

## Frequently Asked Questions

### (Tuberculosis notification in India)

#### 1. What is TB notification?

Reporting about information on diagnosis &/or treatment of Tuberculosis cases to the nodal Public Health Authority (for this purpose) or officials designated by them for this purpose.

#### 2. Who is expected to notify TB cases?

Every healthcare providers meaning clinical establishments run or managed by the Government (including local authorities), private or NGO sectors and/or individual practitioners.

#### 3. Are the public sector health facilities expected to notify the TB cases?

Yes. All Tuberculosis cases diagnosed &/or treated; whether under DOTS strategy or not.

#### 4. To whom TB cases should be notified?

Nodal Public Health Authority (for this purpose) or officials designated by them for this purpose. State/UT & district-wise contact details are available on [www.tbcindia.nic.in](http://www.tbcindia.nic.in)

#### 5. When TB cases can be notified?

On diagnosis or initiation of anti-TB treatment of a Tuberculosis case. Such reporting to the nodal public health authority to be done at least on monthly basis

#### 6. How TB cases can be notified?

- Hard copy by post, courier or by hand to the nodal officer
- Soft copy by email from persons / institutes authorized for this purpose to the nodal officer
- Using authorized mobile numbers by phone call, IVRS or SMS \*
- Uploading of information directly on to the Nikshay portal <http://nikshay.gov.in>\*
- Direct online information transmission from newer diagnostic machines like CB-NAAT or MGIT etc. \*
- Will be available in future

#### 7. Why should private health facilities notify TB?

Notification gives an opportunity to support private sector for better practices in terms of Standard TB Care which include helping the patients to get right diagnosis, treatment, Follow up, Contact Tracing Chemoprophylaxis & facilitates social support systems.

Complete and accurate data obtained from notification will allow continuous evaluation of the trend of the disease with better estimation of burden/impact.

#### 8. How do I know the contact details of the nodal officer for TB notification in my area?

The list of Nodal Officers is available on <http://tbcindia.nic.in/>.

In States/UTs or districts where the bilateral understanding is established between the Health Establishments and the local public health authorities for convenient local TB notification, the information on TB Notification can be submitted to the local public health authorities (e.g. Medical Officer of the Primary Health Center) as designated by the district nodal authority for TB notification. However, this should be done only in consultation with the concerned district nodal officer for TB notification.

In case, health care provider is not aware about the contact details of the nodal officer for TB Notification in the district the same may be obtained from the respective District TB Officer / State TB Officer for the updated contact.

**9. What do I do when I am unable to contact the nodal officer for TB Notification?**

You may contact respective District TB Officer / State TB Officer. In case of any grievances, the same may be sent to [tbnofication@tbcindia.nic.in](mailto:tbnofication@tbcindia.nic.in) & issues regarding electronic reporting data update may be sent to [helpdesk.nikshay@tbcindia.nic.in](mailto:helpdesk.nikshay@tbcindia.nic.in) mentioning the name and complete address of the individual and the health care facility.

**10. I am a medical practitioner but I neither diagnose nor treat TB cases. Do I still have to submit the TB notification report to the nodal officer?**

Health establishments and medical practitioners not routinely diagnosing / treating TB patients may give an undertaking regarding the same while agreeing to submit the information in future, in case they diagnose or treat any TB case.

**11. What is a TB case?**

**Microbiologically-confirmed TB case** – Patient diagnosed with at least one sputum specimen positive for acid fast bacilli, or Culture-positive for Mycobacterium tuberculosis, or RNTCP-approved Rapid Diagnostic molecular test positive for tuberculosis

OR

**Clinical TB case** – Patient diagnosed clinically as tuberculosis, without microbiologic confirmation and initiated on anti-TB drugs.

**12. What are the different types of TB cases?**

**New TB case** – Patient who has never been treated with anti-TB drugs or has been treated with anti-TB drugs for less than one month from any source

**Recurrent TB case** – Patient who has been treated for tuberculosis in the past and been declared successfully treated (cured/treatment completed) at the end of their treatment regimen.

**Treatment change** – Patient returning after interruption, and patients put on a new treatment regimen and due to failure of the current treatment regimen.

**13. How Site of disease can be defined for TB cases?**

**Pulmonary TB case** – Patient with TB of the lungs (with or without involvement of any extra-pulmonary locations).

**Extra-pulmonary TB case** – Patient with TB of any organ other than the lungs, such as pleura, lymph nodes, intestines, genito-urinary tract, skin, bones and joints, meninges of the brain, etc, diagnosed with microbiological, histological, radiological, or strong clinical evidence.

#### 14. Which TB diagnostics are endorsed by RNTCP?

**Smear Microscopy (for AFB) using** Zeil-Nelson Staining or Fluorescence stains and examination under direct or indirect microscopy with or without LED.

**Culture for MTB on Solid**(Lowenstein Jansen) media or Liquid media (Middle Brook) using manual, semi-automatic or automatic machines e.g. Bactec, MGIT etc.

**Rapid diagnostic molecular test for MTB using** conventional PCR based Line Probe Assay for MTB complex or Real-time PCR based Nucleic Acid Amplification Test (NAAT) for MTB complex e.g. GeneXpert

**Note:** Diagnosis of TB based on radiology (e.g. X-ray) will be termed as clinical TB

#### 15. What can be the Rifampicin resistance status of TB patient?

**Rifampicin resistant** – Patient with a drug susceptibility test result from a RNTCP-certified laboratory or WRD (WHO approved Rapid Diagnostic) drug susceptibility test report showing resistance to rifampicin.

**Rifampicin sensitive** – Patient with a drug susceptibility test result from a RNTCP-certified laboratory or WRD (WHO approved Rapid Diagnostic) drug susceptibility test report showing sensitivity to rifampicin.

**Not available** – Patient without a drug susceptibility test result from a RNTCP certified laboratory

#### 16. What if, I do not notify a TB case?

As per MCI code of Ethics – Rules & regulations 2002, Chapter 7, Point 7.7, a registered medical practitioner giving incorrect information on his name and authority about Notification amounts to misconduct and such a medical practitioner is liable for deregistration.

#### 17. How can I share the information about TB patient, as it is a professional secret between a doctor and his patient and needs to be kept confidential?

As per MCI code of Ethics – Rules & regulations 2002, Chapter 7, Point 7.14, it is the duty of the registered medical to divulge this information to the authorized notification official as regards communicable and notifiable diseases. It further states that in case of communicable / notifiable diseases, concerned public health authorities should be informed immediately.

#### 18. Is there a provision for punitive / legal action if I do not notify TB cases in Constitution / MCI rules?

Yes.

**19. How will the TB notification information be used by the National Programme / Government?**

For undertaking Public Health measures like contact tracing of infectious cases, counseling support for treatment adherence and follow-up. Also, the surveillance system will be helpful in estimating the burden of TB disease in the country.

**20. What if I notify a TB case and later on I found it not to be TB?**

Information on such rare cases may be intimated to the nodal officer for TB notification

**21. What will happen to the TB cases I have notified?**

Support system for treatment initiation, adherence, follow-up, default retrieval, contact tracing will be extended to such patients by public health staff. Though patient may opt to seek care from providers outside national TB control programme

**22. Is a medical practitioner starting treatment of a TB patient expected to notify the case even if already notified by a Laboratory?**

Yes. As the public health measures are additive.