Z-28015/2/2012-TB  
Government of India  
Ministry of Health and Family Welfare  

Nirman Bhavan, New Delhi  
Dated: 7th May 2012  

**Notification of TB cases**

TB continues to be a major public health problem accounting for substantial morbidity and mortality in the country. Early diagnosis and complete treatment of TB is the corner-stone of TB prevention and control strategy. Inappropriate diagnosis and irregular/incomplete treatment with anti-TB drugs may contribute to complications, disease spread and emergence of Drug Resistant TB.

In order to ensure proper TB diagnosis and case management, reduce TB transmission and address the problems of emergence and spread of Drug Resistant-TB, it is essential to have complete information of all TB cases. Therefore, the healthcare providers shall notify every TB case to local authorities i.e. District Health Officer / Chief Medical Officer of a district and Municipal health Officer of a Municipal Corporation / Municipality every month in a given format (attached).

For the purpose of case notification, a TB case is defined as follows:

- A patient diagnosed with at least one sputum specimen positive for acid fast bacilli, or Culture-positive for Mycobacterium tuberculosis, or RNTCP endorsed Rapid Diagnostic molecular test positive for tuberculosis OR
- A patient diagnosed clinically as a case of tuberculosis, without microbiologic confirmation, and initiated on anti-TB drugs.

For the purpose of this notification, healthcare providers will include clinical establishments run or managed by the Government (including local authorities), private or NGO sectors and/or individual practitioners.

For more detailed information, the concerned State TB Officers / District TB Officers, whose details are available on www.tbcindia.nic.in, may be contacted.

Encl: As mentioned

(Manoj Sinha)  
Under Secretary to the Government of India

**Copy for immediate further necessary action, to:**

1. All Principal Secretaries / Secretaries of Health of States / UTs
2. All Directors of Health Services of States / UTs
3. All State TB Officers of States / UTs

With the request to kindly immediately bring this order to the notice of all concerned for compliance, in their respective State / UT

Contd /2
CC for information to:

1. PS to Union Minister HFW / Union Minister of HRD & CIT / MOS (HFW)
2. PPS to Union Secretary HFW / DGHS / Union Secretary AYUSH / Union
   Secretary HR (DG-ICMR) / union Secretary – NACO / DG-NIC
3. All Addl. Secretaries & Joint Secretaries in MOHFW / GOI
4. All Dy. Director General / DteGHS / MOHFW / GOI
5. Director (Media) MOHFW / GoI
6. All Regional Directors (HFW/GOI) – with request to facilitate wide dissemination
   of this Govt. Order, for compliance, in respective states / UTs
7. Websites of MOHFW/GOI (www.mohfw.nic.in) and Central TB Division
   (www.tbcindia.nic.in)
8. DDG(NIC) & Sr. Technical Director (NIC) / MOHFW / GOI

(Manoj Sinha)
Under Secretary to the Government of India
TB Notification

Period of reporting: From _____/_____/_____ To _____/_____/_____ 

Name of the health facility / practitioner / Laboratory: .................................................................
Registration Number: ........................................... Telephone (with STD): ................................................ Mobile number: ........................................
Complete Address: .........................................................................................................................

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<tr>
<th>Sr No</th>
<th>Name of TB Patient / ID of patient</th>
<th>Age (yrs)</th>
<th>Sex (M/F/O)</th>
<th>GoI issued identification number (Aadhaar, etc), if available</th>
<th>Complete residential address</th>
<th>Patient Phone number</th>
<th>Date of TB Diagnosis</th>
<th>Date of TB treatment initiation</th>
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Signature: .................................................. Date: _____/_____/_____