Appendix –(1)

SUMARRY GUIDELINES OF THE NTP AND RNTCP (*)

The District Tuberculosis centre (DTC) is a specialized reference centre for the diagnosis and case management of tuberculosis (TB) for the district. It is also responsible for training and supervising staff.

In RNTCP, at the sub-district level (the Tuberculosis unit – TU) is responsible for supervision of laboratories and treatment and for management and for maintenance of the TB register and quarterly reports. A TU covers a population of approximately 5 lakh (2.5 lack for tribal and mountainous area). It consist of one senior Treatment Supervisor (STS) and Senior Tuberculosis Laboratory Supervisor (STLS) along with designated medical officer of the facility in which the TU is based (Medical Officer-Tuberculosis Control – MO-TC). The MO-TC continues to have clinical responsibilities in addition to tuberculosis work.

Microscopy centres cover a population of 1 lakh (50 thousand in tribal and mountainous areas) and have facilities for sputum smear examination.

RNTCP

Diagnosis

Case detection:

- Sputum examination (three samples – spot, early morning, spot) of patients attending health facilities who have cough for 3 weeks or more.
- Promotion of awareness in the community and health staff regarding respiratory symptoms.
- Evaluation of household contacts of smear-positive patients, in particular, children under 5 years of age.
- Evaluation of patients with abnormal X-ray.

(*) Reference Research for action- Understanding and Controlling TB in India, WHO 2000

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Diagnosis:

- Smear examination (three samples) of patients seeking consultation for respiratory symptoms.
- Clinical and radiological investigation of smear-negative patients who does not respond to a course of antibiotics (not including streptomycin or rifampicin).
- Clinical, X-ray and other methods for extra-pulmonary TB and TB in children.

Cases are classified as:

Pulmonary smear positive, with at least two sputum specimens positive for acid-fast bacilli (AFB) or one positive smear and X-ray abnormalities consistent with active TB or one positive smear and one positive culture.

Pulmonary smear-negative, with three sputum specimens negative for AFB and decision by a physician to treat with full course of anti-TB drugs on the basis of clinical findings and radiographic abnormalities consistent with active pulmonary TB, or a positive culture for M. tuberculosis.

Extra-pulmonary tuberculosis.

Treatment:

Category I: New pulmonary sputum positive, seriously ill sputum negative pulmonary and seriously ill extra-pulmonary cases.

$2(HRZE)_3/4(HR)_3$

Initial phase expanded by one month if smear is positive after 2 months

Category II: Re-treatment cases

$2/(HRZSE)_3/1(HRZE)_3/5(HER)_3$

Initial phase expanded by one month if smear is positive after 2 months.

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Category III: New non-seriously ill sputum smear-negative and extra-pulmonary cases-

$2(HRZ)_3/4(HR)_3$

If smear is positive at 2months categorized as a failure case and treated afresh

The abbreviations are as follows: H= Isoniazid (INH), R=Rifampicin, Z=Pyrazinamide, E= ethambutol, S=Streptomycin. All drugs are administered thrice weekly. The prefix indicates the duration of drugs administration in months. The subscript indicates number of doses per week. During the intensive phase of treatment, every dose of medicine is to be taken under direct observation. During continuation phase, at least one dose is taken under direct observation. Patients who cannot take directly observed treatment are to be given a standard 12-months self-administered drugs regimen, which does not contain rifampicin. Guidelines states that this should not be more than 10% of newly diagnosed smear-positive cases.

Treatment evaluation

Treatment evaluation done on quarterly cohorts of patients, using two sputum samples per patient each at 2/3 months, 4/5 months and at the end of treatment. Treatment results are classified as follows:

- **Cured** are sputum smear-positive patients who complete treatment and are smear-negative on at least two occasions, one at the end of treatment.
- **Completed treatment** are sputum smear-positive cases who complete treatment but does not have evidence of cure, and pulmonary smear-negative or extra-pulmonary patients who have completed a full course of treatment.

- **Defaulted** are those patients who interrupted their treatment for more than 2 months.
- **Failure** is pulmonary TB patients who remain smear-positive at the end of 5 months or later during chemotherapy or who are smear-negative at the start of the chemotherapy and become smear-positive.
- **Died** are patients who die due to any cause while on chemotherapy.
- **Transferred** are those patients who are transferred to another TB unit/district.

Recording and Reporting:

Main records and forms are-

- Tuberculosis Identity cards
- Tuberculosis treatment cards
- Tuberculosis register
- Laboratory register
- Quarterly Report on New and Re-treatment cases
- Quarterly Report on sputum conversion
- Quarterly Report on programme management

NTP:

Diagnosis

As per RNTCP

Treatment

Non-RNTCP, SSC districts

Regimen A (R_A): New sputum smear-positive TB, seriously ill sputum smear-negative and seriously ill extra-pulmonary cases able, willing and likely to complete treatment.

$2(HRZE)_7/6(HE)_7$ or $2(HRZE)_7/6(HT)_7$

Regimen B (R_B): Smear-positive re-treatment cases. Every dose is to be given under direct observation.

$2(HRZS)_7/4(HRS)_2$

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Regimen 1 (R_1): New cases of sputum smear-positive TB, seriously ill smear-negative and extra-pulmonary TB.

$2(HSE)_7/10(HE)_7$ or $2(SHT)_7/10(HT)_7$

Regimen 2 (R_2) Patients with smear-negative or extra-pulmonary TB who are not seriously ill.

$12(HT)_7$ or $12(HE)_7$

Non-RNTCP, Conventional therapy districts

Regimen 1 (R_1): New cases of sputum smear-positive TB, seriously ill smear-negative and extra-pulmonary TB.

$2(HSE)_7/10(HE)_7$ or $2(SHT)_7/10(HT)_7$

Regimen 2 (R_2) Patients with smear-negative or extra-pulmonary TB who are not seriously ill.

$12(HT)_7$ or $12(HE)_7$