Manage TB
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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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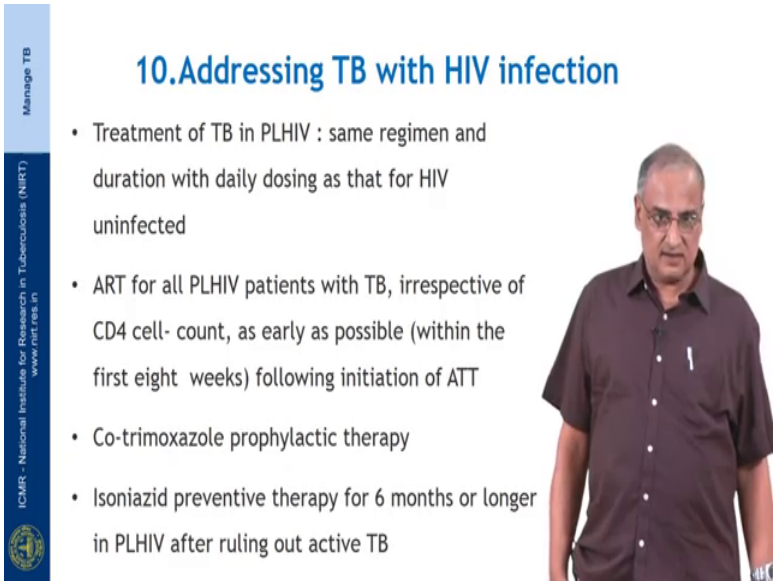

Standard 10 addresses TB patients having HIV infection. Here are the treatment of tuberculosis in people living with HIV is the same as in those who do not have an HIV infection, the regimen is the same and the duration of treatment is the same.

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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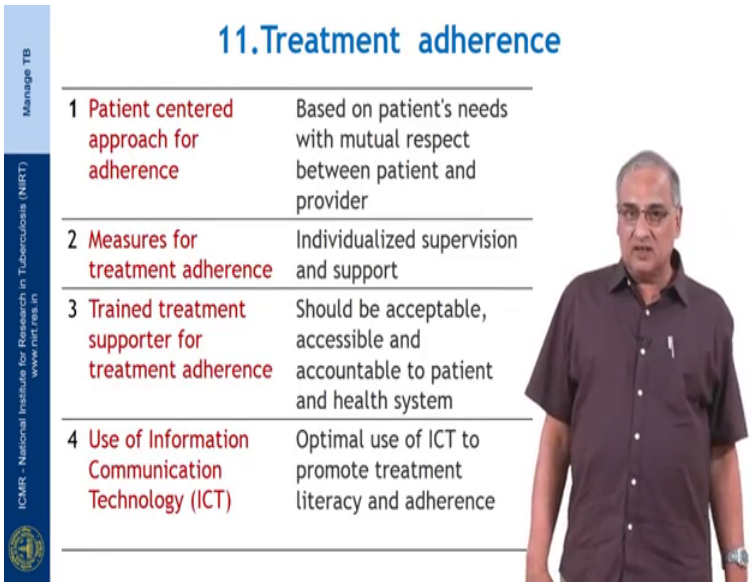

Standard 11 deals with the important topic of treatment adherence; here adherence has to be patient centered, that is it should be based on the patients need with mutual respect being maintained between both the patient and the provider. And all measures of treatment adherence whichever drug is given 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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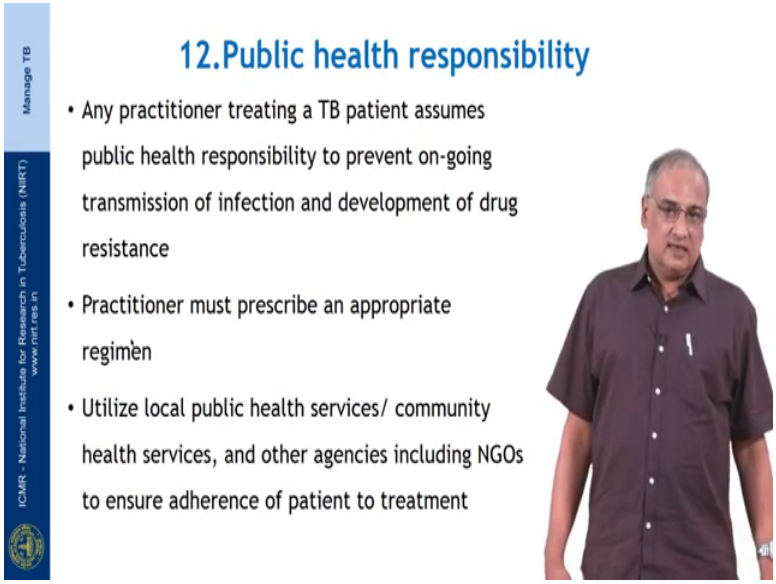

Standard 12 talks about public health responsibility; Now, any practitioner who is treating TB should realize that he assumes a public health responsibility to prevent both ongoing transmission of infection as well as the development of a drug resistance.

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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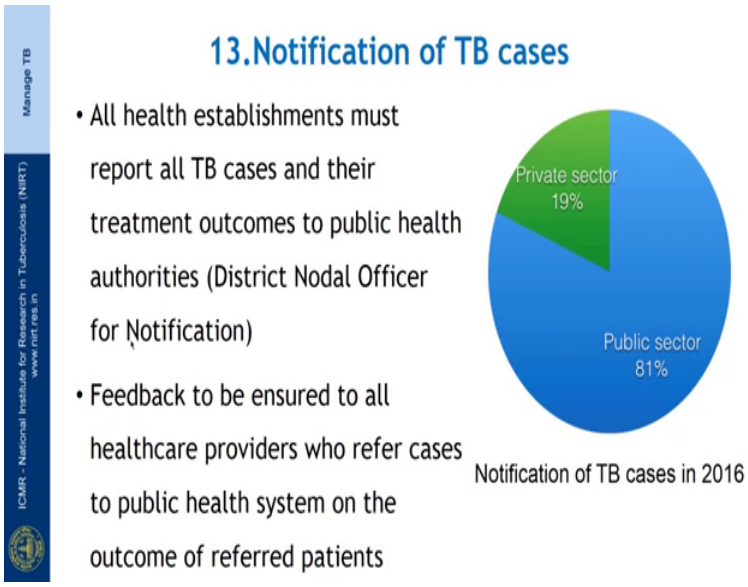

Standard 13 deals with the notification of a TB cases; all health establishments must report all TB cases and the treatment outcomes to public health authorities. Here we have a district nodal officer for notification was present to whom we can notify and if I show the contribution of the private sector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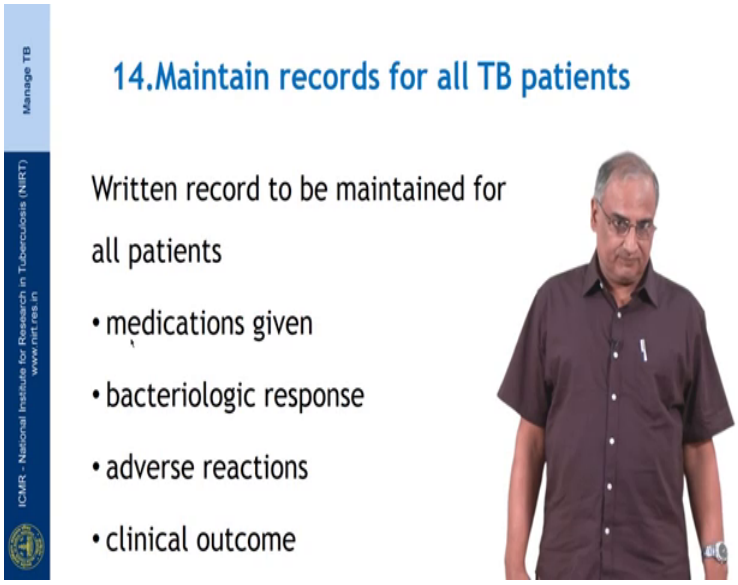

Standard 14 talks about maintaining records for all TB patients and a record has to be maintained a written record has to be maintained for all patients with respect to the medication given, to the bacteriological response with respect to adverse reactions and clinical outcome.

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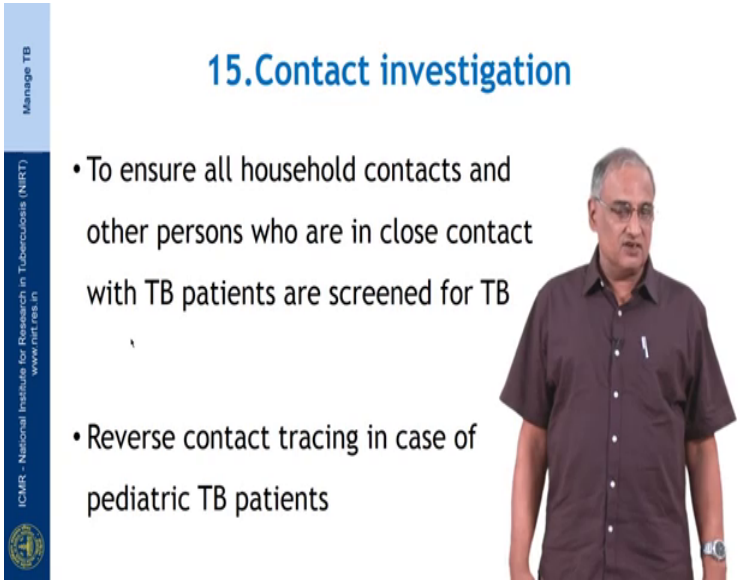

Standard 15 deals with contact investigation, we know that they form a high risk group. So, we have to ensure that all household contacts and other persons who are in close contact with TB patients are screened for tuberculosis and also that reverse contact tracing in is done in cases of pediatric TB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

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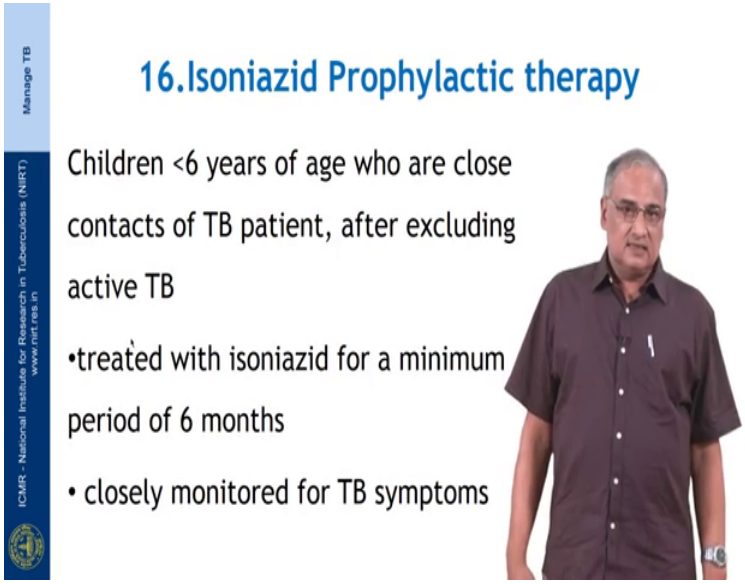

Standard 16 is on isoniazid prophylactic therapy; this is given to children less than 6 years of age who are close contacts of TB patients, after excluding active tuberculosis.

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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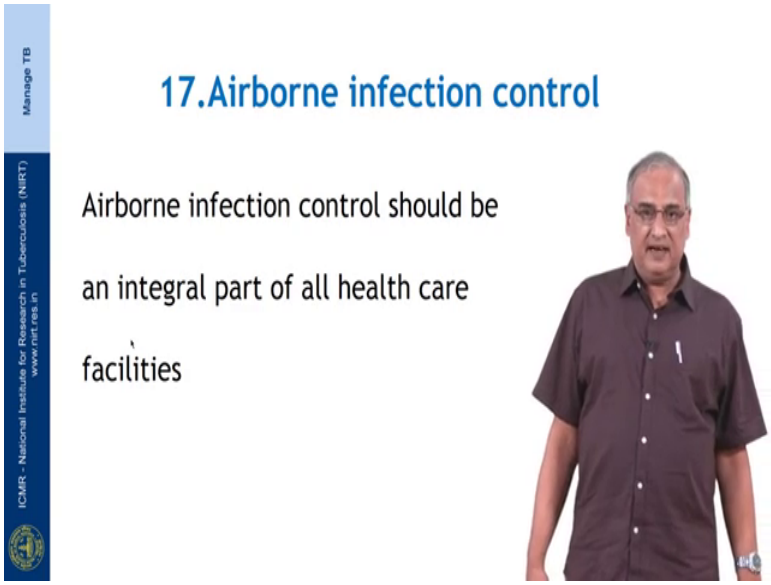

Standard 17 deals with airborne infection control this is an important component of an interruption of transmission and airborne infection control should be an integral part of all health care facilities.

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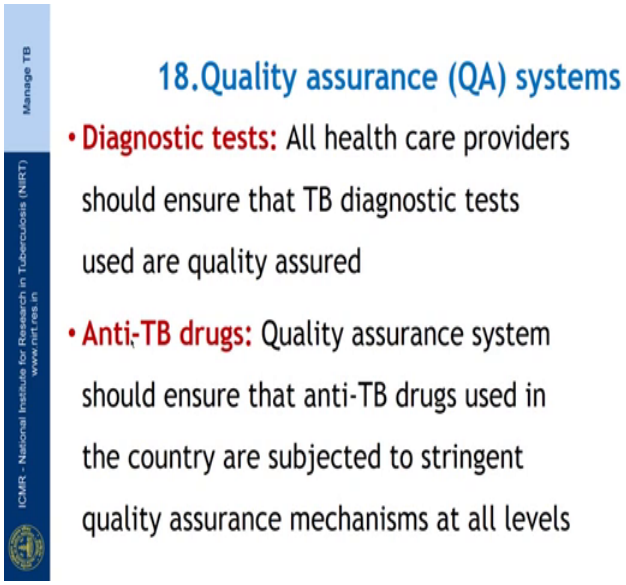

Standard 18 is on quality assurance systems this applies to both diagnostic tests as well as the quality of drug supplied. So, all health care providers should ensure the TB diagnostic tests which they are used for diagnoses are quality assured.

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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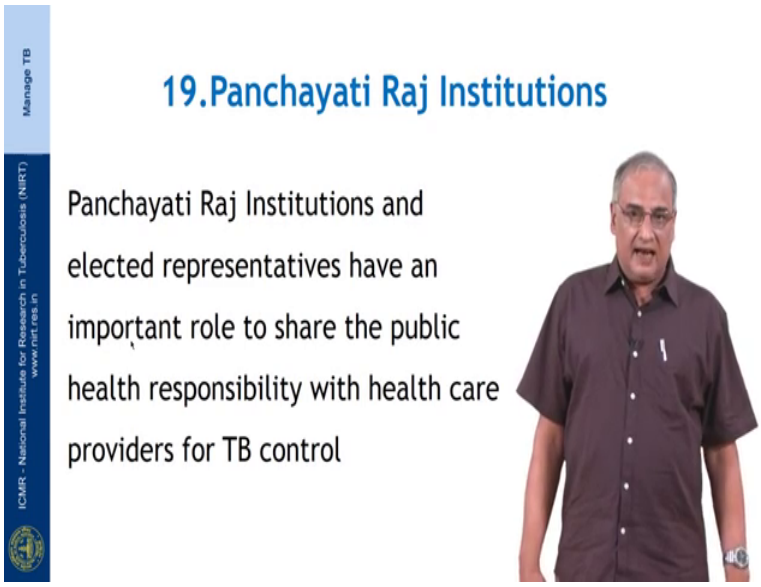

Standard 19th talks about pump Panchayati Raj Institutions and elected representatives as having an important role to share in the public health responsibility for a TB control.

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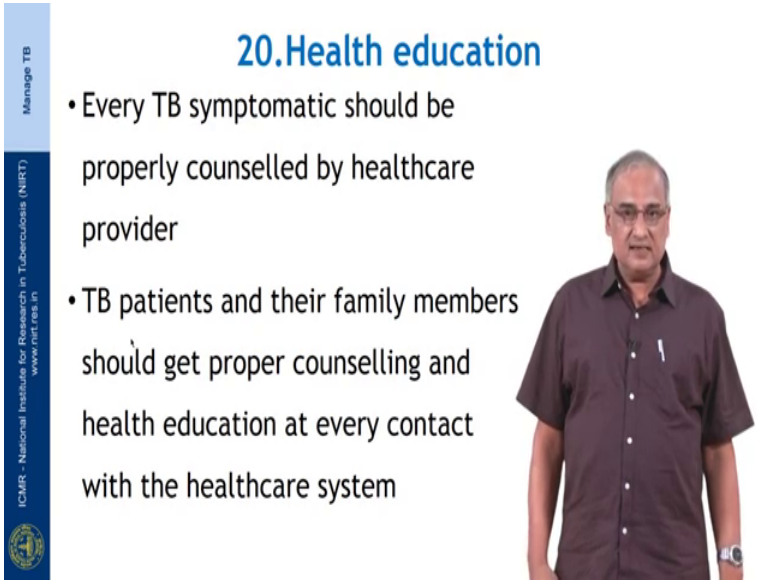

Standard 20 deals with health education where every TB symptomatic should be properly counseled by healthcare providers and TB patients and their family members should get proper counseling and health care education at every contact with the healthcare system.

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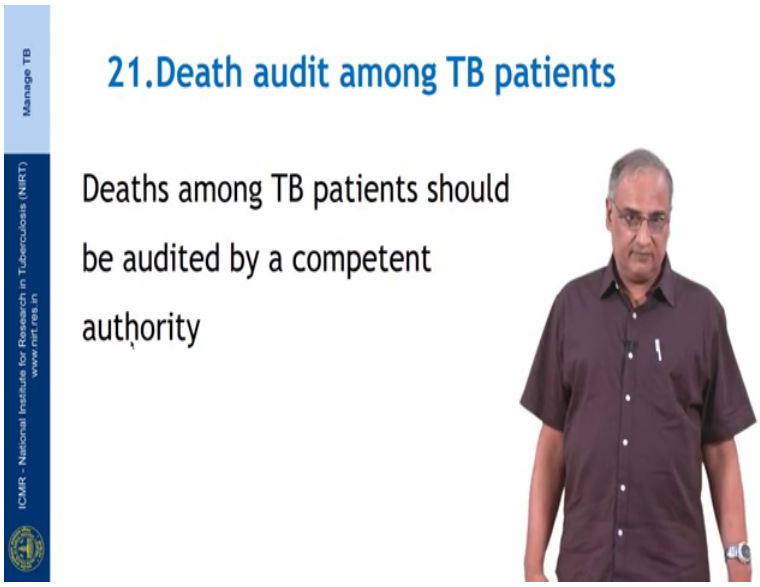

Standard 21 is about the death audit among TB patients and this death audit should be done by a competent authority.

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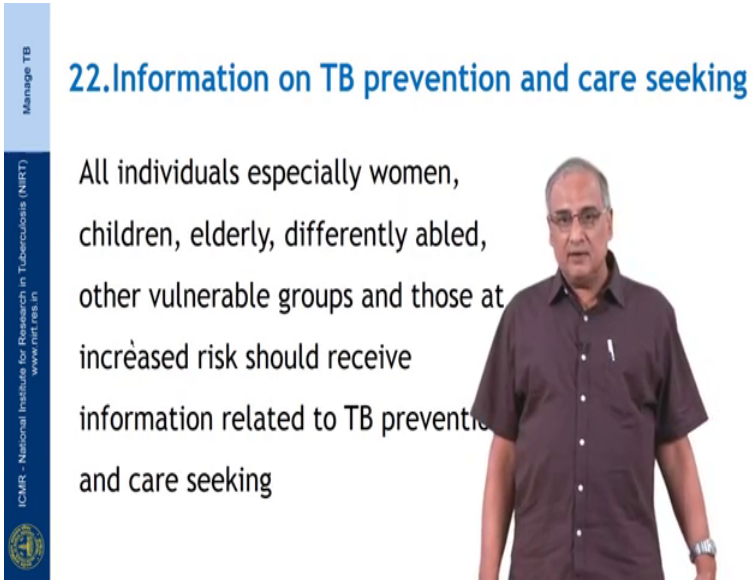

Standard 22 is on the information which has to be imparted regarding TB prevention and care seeking. So, all individuals especially women, the children, the differently abled and other vulnerable groups those who are at increased risk they should all receive information related to TB prevention and care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

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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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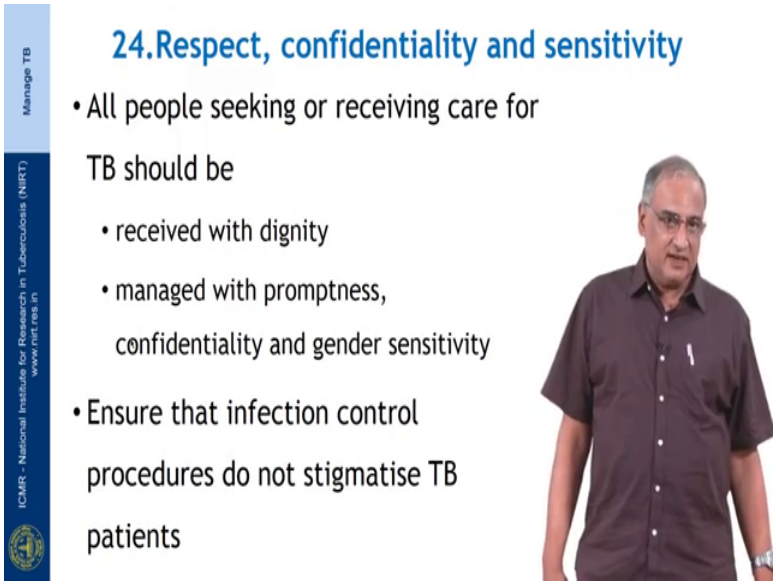

A standard 24 are talks about the respect confidentiality and the sensitivity of the patient and says that all patients seeking or receiving care for tuberculosis it should be received with the dignity, managed with the promptness, confidentiality and gender sensitivity and we have to also ensure that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

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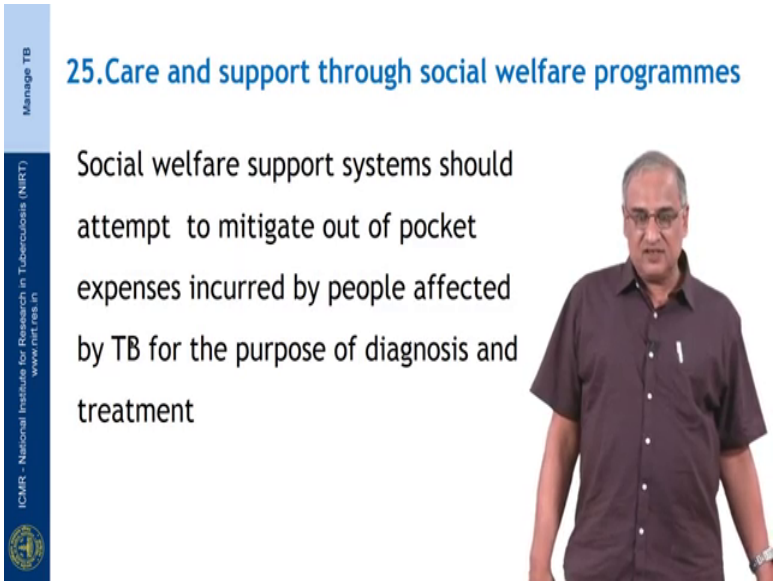

Standard 25 deals with the care and support through social welfare programs; What the social welfare support systems should attempt is that they should mitigate the out of pocket expenses which are incurred by the patient, when they are approaching both for diagnosis as well as treatment.

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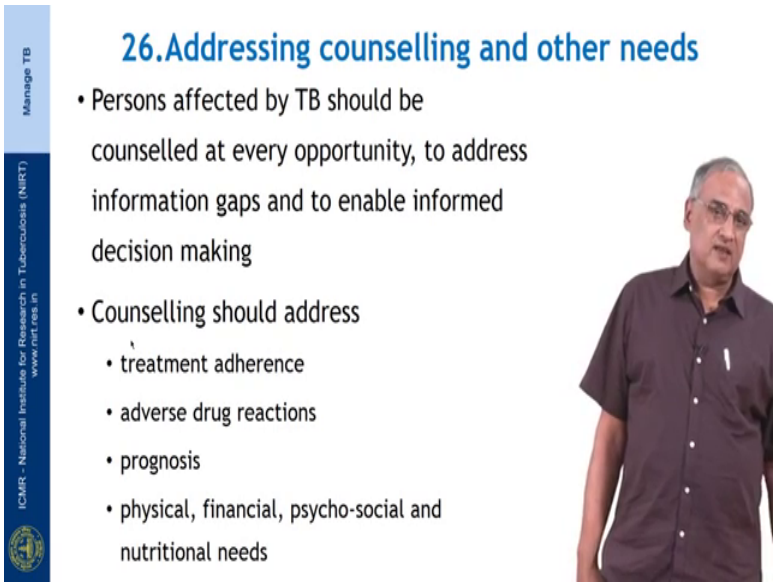

And the final standard addresses counseling and other needs of the patient. So, persons affected by TB should be counseled at every opportunity to address information gaps and to enable informed decision making.

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

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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.