



# नौक्षय पत्रिका

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TB Division

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## Editorial



Dear Readers,

One of the most important objectives of “Nikshay Patrika” is to have a platform to showcase efforts of health workers and also the nameless TB Champions in the community who are working shoulder to shoulder with us with complete commitment and passion to eradicate this menace of TB. Community engagement is a force to reckon with which if tapped can increase the local response to TB prevention and control manifolds.

I would take this opportunity to express my gratitude to all those community volunteers whose endless dedication and efforts have made a big impact in our fight against tuberculosis.

## HIGHLIGHTS OF THIS ISSUE:

- A. Editorial
- B. Patient's Corner
- C. Logistics Management Through Portal
- D. Strengthening Diagnosis Through CBNAAT
- E. New TB Drug: Delamanid
- F. TB Awareness and Screening Camp, Telangana.
- G. Elected Representatives in Yadadri, District to end tb by 2025
- H. Social Media Campaign
- I. TB Eliminator

## B. PATIENT CORNER

### I. “TB-MUKT VAHINI”: TB SURVIVORS' NETWORK of BIHAR

TB Champions of the growing TB Mukht Vahini network in Bihar undertook many activities in different districts of state in April and May. They engaged with key stakeholders such as the local government, elected representatives, health facilities, education department and rural development to generate awareness on TB diagnosis, treatment and the government facilities available for TB patients. The districts covered included Patna, Nalanda, Vaishali, Samastipur, Gopalganj, Muzaffarpur, Lakhisarai, Jamui and West Champaran.

In this two month period, a drive started to counsel the TB Champions and connected to all symptomatic TB patients with nearest health centers for their better treatment, care, incentives and support available free of cost. They enabled nutritional support to economically weak TB patients and supported Active Case Finding drives in several villages. The Mukht Vahini network is also using social media platform Facebook to disseminate TB-related information such as symptoms, free diagnosis and treatment, nutritional support via Direct Benefit Transfer (DBT) to TB patients.



## II. A STEP TOWARDS TB – FREE VILLAGE

“I was not aware of the consequence of stopping medicines halfway through and did that mistake. Now, I try to ensure drug adherence for every TB patient. I know TB is curable and this message should spread in the society so, that nobody repeat discontinuation of the TB-medicine, what I did before. I have also started forming a network of TB Champion in my block and I am confident that I will make the panchayat TB-free in the coming year.”



Mr. Bhootnath Lohara, popularly known as Bhootan in his village Matturiyamba in Bharno block of Gumla district, Jharkhand, is a farmer. He was diagnosed with MDR-TB and completed treatment. He had participated in the capacity-building workshop for TB survivors organised by REACH in Jharkhand in January 2018. Mr. Lohra is now a TB Champion and advocate, and engages in counselling and referring TB patients to the nearest Designated Microscopy Center (DMC). He encourages patients to take medicines on time and follows up with them. Patients from nearby villages also come to him to know more about fighting TB. Mr. Lohara has oriented several women of his village on TB during their Self Help Group (SHG) meetings. Now, he is aiming to extend his support to make the village and panchayat TB-free.

### III. A STORY OF GRIT AND DETERMINATION

It is not how much wealth or resources one has, but the willingness to help others that can move mountains.

Hemlata Behan was born and brought up in a remote village of Rudraprayag. She is a shining example of courage and determination. As a child she herself bore the brunt of poverty and poor education system. But instead of cursing her fate she chose to help others like her. For the past 16 years, Hemlata is working for the girls who are poor and suffering from Tuberculosis (TB).

She works primarily to ensure that patients, especially young girls comply with their medicine schedule (non-compliance is a major cause of patients developing drug-resistant TB which is difficult to cure). Due to her intervention, hundreds of patients across the state have been able to successfully counter the disease and reclaim their lives.

Tannu Kumari, 12, was a TB patient. Residing in a remote area of Rishikesh, she had lost hope of treatment due to poor financial condition of her family. Youngest among four sisters, her father was jobless and drunkard. She thanks the day when Hemlata visited her home. After an eight-month treatment course, Tannu is now fit and taking training for professional dancing.

Hemlata, now 52, recalls: "It was in 2002 when I realised that I should do something to check TB among girl child. Completing the entire medicine course is very important for a TB patient and even a lapse of one day may make the patient start the entire process again. So I started taking possible TB patients to health centres, got them diagnosed and thereafter ensured that they received the medicines on time." However, it did not take long for her to realise that in addition to medicine, nutritious food was also mandatory for the girls, who came from financially weak background. "So, with the help of my team we started collecting funds to give one good diet to each patient per day," she said.

In 2013, Hemlata prepared a diet plan for the patients. As per the diet chart, the girls are given juice on Monday, soup on Tuesday, fruit chat on Wednesday, paneer on Thursday, milk cornflake on Friday, chana/soya bean on Saturday and milk along with egg on Sunday. In addition, a kg of soya bean is also given to the girls. While, she started with the first batch of six patients in 2013, she has helped over a dozen groups of patients in the last five years. Over 100 girl child have benefitted from the help provided by the facilities .

Recently, she was felicitated by Chief Minister Shri. Trivendra Singh Rawat during the Devbhoomi Dialogue function. Lauding her efforts, The Chief Minister said: "She has done a commendable job and dedicated so many years of her life for this cause. Hemlata is an inspiration for all of us. We are determined to eradicate TB from the state in the next few years and accept more support from Hemlata and her team."

## C. NATIONAL REFERENCE LABORATORY COORDINATION COMMITTEE MEETING

National Reference Laboratory Coordination Committee (NRLCC) meeting was held on 21st and 22nd May 2018 at NIRT Chennai under the Chairmanship of DDG TB Dr Sunil D Khaparde. All the NRL directors and NRL microbiologists attended this meeting along with Central TB Division (CTD) consultants, WHO NPOs and FIND representatives. Dr. Sunil Khaparde, DDG (TB) stressed on the importance of NRLs and the role that they play in maintaining quality of TB diagnosis. He also stated that monitoring and supervision will have impact only if appropriate and implementable feedback is provided.



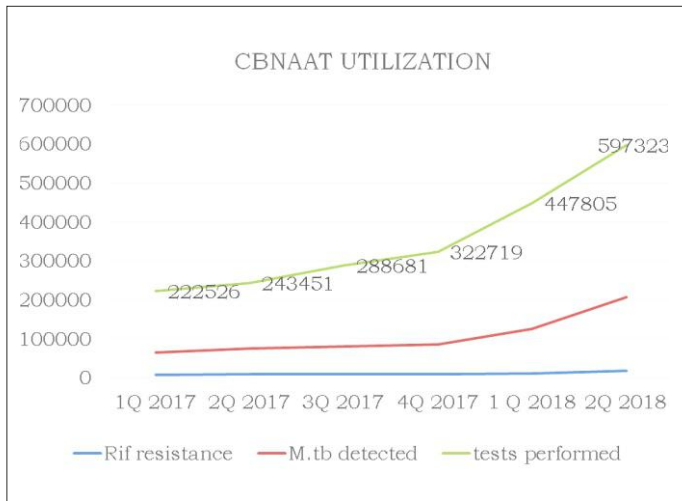
During the discussions, Additional DDG(TB) Dr. V.S Salhotra emphasized the need to strengthen UDST implementation across all States/UTs. He also stated that a capacity building workshop would be organized for Whole Genome Sequencing and pyrosequencing. He also informed that 250 additional CBNAAT machines would be made available in 2018 and 250 more in 2019. Dr Nishant Kumar, DADG (TB) made a presented on case finding strategies. He indicated that the diagnostic algorithm needs to percolate to peripheral levels to achieve the goal of ending TB. All the technical and administrative issues of each NRL were discussed in detail during this meeting. Actions taken by CTD as well as all the NRLs as per the previous NRL CC Meeting were presented. On Site Evaluation visits of NRL to IRLs, lab performance indicators, CBNAAT utilization Status, External Quality Assurance (EQA) activities, training activities, research activities by NRLs were presented and further course decided.

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## D. STRENGTHENING DIAGNOSIS THROUGH CBNAAT

Diagnostic capacity of RNTCP Laboratory Network has been strengthened through supply of additional 507 CBNAAT machines at RNTCP sites to ensure the nationwide coverage, a noteworthy effort made by the Ministry. Currently, a total of 1132 CBNAAT machines have been installed and are made functional to provide service delivery under RNTCP. This endeavour will contribute to increase in case detection and support the implementation of UDST to screen all diagnosed TB cases at least for rifampicin resistance, both from public & private sector. This will enable early and appropriate treatment initiation of TB patients. Further, Lab capacity has been augmented through Certification of 50 TB C&DST Laboratories for performing Line Probe Assay for second line anti-TB drugs (SL LPA), a WHO endorsed molecular rapid diagnostic test. As per revised PMDT diagnostic algorithm,

SL LPA will support the implementation of shorter MDR TB regimen. This will enable detection of resistance to drug class Fluoroquinolones and class Second Line Injectable among MDR TB patients within two days of diagnosis in comparison to growth based tests in Liquid culture system Mycobacteria growth indicator tube (MGIT) culture, which takes nearly 42 days to provide the results.



Shorter MDR-TB Regimen

## E. INTRODUCTION OF NEW TB DRUG: DELANAMID

The program has rolled out the Programmatic Management of Drug-Resistant TB (PMDT) guidelines across the country from the beginning of the year. The hallmark of these guidelines is the rollout and implementation of newer drugs and shorter Multi Drug Resistant-TB (MDR-TB) regimen. The program has been continuously reviewing the program implementation. The western region including states of Maharashtra, Rajasthan, Gujarat, Madhya Pradesh & Goa, were reviewed this quarter on the basis of PMDT guideline implementation and uptake of Direct Benefit Transfer through PFMS for disbursement of various incentives and Nikshay Poshan Yojana (NPY).



**All the states have initiated patients on shorter MDR-TB regimen. The States have initiated patients on Bedaquiline containing regimen based on the eligibility criteria as per the PMDT 2017 guidelines.**



**The current status of newer initiatives for MDR TB management is as follows -**

- MOU for Delamanid has been signed and the 400 courses of Delamanid will be imported to India soon. The Delamanid containing regimen will be rolled out in 7 states of Karnataka, Kerala, Lakshdweep, Punjab, Chandigarh, Odisha, Rajasthan.
- RNTCP has already scaled up the BDQ containing regimen to cover all States/UTs since world TB day, 2018. More than 1400 patients have been enrolled till June'18 in 24 States in India. Additionally, 6 more States/UTs have completed preparedness activities and patients are being screened to enroll on BDQ containing regimen.
- Shorter MDR-TB regimen is rolled out in entire country and more than 1500 Patients initiated on treatment till end of June'18.
- Drug Safety Monitoring Committee reviewed the drug safety data collected from the 6 BDQ-CAP sites where the drug was rolled out initially. The committee will share the recommendations soon with the program.

### DR-TB Center

Implementation of OPD based DR-TB center:

Aim is to establish decentralised DR-TB treatment initiation and management services close to the patient and to decongest Nodal DR-TB center.

- Identify the potential institute/ health facility as per programme guidelines.
- Constitutes the DR-TB Committee and train them about Guideline for PMDT in India- 2017.
- Assign responsibility to the personnel for ease of implementation.
- Ensure Airborne Infection Control measures of Outpatient Area as per the guidelines.
- Assess the availability of range of investigation required for pre-treatment evaluation or link the services to avoid patient travel
- Supply the required Anti TB and ancillary drugs along with register and recording forms for documentation.
- Initiate standard DR-TB regimens (Shorter MDR-TB, H mono/poly and Conventional MDR-TB regimen) on OPD basis after evaluating patient.
- Refer those patients who need hospitalization to nodal DR-TB center till the indoor facility is established.

## F. TB AWARENESS AND SCREENING CAMP AMONG THE WORKERS WORKING IN GARBAGE DUMP YARDS BY STATE TB CELL, TELANGANA.

On a normal day, Hyderabad produces 5000 tons of garbage. It includes kitchen wastes to hospital and toxic wastes. All the garbage wastes make way to around 24 dump yards in and around Hyderabad. Large landfills are used to store and segregate such garbage.

Normally it is the job of daily wage earners to segregate the garbage. High risk items like syringes, cotton swabs and other infectious material, sanitary napkins, used batteries, electronic wastes, sharp metal or glass objects are commonly found in the garbage dump. These workers work without any protection like gloves, masks or shoes. No proper drinking water facilities or health facilities available to these workers. Hyderabad has 24 such garbage dumping yards spread around GHMC limits of Hyderabad.

The State TB Cell, Telangana in collaboration of the District TB Office, Ranga Reddy and Ms. Jayasree Kiran from an NGO conducted TB awareness and screening camp for presumptive TB cases among the workers working in the garbage dump



Dr A Rajesham Joint Director (TB), addressing on TB



Screening and Counseling activities for TB



Pathetic Work Conditions at the Garbage Dump Yards

yard on 22nd June 2018. Around 175 plus workers attended the screening camp and samples were collected from 18 symptomatic from the Deepthishreenagar, Miyapur dump yard. One was found positive.

The state has eventually proposed to conduct such screening and awareness activities in all the 24 dumping yards within the GHMC limits of Hyderabad. Dr A Rajesham Joint Director (TB), addressing on TB Screening and Counseling activities at the Garbage Dump Yards.

## G. ELECTED REPRESENTATIVES IN YADADRI DISTRICT TO END TB BY 2025



Dr. Boora Narsaih Goud, MP, Bhongir speaking at the occasion and STO (Telangana)



A cured TB patient sharing his experience



Elected Representatives from Telangana

The State TB Cell, Telangana State, District TB Cell, Yadadri in collaboration with the Indian Association of Parliamentarians on Population and Development (IAPPD), New Delhi and India TB Caucus organized a half day sensitization program on TB for the elected public representatives from the Yadadri district on 17th July 2018 at Bhongir Town.

The event was led by Dr. Boora Narsaih Goud, MP, Bhongir. Smt. Anitha Ramachandran, IAS, District Collector, Yadadri attended the inaugural. The participants included elected MLAs, MLCs, Sarpanches & MPTC members etc. Sri Manmohan Sharma, Executive Secretary, represented IAPPD.

Dr. Boora Narsaih Goud, MP, Bhongir said that he will extend all the support to the district administration to take all the measures to make Yadadri a TB free district by 2025.

Speaking during the inaugural, Smt. Anitha Ramachandran, IAS, District Collector, Yadadri said awareness about TB symptoms and the knowledge about availability of free diagnosis and quality drugs in the TB control program is critical in the fight against TB. She requested the elected representatives to take message that TB is curable into the community. Sri G Kishore, MLA, Thungathurti Constituency said the Government is giving utmost priority in developing health services in the Telangana state. He also informed various health schemes the Government of Telangana is implementing.

Dr A Rajesham, Joint Director, TB, Dr. Sambhashiva Rao, DMHO, Yadadri, Dr Papa Rao, PO (TB), Yadadri, Dr. Arundhathi, PO(TB), Nalgonda, Dr. Jaya Krishna, WHO Consultant and staff from the state and districts attended the event. PPTs and AVs were used to sensitize the elected representatives. Sarpanches 35, 13 MPTCs and one ZPTC member attended the event.



# H. SOCIAL MEDIA CAMPAIGN



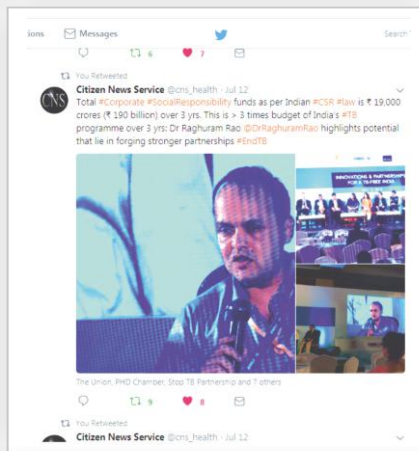
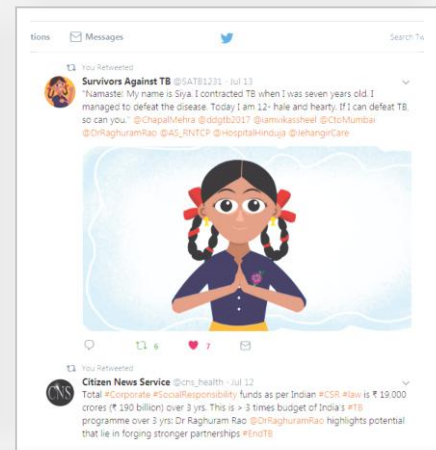
Central TB Division has made massive effort in generating awareness regarding TB through social media. More than 400 tweets have been posted through DDG-TB twitter handle in last 10 months (from September 2017 to June 2018).



**State TB Office, Tamil Nadu**

100 days more than 10,000 tests in 25 districts. 827 cases detected from remote hamlets. Thanks to all support for Mobile CBNAAT vans.

S.No	Name of the District	Date	Sample Tested	Mtb Detected	No. of new Treatment/DRUG resistant
1	Kanyakumari	01/04/18 to 07/04/18	308	53	15
2	Tirunelveli	01/04/18 to 07/04/18	292	35	38
3	Vellore	08/04/18 to 14/04/18	241	17	17
4	Tiruvannamalai	08/04/18 to 14/04/18	290	15	15
5	Mylapore	15/04/18 to 21/04/18	387	19	15
6	Madhavaram	15/04/18 to 21/04/18	207	38	14
7	Coimbatore	22/04/18 to 28/04/18	200	13	13
8	Nagapattinam	29/04/18 to 05/05/18	154	10	15
9	Tiruvallur	06/05/18 to 12/05/18	527	38	18
10	Thiruvallur	13/05/18 to 19/05/18	583	43	14
11	Madurai	20/05/18 to 26/05/18	301	5	3
12	Kanyakumari	27/05/18 to 02/06/18	708	10	10
13	Tirupur	27/05/18 to 02/06/18	510	10	18
14	Ramanathapuram	03/06/18 to 09/06/18	287	13	13
15	Karur	03/06/18 to 09/06/18	148	18	18
16	Madurai	10/06/18 to 16/06/18	407	10	10
17	Neyyattur	15/06/18 to 21/06/18	451	10	10
18	Dindigul	17/06/18 to 23/06/18	516	63	10
19	Tirupur	17/06/18 to 23/06/18	418	41	14
20	Tiruchirappalli	24/06/18 to 30/06/18	816	40	40
21	Chennai	24/06/18 to 30/06/18	111	30	15
22	Pudukottai	01/07/18 to 07/07/18	516	18	18
23	Tirunelveli	01/07/18 to 07/07/18	854	109	16



## I. TB ELIMINATOR

### Happy to Help - TB Clubs in Nirmal District, Telangana

Sri Muthanna, Sarpanch, Dengyapur, a few kilometers away from Nirmal, is a busy man every second on Thursday of each month. He starts his day by calling the local ANMs and ASHAs to ensure that the community based TB club meeting goes smoothly. He ensures that all the club members get message to attend the meeting. By around ten in the morning, the ANMs, ASHAs, local identified teacher, women members along with the Sarpanch troop into the Gram Panchayat office to discuss TB control activities locally. Within a short span of time these community based TB clubs have become a movement in the district.

Nirmal district is innovatively engaging the community in TB control program in the form of TB Clubs. 407 community based TB clubs are formed in the district with the local Sarpanch as the Nodal person. The local ANMs, ASHAs, Village Revenue Officer, religious leaders, cured TB patients, TB patients on treatment, DOTS Providers and local responsible citizens are members of these clubs.

All the members meet on the second Thursday of each month and more often if required. Discussions dwell on the present status of TB control activities, identification of presumptive TB cases, awareness activities and on involving community. A written document in the local language is prepared and read out in each of the meetings to ensure that the core messages are not left out. 'I am happy to support TB control efforts within my Gram Panchayat area. I want to ensure all my people are safe. Awareness about TB is critical' says Sri Muthanna, Sarpanch.

Stressing on need for a healthy community, another local leader says 'We ensure that all the presumptive TB cases are sent to Room No.42 in the Area Hospital, Nirmal. 'Room No. 42' has become a noted phrase to all. It is where the nearest DMC at the Area Hospital, Nirmal is located. A teacher attending the meeting said they have identified a child with TB during the one of the awareness activities in the school. An active member of the TB Club a Sarpanch of Basar,

Nirmal requested the PO (TB) to shift DMC from Mudhol to Basar for convenience of the local people. The Program Officer (TB) has taken a due note of the request and initiated the process.

Taking lead in this innovative activity, Dr.Kartik, Program Officer (TB) said on each Thursday at least three to four thousand people may be discussing on TB during that identified hour. He also added this had an impact on the case detection in the



district. He said sometimes if the gathering is higher the group moves to a local school or a function hall. Attendance of participants of each meeting is taken to ensure proper documentation.

The local ASHAs coordinate with the RNTCP field staff. District WATSAPP group is coming handy to share photographs and other details. Innovatively the PO (TB), Nirmal is planning to start a WATSAPP group of the Sarpanches to share information on TB.

## टीबी मिटाकर रहेंगे

इस देश के जन-जन के मानस पर, छवि नई उगाते हैं।  
आओ चलें रचें स्वस्थ भारत, मिलकर संकल्प उठाते हैं।

औरों के लिए अपर्ण करके, मानव का धर्म निभाएंगें।  
अवरोधों के नभ चीर, नवजीवन में अंकुर नया उगाएंगें।

टीबी रोग बड़ा नहीं है, लोगों को समझाएंगें।  
टीबीमुक्त वाहिनी बिहार, बस्ती में अलख जगाएंगें।

सोचों:-

इसने ना जाने कितने खुशियों को लूटा है।  
जिसके काल निज मात-पिता, परिजन-पुरजन सब छुटा है।  
बिखरे मोती को एक करें, फिर माला नई बनाते हैं।  
आओ चलें रचें स्वस्थ भारत, मिलकर संकल्प उठाते हैं।

प्रधानमंत्री ने हम सबके मन में, एक उर्जा नई जगाए हैं।  
रचने को एक देश नया, अभियान जो ये चलाए हैं।  
आज उनके मन को एक, दृढ़ विश्वास दिलाते हैं।  
निश्चय ही रचेंगे टीबीमुक्त भारत, मिलकर संकल्प उठाते हैं।

मिटाकर रहेंगे बिहार से टीबी, हम चैम्पीयन विश्वास दिलाते हैं।  
टीबीमुक्त वाहिनी बिहार, यह संकल्प उठाते हैं।

सत्येन्द्र नाथ झा  
एम.डी.आर. चैम्पीयन  
टीबीमुक्त वाहिनी बिहार (समस्तीपुर)

# PHOTO GALLERY (MEETINGS)



**National TB Forum Meet**



**Workshop on DBT with Journalist**



**Global Fund Meet**



**MoU with Indian Medical Association**



**Drug Safety Monitoring Committee Meet**



**Review Meeting on PMDT/TB-HIV/PM**



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