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சுகாதார மற்றும் வெகுஜன ஊடக அமைச்சு
Ministry of Health & Mass Media

General Circular No:

Deputy Director General National Hospital, Sri Lanka and National Hospital Kandy,
All Provincial Directors of Health Services,
All Regional Directors of Health Services,
All the Heads of Decentralized Units/Special Campaigns/Director NIHS,
All Hospital Directors,
All Medical Superintendents, Medical Officers in Charge of Hospitals,
All Regional Epidemiologists,
Chief Medical Officer of Health, Colombo Municipal Council,
Medical Officers of Health,
All DTCOs,

Implementation of TB Death Investigation in all curative care institutions

Sri Lanka is aiming to reach the end TB targets by the year 2035, one of which is to reduce TB deaths by 95% (32 deaths) from the 2015 baseline (648 deaths).

The proportion of patients successfully treated during the past 10 years in Sri Lanka is below the global target of 90%. High TB death rate is the main underlying cause for low treatment success over the recent years. In 2022, 747 TB deaths have been reported; as a percentage, it is 9% of the total cases (8342) detected in 2022. It has been noticed that some of these deaths are preventable.

Therefore, it was decided to expand TB death investigation from current field death investigation to hospital death investigation. As such, all TB patients who died at curative care institutions will be investigated with the aim of identifying existing delays and gaps with special emphasis on clinical management in order to improve future management and to reduce undue deaths.

Therefore, respective institutional heads are requested to take following actions.

1. Appoint a focal point from the respective institution to coordinate TB institutional death investigation
2. Inform (over the phone) all TB deaths to the respective District Tuberculosis Control Officer (DTCO), the officer in charge of the District Chest Clinic as early as possible to plan the institutional death investigation (The contact details of each DTCO, annexed).
3. Register all TB deaths in the respective District Chest Clinic if a particular patient is not registered for treatment.
4. If postmortem finding of active TB disease is detected, inform the relevant DTCOs (over the phone) to facilitate registration in the district TB register (TB 03), death investigation, and contact screening.
5. Instruct the team to investigate all TB deaths that occurred in your institution within one month from the date of death.
6. Preserve the BHTs of deceased persons and grant permission to access the relevant records.
7. Appoint a team that consists of a Consultant Respiratory Physician (CRP) and relevant consultant/consultants in charge of the unit where the death has occurred/managed the patient during the course of hospital stay to conduct the institutional death investigation.
8. All deaths during the course of TB treatment or before starting TB treatment are considered as TB deaths. However, during the death investigation, by considering the probable cause, the deaths will be further analyzed as “Death due to TB”, “Death not due to TB” and “Indeterminate”. The team will work together in order to come to a conclusion about possible cause of death. The team shall also assess other factors leading to deaths which are preventable.
9. All DTCOs are requested to complete the TB death investigation form (TB 17 annexed) with the signature of the attended consultants/ responsible medical officers.
10. Duly completed TB 17 should be sent to NPTCCD immediately after completing the death investigation.
11. All DTCOs are requested to compile a copy of death investigation form for future review.

Please contact NPTCCD (Tel: 011-2368301) for more information-

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Dr. Asela Gunawardena,

Director General of Health Services.