

National Urban Health Mission – State TB Cell Kerala
INTEGRATION OF RNTCP INTO NUHM MECHANISM

**Guidelines for Medical Officers and others Concerned of Urban PHCs in Kerala for
Tuberculosis Control Activities**

1. All Presumptive Pulmonary tuberculosis patients are to be subjected to sputum microscopy at the Designated Microscopy Centre (DMC) at the Urban Primary Health Centre(UPHC) or to the nearest DMC under RNTCP. All Presumptive Extra pulmonary/Pediatric/Drug-resistant Tuberculosis patients are to be sent to a higher centre as required, for immediate evaluation.
2. All newly diagnosed Tuberculosis (TB) patients are to be sent to the nearest CBNAAT site to check for Rifampicin sensitivity (Universal DST).
3. Steps must be taken to ensure continuity of sputum collection and transport from UPHC to DMCs (where the UPHC laboratory is not functioning as DMC) and from DMC to CBNAAT sites, as per requirement. Services of JPHNs and ASHA could be obtained for the same. For such engagements, outreach staff are entitled for an honorarium of Rs. 25/- (Rupees twenty five only) per case.
4. Chest X Ray must be taken whenever necessary utilizing the Public-private partnership strategy adopted locally under RNTCP. For this the UPHC Medical Officer shall contact the concerned District TB Officer (contact numbers attached). For all microbiologically confirmed and clinically diagnosed cases, pre treatment investigations and consultations are to be provided from the UPHC or the nearest government facility.
5. If any Drug-sensitive TB patient is found to be sputum positive during follow up, the MO should inform the Senior TB Laboratory Supervisor (STLS) of the concerned TB Unit for arranging to send a sample immediately to the Intermediate Reference Laboratory (IRL) at Thiruvananthapuram for further drug sensitivity testing. (Contact No. of STLS attached)
6. Medical Officers of UPHCs should ensure that the designated ANMs(JPHNs) and other staff assist the STS(Senior TB Treatment Supervisor) in carrying out the activities of RNTCP. UPHCs must give emphasis to the slum dwellers in the diagnostic and treatment services. Active case finding activities are to be ensured with the help of all field staff and mobile medical units(MMU is available for a period of two weeks at a stretch in the district on turn basis)
7. Private laboratories and practitioners to be encouraged to utilize the diagnostic and treatment services of the UPHCs. Major private hospitals to be encouraged to stock RNTCP drugs so that timely supply of quality drugs are ensured to those seeking services from the private sector. The designated ANM (JPHN) should visit such institutions to motivate and facilitate this activity.

8. MO should ensure that the designated staff is updating Nikshay in a timely manner. All patients must receive Rs.500.00 per month as nutritional incentive.
9. All necessary support must be provided to the patient for receiving Rs.1000.00 monthly as TB pension from revenue department during the course of treatment.
10. RNTCP drugs shall be stored in all UPHCs as per the need on case to case basis. TB Health Visitor (TBHV) of the concerned area will enable the UPHCs to have medicines whenever required.

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Encl

1. Contact Number of District TB Officers
2. -do- of STLS