

REVISED NATIONAL TUBERCULOSIS CONTROL PROGRAMME (RNTCP): DOTS STRATEGY

Introduction

- Tuberculosis is a world wide, chronic communicable bacterial disease. It is very strange disease because of its varied clinical presentation, host response, chemotherapeutic response, etiology, and social implications. It is a very ancient disease and its description has also been found in the ancient Buddhist and Chinese writings. Hippocrates (460-377 BC) also made few observation of tuberculosis and surprisingly to this day also it continues to be a major public health problem (Enarson 1995).
- It is caused by Mycobacterium tuberculosis (Mt) which is commonly known as "Koch's bacillus" or tubercle bacilli or Acid Fast Bacillus (AFB). Occasionally Mycobacterium bovis and Mycobacterium africanum can also cause tuberculosis. Tuberculosis can involve any organ of the human body. The most common organ involved in tuberculosis is lung.

Burden of Disease

- World: It is continued to be one of the most important public health problem worldwide. It infects one third of the world's population. There are approximately 9 million new cases of all form of Tuberculosis occurred annually and 3 million people die from it each year. Out of these 95% of TB cases and 98% of TB deaths are in developing countries. Incidence of the disease and mortality is most common (75%) in adults age group of 15-59 which is the most productive age group whereas maximum death occur in children due to meningeal and miliary tuberculosis particularly in developing countries.

Economic Burden

- TB Kills most people in India than HIV,STD, Malaria, Leprosy and tropical disease combined. Every year, 30,000 children are forced to leave school because their parents have tuberculosis, and 100,000 women lose their status as mother and wives because of the social stigma.

National Policy

- Tuberculosis has got high priority within the health sectors as it is a major public health problem. The National Tuberculosis Control Programme was started in 1962 but later it was included in Prime Minister's 20 point programme. The Central Government supported the state financially on 50-50 basis but the Union Territories and voluntary organizations were supported 100%.

National Programme

- The National TB Control Programme was stated in 1962 with the aim to detect cases earliest and treat them. In the district, the programme is implemented through the district Tuberculosis Centre (DTC) and the Primary Health Institutions. The District Tuberculosis Programme (DTP) is supported by the state level organization for the coordination and supervision of the programme. This programme is operational inmost of the districts till it is replaced by DOTS Strategy.

Strategy

1. Early detection and treatment thereby converting infectious cases to noninfectious and preventing noninfectious cases from becoming infectious with treatment.
2. Diagnosis through radiology and sputum microscopy.
3. Free Domiciliary treatment through Primary Health Care Services.
4. Establishing District Tuberculosis Centre in every district.
5. Extend coverage under Short Course Chemotherapy (SCC).
6. Strengthen state TB training and Demonstration centres.