

TB→Health

TB Harega,
Desh Jeetega

It's time to salute all doctors
and medical workers who are
toiling to eliminate TB from India.

#ItsTimeToEndTB



World TB Day 2020

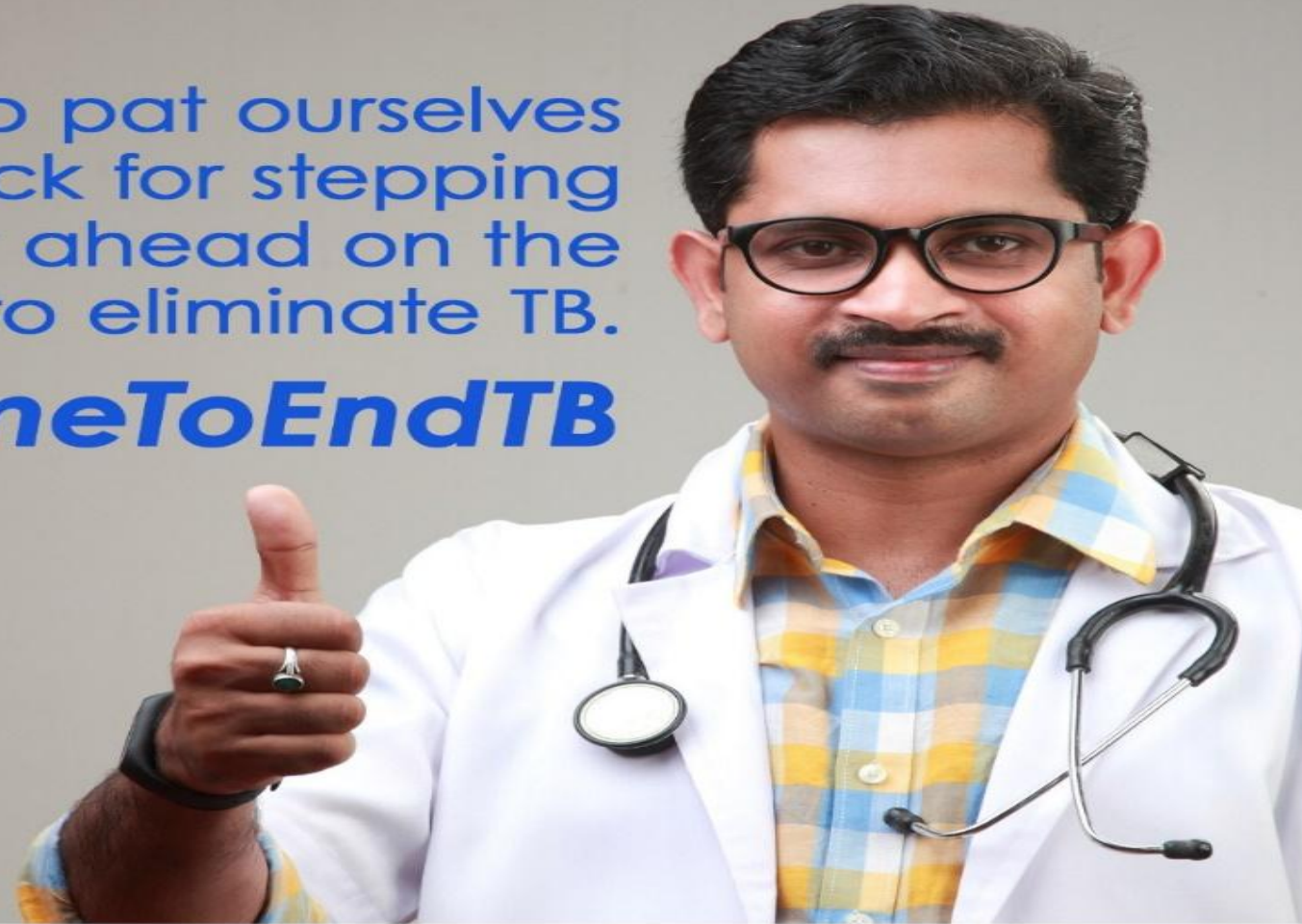


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It's Time to pat ourselves
on the back for stepping
boldly ahead on the
journey to eliminate TB.

#ItsTimeToEndTB



World TB Day 2020





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Desh Jeelega**

It's Time to recommit
ourselves to the mission
by eliminating TB by 2025.

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It's Time for all doctors
to adopt standards
for TB care...in

Screening
Testing
Diagnosis
Treatment
Notification
Follow-up

#ItsTimeToEndTB



World TB Day 2020





Watch for symptoms and signs of TB and refer a person with presumed TB for a **confirmatory test!**



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Screen for TB, when your patients have...



Diabetes



HIV



Poor Nutritional Status



Immunosuppressant
Drugs



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**TB patients and their families deserve
to be treated with**

Dignity

Respect

Confidentiality

Gender-sensitivity



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Public **health** responsibility of **doctors.**

Any **practitioner** treating TB patients **must:**

- Counsel patients and their families
- Take action to prevent spread
- Prescribe a standard treatment regimen
- Monitor progress and encourage adherence
- Use community level services to support adherence



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Notification of TB cases.

- **Doctors** must report all TB cases to the National TB Elimination Program (NTEP) through **Nikshay**.
- **Doctors** are entitled to receive **feedback** on cases they refer to the **public health system**.



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Help empower **TB patients**

Persons with TB and their family should be:

- Counsellled
- Informed
- Able to make informed decisions
- Free of fear... and stigma



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Testing for extra-pulmonary TB:

Where possible, a **specimen** from the presumed **EP-TB** site should be sent for **microbiological** confirmation



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TB patients do better when their doctors treat them with respect, dignity and compassion.

My doctor gave me the strength to fight. Along with medicines, his comforting and reassuring words gave me the strength to overcome the difficult phase

- Meera, 30



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TB patients respond better to treatment when there is strong support from their loved ones.

“
During my treatment, my sister stood by me and even used to go to the pharmacy to buy my medicines. This gesture of love and support meant the world to me
”

- Vaibhav, 27 years



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Diagnosis of HIV in TB patients

Offer HIV counselling and testing to all patients who have been diagnosed with TB.



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Diagnosis of Extensively Drug Resistant (XDR) TB

Test sputum for Ofloxacin (O) and Kanamycin (K) resistance, when MDR-TB is detected.



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Inform TB patients and their families that they needn't fear transmission when there is response to treatment.



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A person may be diagnosed as **Probable TB** when **strong clinical evidence** suggests TB, but microbiological confirmation is unavailable.



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TB patients do so much better with their loved ones by their side.



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People with TB respond much better to treatment, when served with **love and togetherness** on the side.



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Doctors should advise the **inner circle** of persons with TB to **stand by them**. The fight against the disease becomes easier when such **heroes stand by the patient's side**.



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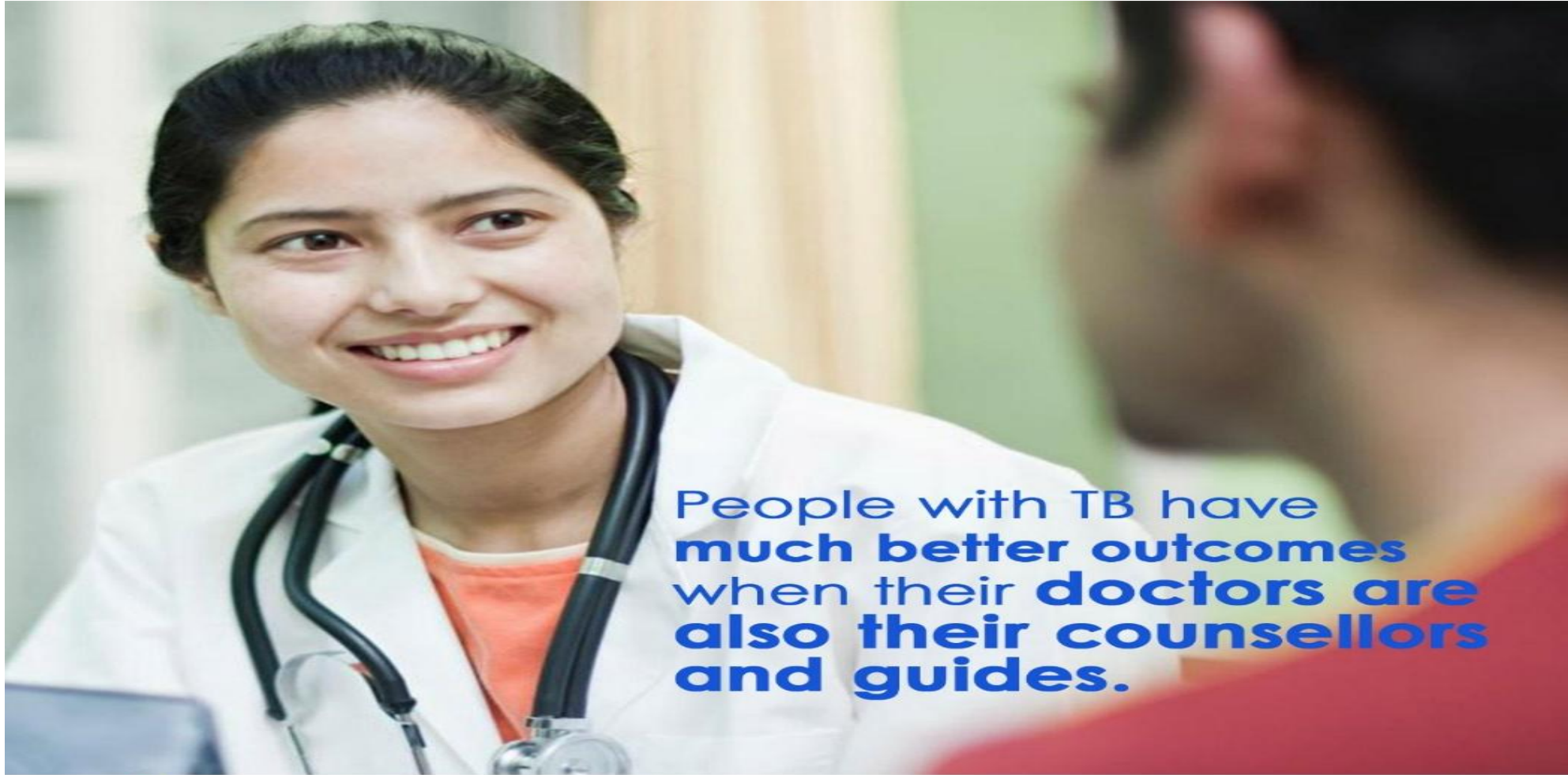


IMA salutes the
medical fraternity
on World Health
Day for **working to
bring millions
with TB to health.**



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People with TB have
much better outcomes
when their **doctors are**
also their counsellors
and guides.



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Counsel and educate families of persons with TB about their **need for better nutrition** and about **ending stigma** by avoiding segregation.



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Recommendations for a person on TB treatment if they experience symptoms, or are confirmed to have COVID-19:

- Continue TB treatment.
- Both COVID-19 and TB care providers should be aware of the dual status.
- Ensure that there are no interactions with new medicines.



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20-04-22-TBV01- Stigma and TB

Post copy:

Stigma with discrimination or 'othering' impacts persons with TB, their family, & their friends, at every stage of the disease & has grievous impact on health seeking, treatment adherence & full recovery. Doctors play a pivotal role as counsellors in helping persons with TB & their family combat stigma & be completely cured. #TBtoHealth #EndTB #IMA



Stigma
and TB

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“ I could not get a loaf of bread from the corner store near my house because they didn't want to sell to me. I started isolating myself & could not bring myself to share my pain with my friends. ”

— A person with TB

Stigma hampers health-seeking, treatment adherence and full recovery from TB.



**Doctors can break
the chains of stigma.**



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20-04-24-TBV02-TB Dx - Case Study

Post copy:

Meena, a 25-year-old homemaker, visits your clinic complaining of cough of 2 weeks duration. On probing, she mentions that the cough has been persistent. She does not have fever, night sweats or any loss of appetite.

Standard 1: Testing and screening

Q: Should Meena be investigated for TB?

- *Yes. Test everyone with signs or symptoms of TB.*
- *Enhanced case finding means maintaining a high index of suspicion for TB in all encounters, with proactive exclusion of TB using a combination of clinical & radiographic assessment, & microbiologic testing.*

Standard 2: Diagnostic technology

Q: Which tests should you recommend?

- *Chest x-ray to increase the sensitivity of the diagnostic algorithm.*
- *Sputum test for rapid microbiological diagnosis (Conventional or fluorescent sputum smear microscopy OR Commercial Line Probe Assay or CB-NAAT OR solid or liquid media culture)*
- *Serological tests are banned*
- *Tuberculin Skin Test (TST) & Interferon Gamma Release Assay (IGRA) are not recommended for the diagnosis of active TB.*

Standard 5: Diagnosis of Probable TB

Q: What should you do if tests do not provide microbiological confirmation?

- *Patients with symptoms suggestive of TB without microbiological confirmation (sputum smear microscopy, culture or molecular diagnosis), but with strong clinical and other evidence (e.g. X-ray, Fine Needle Aspiration Cytology (FNAC), histopathology) may be diagnosed as 'Probable TB'*
- *About 20-30% of TB patients will not have microbiologic confirmation.*

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TB Diagnosis
A case study

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“ My family members keep a distance. Everything is separated - I cook for myself and wash my own dishes and clothes. ”

— A person with TB

Doctors can ensure that stigma does not prevent a TB patient's need for emotional and nutritional support.



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20-04-25-TBV03-TB Rx - Case Study

Post copy:

Treatment of TB: A case study: You have diagnosed and classified Meena, a 25-year-old homemaker, to have smear-positive, pulmonary TB and know that she has not been treated previously. Her weight is 48kg and she has no known complications that may impact her treatment.

Standard 7: Treatment with first-line regimen:

Q: What treatment should you prescribe for Meena?

- All new patients presumed to have drug-sensitive TB, should receive a standard first-line treatment regimen.
- Initial phase with Isoniazid (H), Rifampicin (R), Pyrazinamide (Z) and Ethambutol (E) for 2 months.
- Continuation phase with HRE for at least 4 months.
- Dosages of drugs should depend on body weight.
- Continuation phase may be extended by 3-6 months in special situations like bone and joint TB, spinal TB with neurological involvement and neuro- TB.
- Bioavailability of drugs should be ensured, especially if fixed dose combinations (FDC) are used.

Standard 13: Notification of TB Cases:

Q: Does Meena's case need to be reported?

- TB is a notifiable disease in India since May 7, 2012.
- Health providers must notify to district health officials, about all TB patients diagnosed with microbiological confirmation as well as patients diagnosed clinically and initiated on anti-TB drug treatment.
- Providers must register and notify TB on Nikshay; <https://www.nikshay.in>.

Standard 26: Addressing Counselling and Other Needs

Q: How can I ensure that Meena adheres to her treatment?

Doctors play an important role as counsellors and advisors in health-seeking, treatment adherence, thus leading to a full recovery and mitigating stigma.

- Initiate and continue conversations with TB patients and their family and friends, to ensure better outcomes by dispelling myths and misbeliefs.

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Treatment of TB
A case study

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20-04-26-TBV04-TB Follow-up - Case Study

Post copy:

Follow-up & support for TB treatment: A case study

Meena, the new smear-positive pulmonary TB patient whom you started on treatment, returns to your clinic, irritable & angry. She complains of abdominal discomfort, nausea & loss of appetite. She feels worse than she was before she was started treatment.

Standard 8: Monitoring Treatment Response

Q: How should you monitor Meena's response to treatment?

- Response to therapy in all cases of pulmonary TB (pTB) should be monitored by follow-up sputum microscopy or culture at the end of the intensive phase (IP) & at the end of treatment (after CP).
- Extension of IP is not recommended.
- If the sputum is positive at any time during treatment, a rapid molecular DST or culture-DST is recommended.
- After completion of treatment, TB patients should be followed up with clinical and/or sputum examination at the end of 6, 12, 18 & 24 months.

Standard 11: Treatment Adherence

Q: What can you do to ensure Meena adheres to the treatment?

- A patient-centred approach fosters mutual respect between the patient & provider, & improves treatment adherence.
- A treatment support system should be based on mutual trust & respect between the patient, his/her family, health providers, treatment supporters & the health system.
- To avoid treatment interruptions, adherence support should cover:
 - Medical factors: addressing co-morbidities, adverse drug reactions & emergencies,
 - Social, vocational, nutritional, economic, & psychological stresses.
- Engage local NGOs, & patient support groups.
- Employ or promote telephonic & other technology-based systems.

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**Follow-up & support
for TB treatment:**
A case study

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“Our biggest fear was how people would react to our daughter's illness. We avoided telling anyone. We did not want our family to get ostracized, but it's difficult to hide.”

— A person with TB

Doctors can counsel families and help ensure that stigma does not delay or harm the treatment of their TB patients.



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“ I faced so many problems. I lost my job – they told me they didn't need me anymore & that I should rest at home. There was lot of gossip, even my in-laws reacted meanly. it upset me & I hated myself.”

- A person with TB

A doctor's advice and counsel can guide and strengthen TB patients to fight stigma and discrimination.

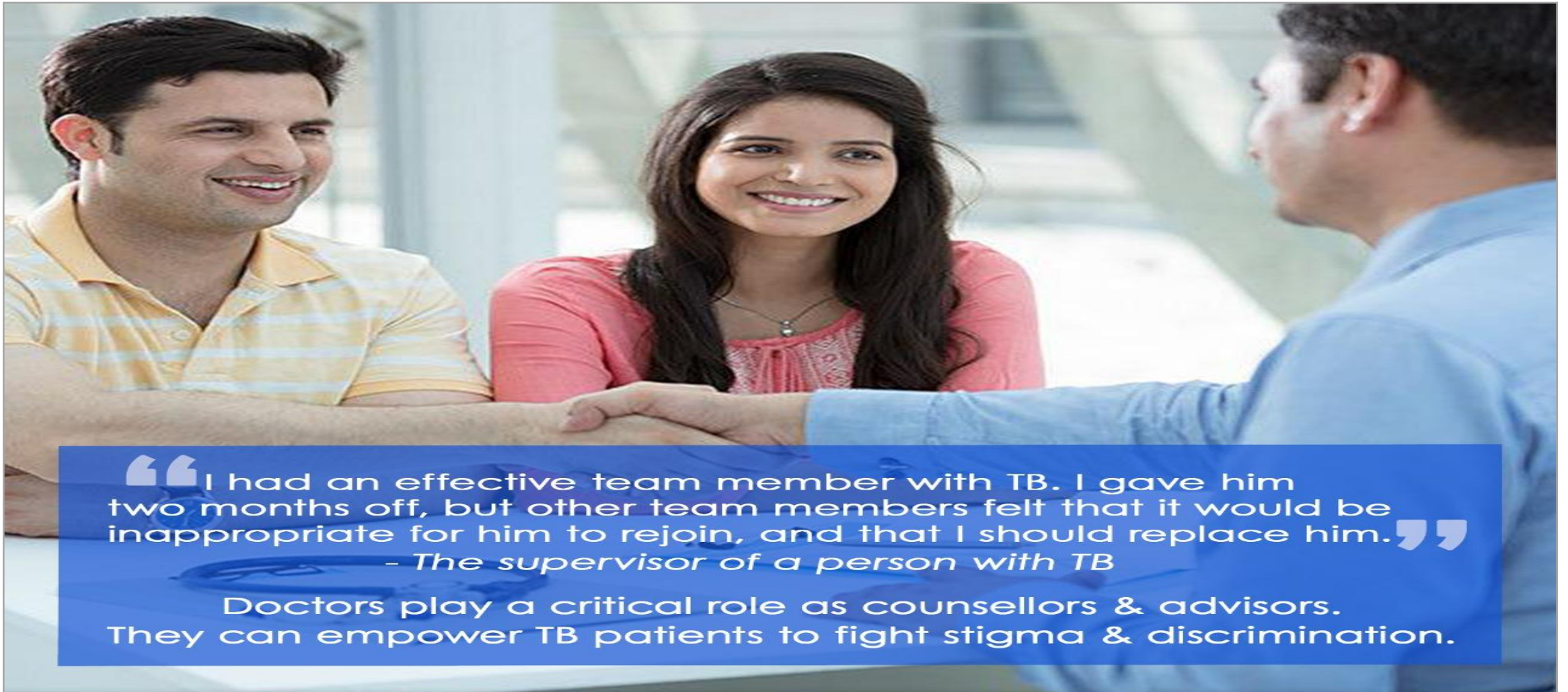


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“ I had an effective team member with TB. I gave him two months off, but other team members felt that it would be inappropriate for him to rejoin, and that I should replace him.”
- The supervisor of a person with TB

Doctors play a critical role as counsellors & advisors.
They can empower TB patients to fight stigma & discrimination.



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“ I was not certain that I would pull through the long months of treatment. ”
- A person with TB

A doctor's support & encouragement can help TB patients fight stigma and be instrumental in enabling complete cure.

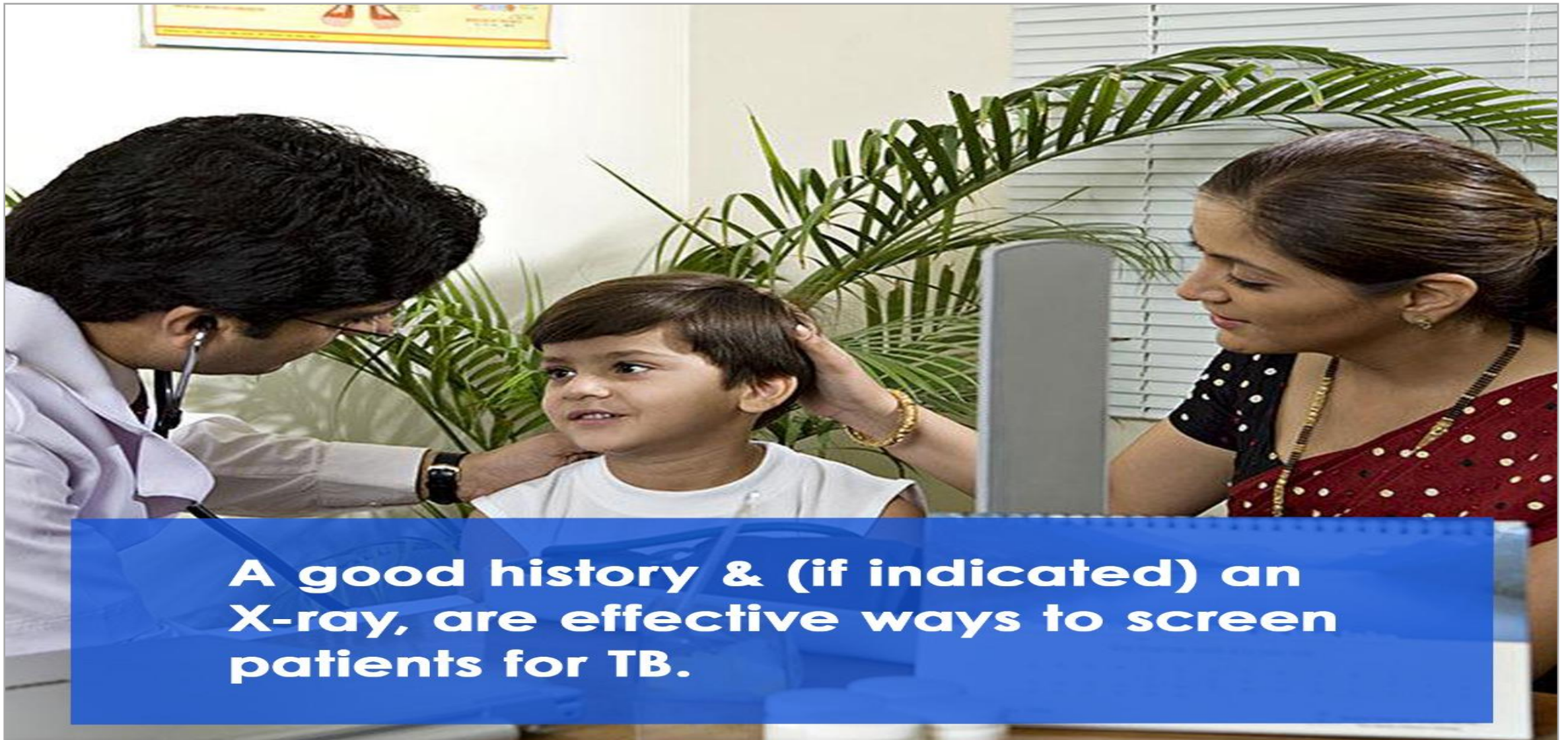


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A good history & (if indicated) an X-ray, are effective ways to screen patients for TB.



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Always attempt to confirm active disease by referring a presumed TB patient for a standard rapid microbiological test.



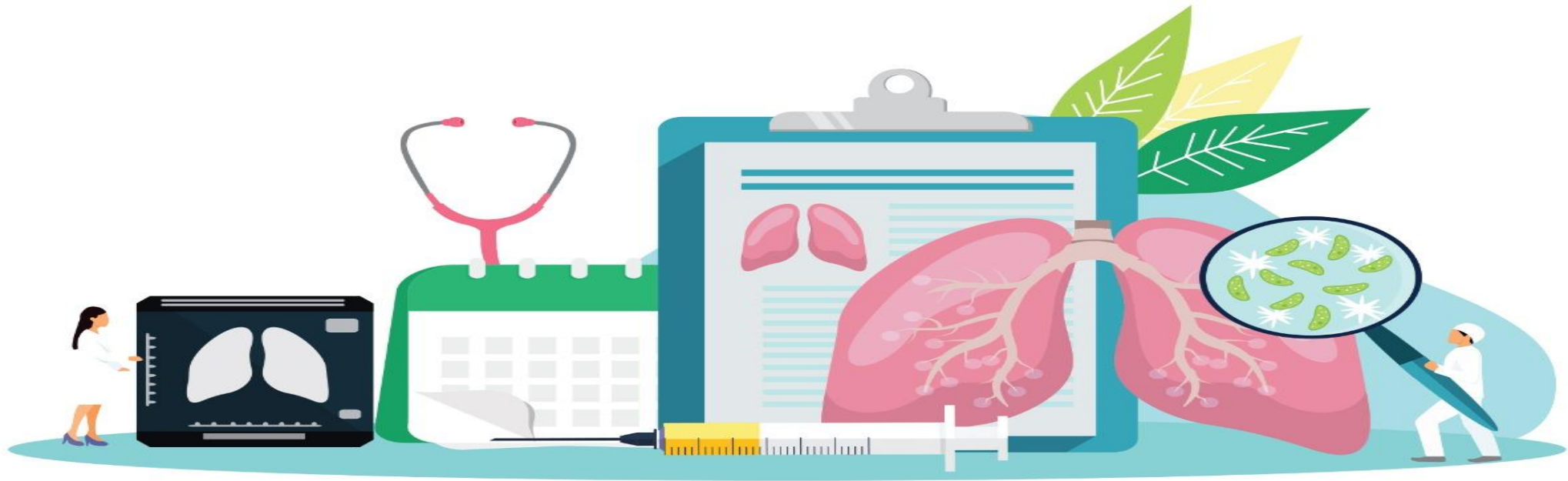
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Initiate a confirmed or probable TB patient on a standard treatment regimen, or one that is guided by drug-susceptible testing.



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**Notify confirmed
or probable
TB patients
to the National
TB Elimination
Program (NTEP)
through Nikshay.**



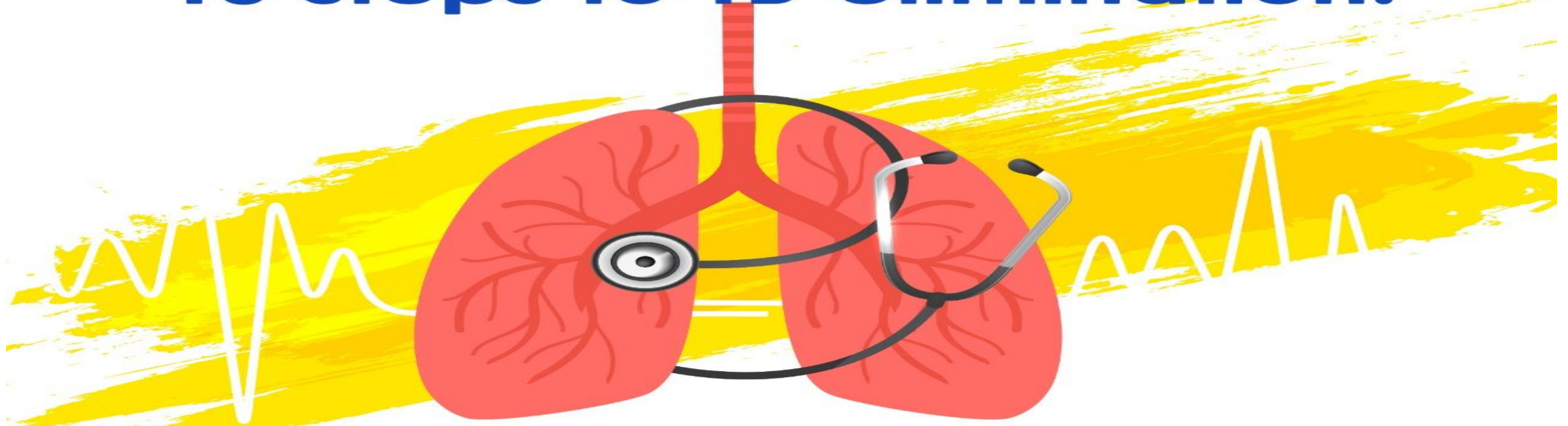
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10 steps to TB elimination.



- Screen
- Detect
- Treat
- Notify
- Counsel

- Trace Contacts
- Monitor Treatment Response
- Support Treatment Adherence
- Declare Outcome
- Follow-up



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Initiating someone on TB treatment makes you responsible for ensuring treatment completion.

- Counsel TB patients & families
- Monitor treatment response
- Ensure adherence support
- Contribute to TB elimination



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Managing TB involves identifying and managing co-morbidities & vulnerabilities.

Identify, evaluate and manage TB patients for HIV, diabetes, undernutrition, smoking & alcoholism.



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Stigma is a barrier to TB elimination.

Address stigma through counselling & support.
Be sensitive to the social determinants of your
TB patient's health.

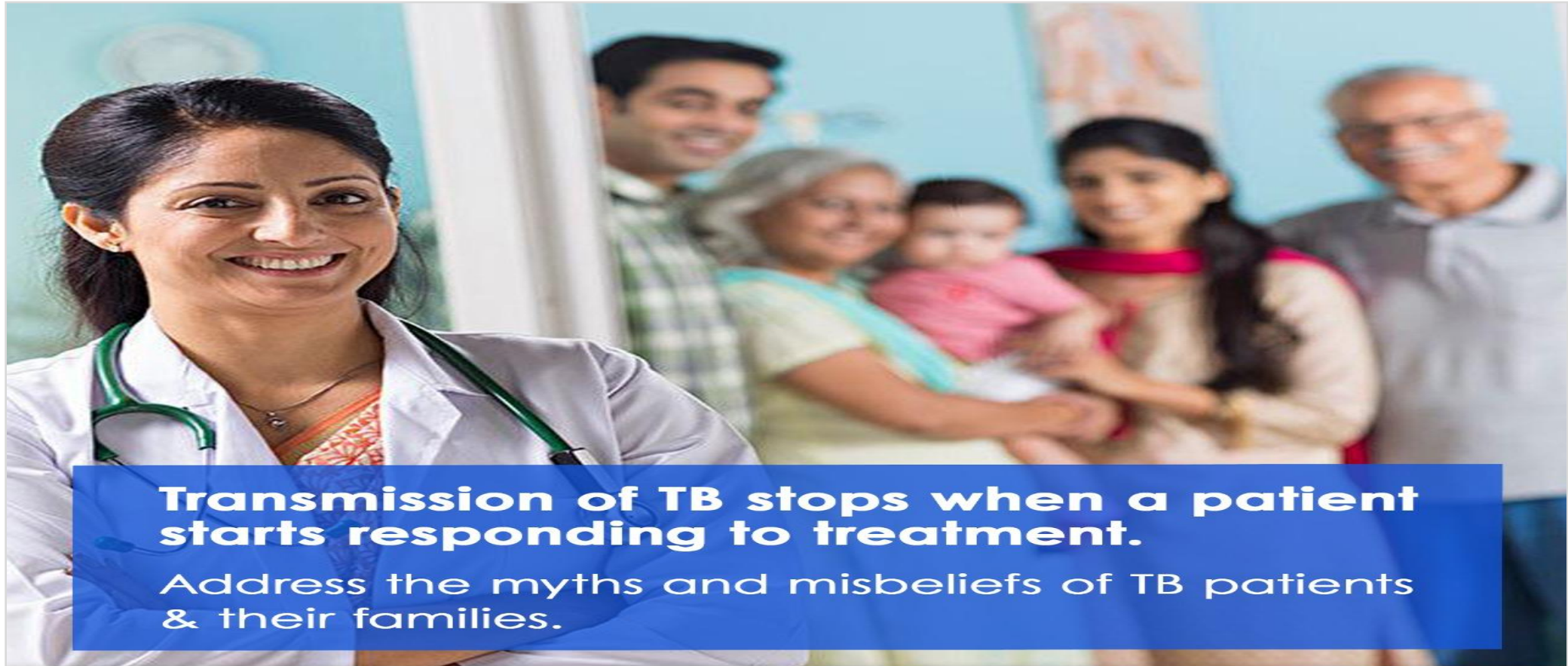


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Transmission of TB stops when a patient starts responding to treatment.

Address the myths and misbeliefs of TB patients & their families.



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**Enable better treatment outcomes
by encouraging families to support
their TB patients through all stages
of treatment.**



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