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Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
निर्माण भवन, नई दिल्ली-110108
Nirman Bhavan, New Delhi-110108

D. O. No-28015/27/2012-TB (PartII)
Date: 18/12/2018

Dear STOs/DTOs

As per the recommendation of the Technical Expert Group on Treatment of TB, it has been decided that the current regimen for previously treated TB (erstwhile known as Cat II), will no longer be used and the all previously treated TB patient will be initiated on Standard First Line Anti TB Regimen (2HRZE/4HRE) as prescribed for new TB patients.

States are expected to implement this change with immediate effect for patients prospectively initiated on treatment across all districts.

The following aspects should be taken care during the change-

1. Drug-susceptibility testing (DST/ DRT) should be conducted for at least Isoniazid (H) and Rifampicin (R) for all notified previously treated TB patients and the most appropriate regimen should be prescribed as per the programme guidelines. All efforts should be made to obtain specimens from patients for DST at or before start of the treatment.
2. The results should not be awaited for starting the Standard First Line Anti TB treatment. On the basis of the drug susceptibility profile, a standard 6 months first-line treatment regimen (2HRZE/4HRE) may be continued if no resistance is detected to either R or H. If Rifampicin or Isoniazid resistance is detected, further treatment may be decided as per PMDT guidelines.
3. Previously treated TB patients who may not have an appropriate specimen available for DST should also be offered a standardized first line regimen for TB (2HRZE/4HRE) and followed clinically/ radiologically/microbiologically to identify any signs of non-response to treatment during the course of treatment. In cases with non-response, attempts must be made to obtain an appropriate specimen from such patients during their follow up visits for DST and further management should be as per current RNTCP- PMDT guidelines.
4. Categorization of patients: Such patients, where a standard first-line regimen (2HRZE/4HRE) is re-initiated, will continue to be categorized as "Previously treated TB patient", with sub-categorization to Relapse, Failure, Treatment after Lost to Follow up, Other Previously Treated, as applicable.
5. Follow-up schedule: The follow-up schedule for patient care & monitoring, treatment outcomes etc., would be the same as for new TB patient initiated on standard first-line TB treatment regimen.
6. Recording & reporting formats: The states are requested to continue using the same recording & reporting formats till further instructions, with appropriate changes as described above. In due course of time the any option in relation to regimen for previously treated TB patient will be updated in both paper-based recording forms and also in Nikshay and Nikshay Aushadhi.
7. Treatment supporter's honorarium: The treatment supporters providing standard first line anti TB treatment regimen (2HREZ/4HRE) for previously treated TB patients would be eligible for honorarium presently being given for New patients. The same may be reflected in the PIP being proposed for 2019-20.

8. Drugs & Logistics: The states may ensure availability of Injection Streptomycin for all patients being initiated till date. In case, the stocks of Streptomycin are fully consumed in the entire state, the states may procure only limited stock (SM along with Syringe and needle and Water for Injection) to complete treatment of patients initiated on previous injectable containing regimen.
9. States are requested to strictly monitor the indicator – **“Proportion of previously treated TB patients tested for the presence of both H and R resistance.”**



(Dr. K. S. Sachdeva)

To,
STO (All State & UTs)

Copy of information to:

1. PPS to Addl Secretary MOHFW, GOI
2. PPS to Jt. Secretary (Public Health), MOHFW, GOI
3. All officers, Central TB Division, MOHFW, GOI