General circular No 01/29/2011

All Provincial Directors of Health Services

All Regional Directors of Health Services

Hospital Directors/ Medical Superintendents

Heads of Medical Institutions

Directors of Special Campaigns

Director NIHS

CMOH CMC

Medical Officers of Health

Principal PHI

21-10-2011

Strengthening of Tuberculosis Surveillance and Control

Although Sri Lanka is having only a moderate burden of tuberculosis the number of cases reporting annually is high enough to consider it as one of the major public health problems in the country. In 2010, there were 10,095 of all forms of TB cases registered of which 5135 were sputum smear positive pulmonary tuberculosis patients. It is also noted that a significant number of patients are still remaining undetected or detected at later stages of their disease. These cases are a major threat to TB control activities in Sri Lanka as they continue to maintain the chain of transmission. Tuberculosis case detection and treatment is one of the main strategies in TB control. Considering the level of burden in Sri Lanka, active case finding among high risk groups such as contacts of TB patients, prisoners, urban slum dwellers, estate population, migrants and diabetics is also recommended. Tracing treatment defaulters and ensuring that they complete treatment is also an important component in TB control as well as in the prevention of development of multi-drug resistant TB.

Since tuberculosis is a notifiable disease in Sri Lanka, it is the responsibility of the Medical Officer of Health to implement tuberculosis control activities in their respective areas. Case investigation, contact tracing, defaulter tracing and implementation of direct observed treatment (DOT) are some of the activities that public health staff, particularly the PHI should carry out. The District Tuberculosis Control Officers should support the MOH staff to implement these activities successfully. At the same time Provincial and Regional Directors of Health Services (PDHS & RDHS) should be regularly updated regarding the disease situation.

Therefore, it should be ensured that the following activities are carried out by relevant responsible personnel to ensure prompt and proper tuberculosis control in Sri Lanka.

1. Surveillance, contact screening and defaulter tracing by MOH staff
    1.1. A separate TB Notification Register (Annex 1) should be maintained in addition to the MOH office disease notification register at the office of the Medical Officer of Health. All the notifications (Form H816 A) received should be entered in the TB Notification Register in addition to the MOH office disease notification register on daily basis and should be forwarded to the range PHI for investigation.
    1.2. An area map should be maintained at the MOH office with markings for all TB cases notified over the year and for TB patients currently on treatment.
    1.3. The range PHI should investigate all the reported cases in their respective areas, within one week of the date of receipt of the notification.

1.4. If the patient is found to be untraceable or the patient is not regularly taking treatments, this should be informed promptly to the DTCO or PHI of the District Chest Clinic through MOH.

1.5. The range PHI should identify and trace all the contacts of the patient that are living in his area and should be screened for symptoms suggestive of TB. All contacts below 5 years of age (both symptomatic and asymptomatic) and other contacts with symptoms should be referred to the District Chest Clinic for further investigations. The contacts that are free of symptoms should be followed up over two years. They should be screened half yearly (at 6 months, one year, 18 months and 2 years after diagnosis of the index patient) for symptoms and signs suggestive of TB and if present should be referred to the District Chest Clinic for further investigations and treatments.

1.6. All cases investigated and confirmed by the PHI should be reported back to the MOH using duly filled Communicable Disease Report – Part I (H 411).

1.7. The SPHI or any other officer assigned by MOH should update the TB Notification Register maintained at the MOH office. All the confirmed TB cases should enter in the MOH office infectious disease registry [ID-H700]

1.8. All investigated cases should be reported back to the DTCO in Form 816B.

1.9. Details of all notified and investigated tuberculosis cases should be reported to the Epidemiologist and to the Regional Epidemiologist by duly filled Weekly Return of Communicable Diseases (H 399). This should be accompanied by Communicable Disease Report – Part II (H 411a) for each patient.

1.10. Range PHI should maintain the following documents;

- TB Investigation Register (as in the format given in Annex 2)
- Area Map with details of all notified TB cases in the area over the year and TB patients currently on treatment

1.11. When DTCO, PHI of Chest Clinic or other responsible officer has informed MOH regarding a patient defaulting treatment, the area PHI should promptly attend to trace the patient and refer him/her back for the treatment.

2. Coordination of DTCO with regional and local health staff

2.1. On a monthly basis the DTCO should inform all MOOH in the area regarding the treatment outcome of all TB patients notified. (use the format given in Annex 3)

2.2. On a quarterly basis, the DTCO should report Provincial Director of Health Services, Regional Director of Health Services, Regional Epidemiologist and Consultant Community Physicians (Provincial) regarding microscopy services, TB case finding and treatment outcome. A copy of this report also should be sent to the all MOOH. (use the format given in Annex 4)

2.3. DTCO should attend MOH Monthly Conferences, and district epidemiological reviews to update the staff regarding current disease status.

3. Review at local and district levels

3.1. All the public health staff in the respective MOH areas should be made aware regarding the current aspects of TB at least once in six months at their Monthly Conference.

3.2. Status of the TB condition of the area should be reviewed regularly at the monthly conference and at district epidemiological reviews.

Dr. U A Mendis

Director General of Health Services

Annex 1

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TB Notification Register

No	Date Received by MOH	Date Handover to PHI	Date Handover by PHI	District TB Registration No	Name and Address of the Patient	Age	Sex	Occupation	PHI Division	Type of TB[§]	Date Investigated	Treatment Outcome*	Remarks

[§]Type of TB: **PTB SS+:** Sputum smear positive pulmonary tuberculosis; **PTB SS- :** Sputum smear negative pulmonary tuberculosis; **EPTB:** Extrapulmonary tuberculosis

*****Treatment outcome: Cured; Treatment completed; Failure; Defaulted; Died; Transferred out

_____ _____

Signature of the Medical Officer of Health **Signature of the SPHI**

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Annex 2

TB Investigation Register

No	Date Received	District TB Registration Number	Name and Address of the Patient	Type of TB[§] / Treatment* Outcome	Date Investigated	Details of Contacts[a]					Follow-up of contacts[b]				Remarks
						Name	Age / Sex	Address & Telephone Number	Relationship to the Patient	Symptoms (Present/ Absent)	At 6 month	At 1 year	At 18 months	End of 2 years	

[§] Type of TB: **PTB SS+:** Sputum smear positive pulmonary tuberculosis; **PTB SS- :** Sputum smear negative pulmonary tuberculosis; **EPTB:** Extrapulmonary tuberculosis

*****Treatment outcome: Cured; Treatment completed; Failure; Defaulted; Died; Transferred out

a: Use a separate line for each contact

b: In the upper cell indicate the due date for contact screening and in the lower cell actual date of screening

Annex 3 *DTCO should complete this at the end of each quarter for patients registered 12-15 months earlier and later up to the end of the previous quarter*

Treatment Outcome of TB Patients

Registered in Quarter ___ in Year 20___ ___ and later

No	District TB Registration No	Name of the Patient	Disease Type	Treatment outcome *	MOH area	Remarks

** If the patient is still on treatment, mention as 'Still on treatment'*

Date……..

Signature of DTCO

Annex 4

DTCO should complete this at the end of each quarter and send to the Provincial Director and Regional Director of Health Services, Regional Epidemiologist, Consultant Community Physicians (District and Provincial) and all MOOH in the area

Quarterly Report on Tuberculosis Case Finding and Treatment Outcome

District:.....

A. Sputum Microscopy

Quarter:..... **Year** :.....

	Microscopy Centre	For Diagnosis			For follow- up		
		No of Patients Screened	No of Slides Examined	No of Patients with Positive Smears	No of Patients Screened	No of Slides Examined	No of Patients with Positive Smears
1.	District Chest Clinic Laboratory						
	Total						

B. Case Finding

Quarter:..... **Year** :.....

	MOH Area	New Cases				Relapse	Treatment After Failure	Treatment After Default	Other*				Total
		SS+	SS-	EPTB	Total				SS+	SS-	EPTB	Total	
	Total for the District												

SS+: Sputum smear positive; SS-: Sputum Smear negative; EPTB: Extrapulmonary tuberculosis

* Other – A patient who does not fit for the above treatment categories

C. Treatment Outcome

Quarter:..... Year :.....

	MOH Area	Total Number Registered	Cured	Treatment Completed	Died	Failure	Defaulted	Transferred Out	Not Evaluated
	Total								
	Percentage								

D. Other Data

1. TB/HIV Care

1.1 Number of TB patients screened for HIV during the quarter _____

1.2 Number of patients with TB/HIV co-infection identified during the quarter (including patients referred from STD clinics) _____

2. MDR TB

2.1 Number of MDR TB patients detected during the quarter _____

3. Prison Health Services

3.1 Number of prisoners at the beginning of the quarter _____

3.2 Number of Prisoners screened during the quarter _____

3.3 Number of TB patients identified among prisoners during the quarter _____

E. Other Special Activities Conducted

_____

_____

_____

_____

_____

_____

Date:

.....

Signature of DTCO