GOVERNMENT OF INDIA
MINISTRY OF HEALTH AND FAMILY WELFARE
DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA
UNSTARRED QUESTION NO.3310
TO BE ANSWERED ON 12TH JULY, 2019

TUBERCULOSIS IN INDIA

3310. DR. SUBHASH RAMRAO BHAMRE:
DR. HEENA GAVIT:
SHRI KULDEEP RAI SHARMA:
SHRIMATI SUPRIYA SULE:
DR. AMOL RAMSING KOLHE:
SHRI SUNIL DATTATRAY TATKARE:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

(a) whether the Government has undertaken assessment to ascertain the main contributors to tuberculosis in India;

(b) if so, the details thereof and if not the reasons therefor;

(c) whether the Government has undertaken study to prove the effectiveness of tobacco cessation counseling to TB patients and if so, the details thereof;

(d) whether the Government is considering to establish tobacco cessation centres in each district to regulate and monitor tobacco usage among citizens, and if so, the details thereof and if not, the reasons therefor; and

(e) the other steps taken/being taken by the Government to control tuberculosis in the country?

ANSWER
THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE
(SHRI ASHWINI KUMAR CHOUBEY)

(a) & (b) Yes, the Ministry of Health & Family Welfare (MOHFW) has made assessments to ascertain the main contributors to the spread of Tuberculosis in India.

Tuberculosis is an airborne infection, transmitted by inhalation of infected droplet nuclei which are discharged in air when an untreated TB patient coughs or sneezes.

The reasons for Tuberculosis in India are attributed to various social determinants which perpetuate the spread of TB infection. These social determinant factors like poverty (Muniyandi M. et al (1), under-nutrition (Padmapriyadarsini C et al (2)), poorly ventilated living including air pollution (Behera D et al.(3)), alcohol consumption (Suhadev M et al (4)); tobacco smoking (Kolappan C et al (5)), etc. increase the likelihood of conversion of TB infection to TB disease.

(c) Yes; The evidence emerges from several studies conducted to look at the association of TB and tobacco use in India and globally and almost 38% of TB deaths are associated with the use of tobacco. Prevalence of TB is three times higher among ever-smokers as compared to that of never-smokers.

The Government has undertaken two studies to prove the effectiveness of tobacco cessation counselling to TB patients.

A pilot project was implemented in Vadodara, Gujarat in 2010, which offered as 'Brief Advice' to TB patients registered for the Directly Observed Treatment Short course (DOTS) and among those who were using tobacco in any form. At the end of the treatment, 67.3% patients who were offered 'Brief Advice' were able to quit tobacco use.

A similar study was conducted in Jaipur, Rajasthan. Around 75% TB patients had quit tobacco use after getting counselled by the DOTS provider.

(d) Government of India launched the National Tobacco Control Programme (NTCP) in 2007-08, with the aim to create awareness about the harmful effects of tobacco consumption; reduce the production and supply of tobacco products; ensure effective implementation of the provisions under "The Cigarettes and Other Tobacco Products (Prohibition of Advertisement and Regulation of Trade and Commerce, Production, Supply and Distribution) Act, 2003" (COTPA); help the people quit tobacco use, and facilitate implementation of strategies for prevention and control of tobacco advocated by WHO Framework Convention of Tobacco Control . Accordingly, there is a provision of setting-up of Tobacco Cessation Centre (TCC) at the district level under National Tobacco Control Programme (NTCP) of the Ministry for strengthening of cessation facilities including pharmacological treatment facilities along with promotion of the tobacco cessation facilities in the community.

(e) The Ministry has developed the National Strategic Plan (NSP) for Tuberculosis (2017-2025) with the goal of ending TB by 2025.

The key focus areas are:

• Early diagnosis of all the TB patients, prompt treatment with quality assured drugs and treatment regimens along with suitable patient support systems to promote adherence.

• Engaging with the patients seeking care in the private sector.

• Prevention strategies including active case finding and contact tracing in high risk / vulnerable population

• Airborne infection control.

• Multi-sectoral response for addressing social determinants.

References

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3) Behera D et al. Domestic Cooking Fuel Exposure and Tuberculosis in Indian Women. Ind J Chest Allied Dis. 2010 Vol 52. Pg 139-43
4) Suhadev M, Thomas BE, M RS, P M, V C, Charles N, R D, M A, Mathew TA, Wares F. Alcohol Use Disorders (AUD) among Tuberculosis Patients: A Study from Chennai, south India. PLoS One.2011;6:1-6
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