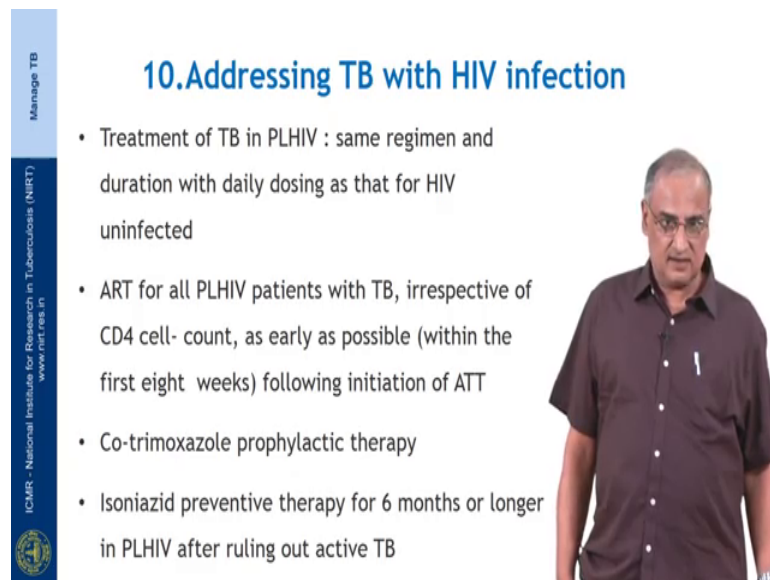


Manage TB
Dr. Mohan Natarajan
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National Institute for Research in Tuberculosis, Chennai

Lecture – 71
Standards for TB Care in India (STCI)
Session 02

Hello everybody welcome back to the Standards for TB Care in India.

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The slide features a vertical blue bar on the left with the text 'Manage TB' at the top, 'ICMR - National Institute for Research in Tuberculosis (NIRT)' in the middle, and the website 'www.nirt.res.in' at the bottom. The main title is '10. Addressing TB with HIV infection'. The content includes a bulleted list of treatment guidelines and a photograph of Dr. Mohan Natarajan on the right side.

- Treatment of TB in PLHIV : same regimen and duration with daily dosing as that for HIV uninfected
- ART for all PLHIV patients with TB, irrespective of CD4 cell- count, as early as possible (within the first eight weeks) following initiation of ATT
- Co-trimoxazole prophylactic therapy
- Isoniazid preventive therapy for 6 months or longer in PLHIV after ruling out active TB

Standard 10 addresses TB patients having HIV infection. Here are the treatment of tuberculosis in people living with HIV is the same as in those who do not have an HIV infection, the regimen is the same and the duration of treatment is the same.

ART that is antiretroviral therapy has to be started irrespective of the CD 4 cell count in these patients and this should be done as early as possible preferably within the first 8 weeks following initiation of anti tuberculosis treatment.

Co- trimoxazole prophylactic therapy is given to prevent other opportunistic infections and isoniazid preventive therapy for 6 months or longer is given after ruling out active tuberculosis.


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11. Treatment adherence

| | |
|---|---|
| 1 Patient centered approach for adherence | Based on patient's needs with mutual respect between patient and provider |
| 2 Measures for treatment adherence | Individualized supervision and support |
| 3 Trained treatment supporter for treatment adherence | Should be acceptable, accessible and accountable to patient and health system |
| 4 Use of Information Communication Technology (ICT) | Optimal use of ICT to promote treatment literacy and adherence |



Standard 11 deals with the important topic of treatment adherence; here adherence has to be patient centered, that is it should be based on the patients need with mutual respect being maintained between both the patient and the provider. And all measures of treatment adherence whichever drug is given it should be individualized supervision and all support should be individualized, where possible we should identify an appoint, a treatment supporter for monitoring the treatment adherence.

And the treatment supporter that we identify it should be at accessible and accountable both to the patient and to the health care system. Finally, we should use a information technology wherever possible and use it in an optimal fashion to promote both treatment literacy and adherence.


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12. Public health responsibility

- Any practitioner treating a TB patient assumes public health responsibility to prevent on-going transmission of infection and development of drug resistance
- Practitioner must prescribe an appropriate regimen
- Utilize local public health services/ community health services, and other agencies including NGOs to ensure adherence of patient to treatment



Standard 12 talks about public health responsibility; Now, any practitioner who is treating TB should realize that he assumes a public health responsibility to prevent both ongoing transmission of infection as well as the development of a drug resistance.

And to fulfill this, the practitioner must prescribe an appropriate regimen and he was also utilized public health services community services and other agencies including NGOs to ensure that adherence is maintained by the patient.

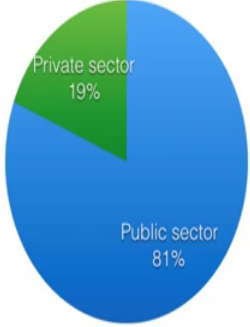
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13. Notification of TB cases

- All health establishments must report all TB cases and their treatment outcomes to public health authorities (District Nodal Officer for Notification)
- Feedback to be ensured to all healthcare providers who refer cases to public health system on the outcome of referred patients



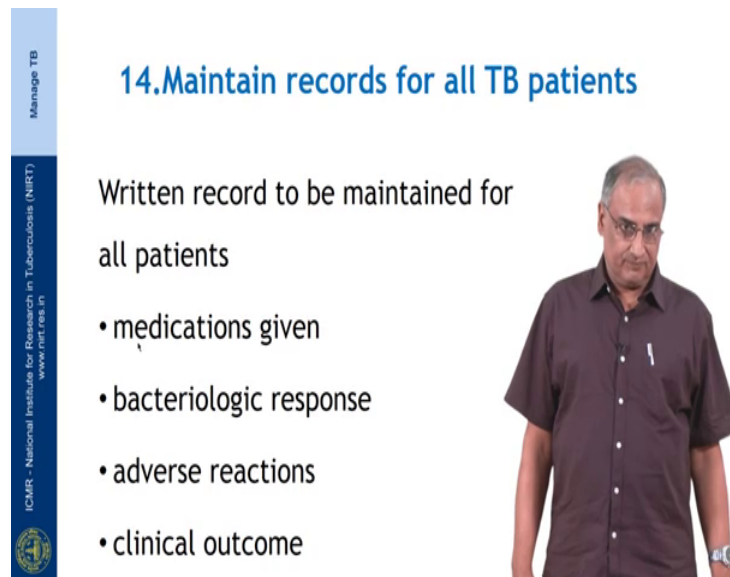
| Sector | Percentage |
|----------------|------------|
| Public sector | 81% |
| Private sector | 19% |

Notification of TB cases in 2016

Standard 13 deals with the notification of a TB cases; all health establishments must report all TB cases and the treatment outcomes to public health authorities. Here we have a district nodal officer for notification was present to whom we can notify and if I show the contribution of the private sector to notification it is only 19 percent and this leaves a lot to be desired.

But nevertheless it has improved over the preceding years. Now, on the part of the health system, the health system has to ensure that a feedback is given to the health care provider about the outcome of the referred patients.

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14. Maintain records for all TB patients

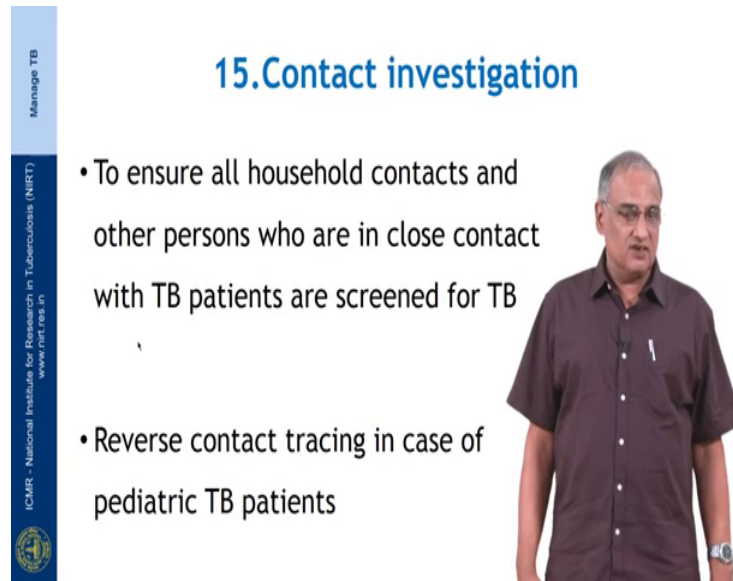
Written record to be maintained for all patients

- medications given
- bacteriologic response
- adverse reactions
- clinical outcome



Standard 14 talks about maintaining records for all TB patients and a record has to be maintained a written record has to be maintained for all patients with respect to the medication given, to the bacteriological response with respect to adverse reactions and clinical outcome.

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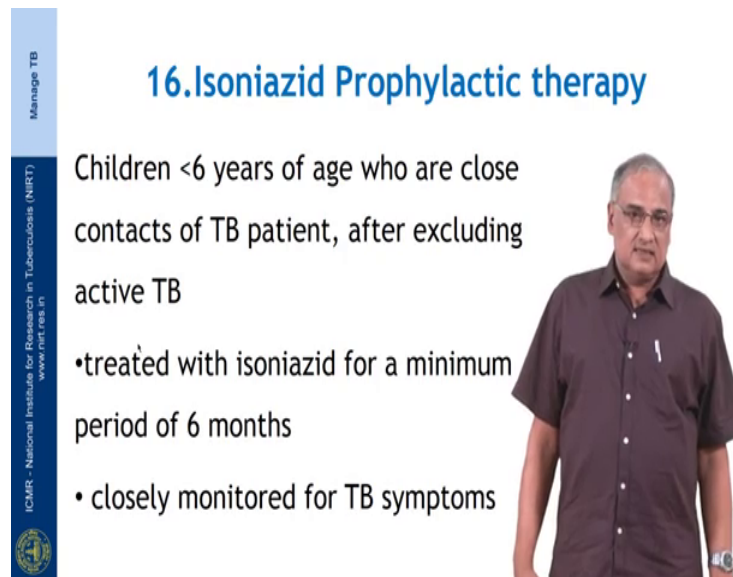


15. Contact investigation

- To ensure all household contacts and other persons who are in close contact with TB patients are screened for TB
- Reverse contact tracing in case of pediatric TB patients

Standard 15 deals with contact investigation, we know that they form a high risk group. So, we have to ensure that all household contacts and other persons who are in close contact with TB patients are screened for tuberculosis and also that reverse contact tracing in is done in cases of pediatric TB patients.

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16. Isoniazid Prophylactic therapy

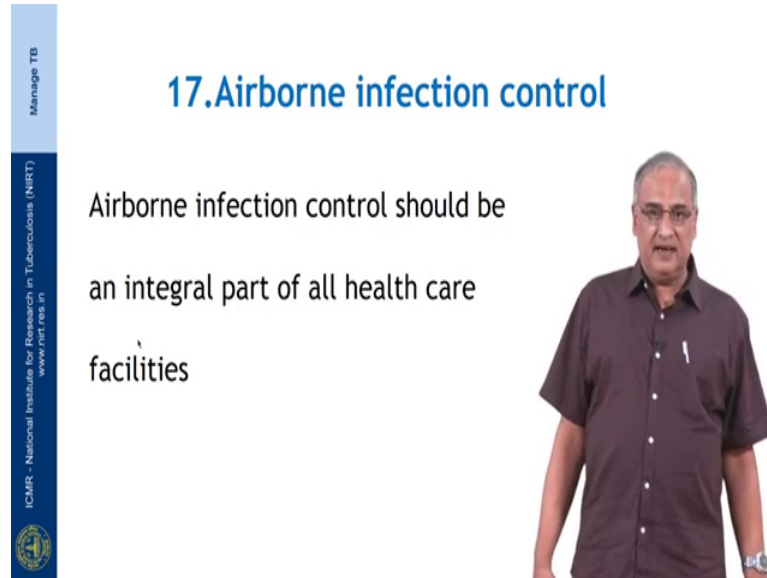
Children <6 years of age who are close contacts of TB patient, after excluding active TB

- treated with isoniazid for a minimum period of 6 months
- closely monitored for TB symptoms

Standard 16 is on isoniazid prophylactic therapy; this is given to children less than 6 years of age who are close contacts of TB patients, after excluding active tuberculosis.

These children are treated with isoniazid for a minimum period of 6 months and they are closely monitored for TB symptoms.

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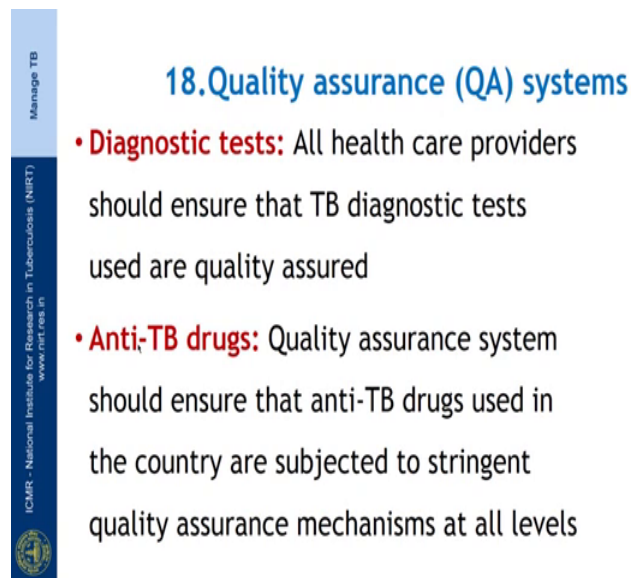


17. Airborne infection control

Airborne infection control should be an integral part of all health care facilities

Standard 17 deals with airborne infection control this is an important component of an interruption of transmission and airborne infection control should be an integral part of all health care facilities.

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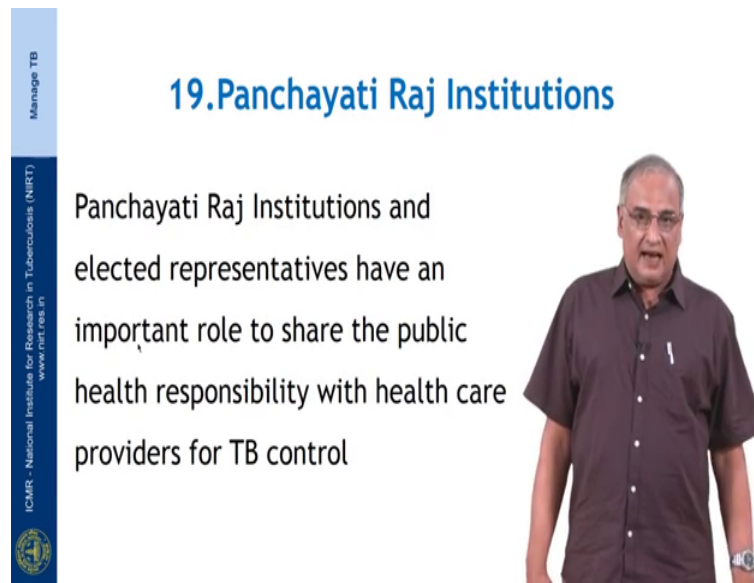
18. Quality assurance (QA) systems

- **Diagnostic tests:** All health care providers should ensure that TB diagnostic tests used are quality assured
- **Anti-TB drugs:** Quality assurance system should ensure that anti-TB drugs used in the country are subjected to stringent quality assurance mechanisms at all levels

Standard 18 is on quality assurance systems this applies to both diagnostic tests as well as the quality of drug supplied. So, all health care providers should ensure the TB diagnostic tests which they are used for diagnoses are quality assured.

As that anti-TB drugs this is a directive given to the health system that quality assurance systems should ensure that anti TB drugs used in the country are subject to stringent quality assurance mechanisms at all levels.

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19. Panchayati Raj Institutions

Panchayati Raj Institutions and elected representatives have an important role to share the public health responsibility with health care providers for TB control

Standard 19th talks about pump Panchayati Raj Institutions and elected representatives as having an important role to share in the public health responsibility for a TB control.


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20. Health education

- Every TB symptomatic should be properly counselled by healthcare provider
- TB patients and their family members should get proper counselling and health education at every contact with the healthcare system



Standard 20 deals with health education where every TB symptomatic should be properly counseled by healthcare providers and TB patients and their family members should get proper counseling and health care education at every contact with the healthcare system.


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21. Death audit among TB patients

Deaths among TB patients should be audited by a competent authority



Standard 21 is about the death audit among TB patients and this death audit should be done by a competent authority.


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22. Information on TB prevention and care seeking

All individuals especially women, children, elderly, differently abled, other vulnerable groups and those at increased risk should receive information related to TB prevention and care seeking



Standard 22 is on the information which has to be imparted regarding TB prevention and care seeking. So, all individuals especially women, the children, the differently abled and other vulnerable groups those who are at increased risk they should all receive information related to TB prevention and care seeking.

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23. Free and quality services

All patients, especially those in vulnerable population groups to be offered free or affordable quality assured diagnostic and treatment services which should be provided at locations and times to minimize workday or school disruptions and maximize access



Standard 23 talks about free and a quality services; It is a direction given to the health care system that all patients especially those in the vulnerable groups are to be offered free or affordable quality assured diagnostic services as well as treatments of and these

should be provided at locations and times to minimize work or school disruptions and to maximize access.


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24. Respect, confidentiality and sensitivity

- All people seeking or receiving care for TB should be
 - received with dignity
 - managed with promptness, confidentiality and gender sensitivity
- Ensure that infection control procedures do not stigmatise TB patients



A standard 24 are talks about the respect confidentiality and the sensitivity of the patient and says that all patients seeking or receiving care for tuberculosis it should be received with the dignity, managed with the promptness, confidentiality and gender sensitivity and we have to also ensure that the infection control procedures that we advocate to the patients they do not stigmatize the patients.


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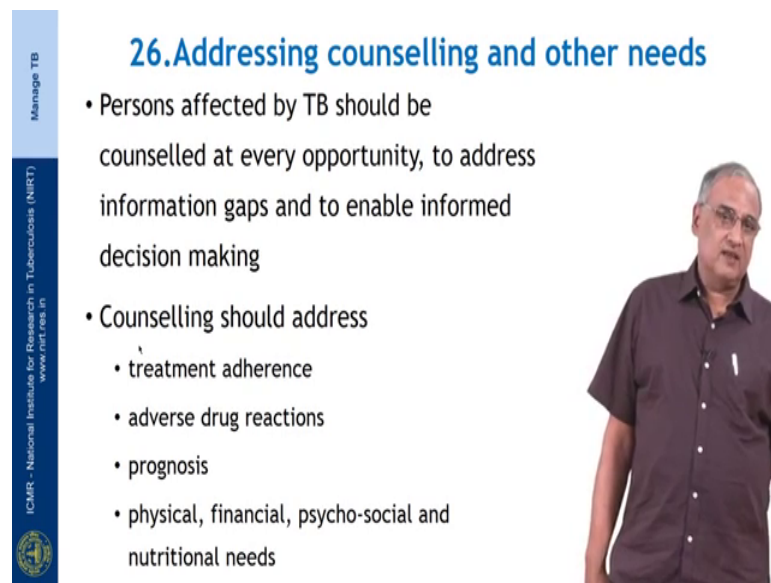
25. Care and support through social welfare programmes

Social welfare support systems should attempt to mitigate out of pocket expenses incurred by people affected by TB for the purpose of diagnosis and treatment



Standard 25 deals with the care and support through social welfare programs; What the social welfare support systems should attempt is that they should mitigate the out of pocket expenses which are incurred by the patient, when they are approaching both for diagnosis as well as treatment.

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26. Addressing counselling and other needs

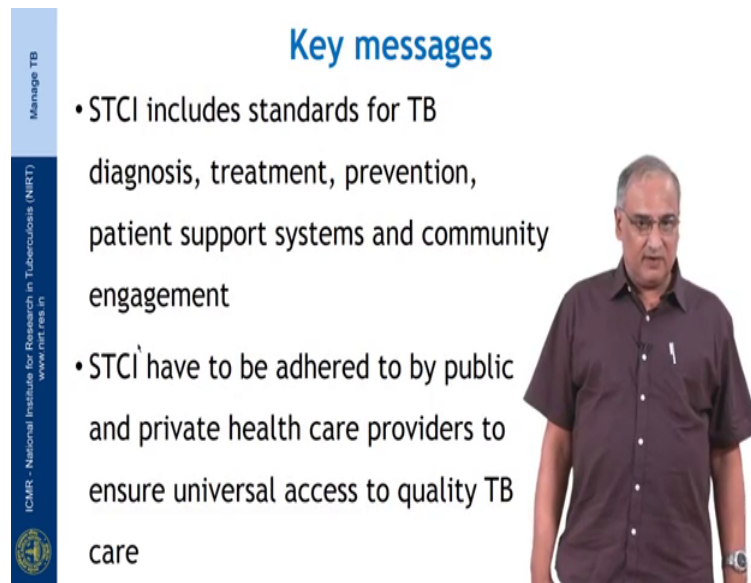
- Persons affected by TB should be counselled at every opportunity, to address information gaps and to enable informed decision making
- Counselling should address
 - treatment adherence
 - adverse drug reactions
 - prognosis
 - physical, financial, psycho-social and nutritional needs



And the final standard addresses counseling and other needs of the patient. So, persons affected by TB should be counseled at every opportunity to address information gaps and to enable informed decision making.


The counseling should address treatment adherence, adverse drug reaction, prognosis and physical, financial, psychosocial and nutritional needs of the patient.

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Key messages

- STCI includes standards for TB diagnosis, treatment, prevention, patient support systems and community engagement
- STCI have to be adhered to by public and private health care providers to ensure universal access to quality TB care



So, that brings us to end of all the standards. To summarize the standards for a TB care in India includes standards for TB diagnosis, treatment, prevention, patient care support systems and the community engagement. STCI has to be adhered to by both public and private health care providers to ensure universal access to quality we care and by following this we can achieve our goal to end tuberculosis.

Thank you for your attention.