implementation of the same scheme with the NGO in district Jalandhar is under process.
• OR project of Red Cross for retreatment cases is being facilitated in Jalandhar and Amritsar
• Various ACSM activities like Community Meetings, Awareness camps and Magic Shows are organized in all the districts across the state for creating awareness.
• Patient Provider Meetings are also organized to make patient compliance towards the treatment.
• Trainings of Asha Workers are being done at district level.

Future Plans:
1. Involvement of Medical Colleges both Govt. and Private
   a) Training and sensitization of faculty
   b) Regular STF and core committee meeting
   c) Sensitization of residents and interns through regular CMES

2. PPs and NGOs and IMA involvements
   a) Involvement of more PPs and IMA members
   b) PPM-IMA partnership and giving project to IMA members
   c) Intensive supervision of involved PPs

3. Intensify IEC activities
   a) More emphasis on Community meetings
   b) More emphasis on Patient-provider meetings
   c) School activities
4. Training/Re-trainings and update training
   a) Update training of all Medical Officers
   b) Re-training of MOs, STLSs, STSs, LTs and other staff
   c) Training of ASHA workers and RHOs

5. Intensive Supervision
   a) By State Officers/Officials
   b) By STDC Staff

6. Establishment of IRL lab at Patiala

7. For DOTS Plus
   - National level training of all DTOs to be completed by March, 2012.
   - State level training of STSs, STLSs, DOTS Plus Supervisors and DTS LTs to be completed by April, 2012.
   - DOTS Plus Drug Stores of all districts to be ready as per the guidelines by end of May, 2012.
   - District level trainings of 3rd phase and 4th Phase districts to be completed by May, 2012.
   - Printed material and logistics for sputum collection and transport to be available in all districts by end of June, 2012.
   - Courier Agency to be identified and MOU signed in all districts.