

their economic status. Routine investigations are also done free of cost. Nominal charges are levied for specialized investigations which are also waived off for BPL/poor and deserving patients.

### **National Anti-TB Drug Resistance Survey**

1070. DR. PRABHAKAR KORE: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether it is a fact that Government has launched National Anti-Tuberculosis (TB) Drug Resistance Survey in the country;
- (b) if so, the details thereof and progress of the survey;
- (c) whether it is also a fact that if a person with MDR-TB spreads the disease to someone else and that person comes down with active disease, the disease will be multi-drug-resistant from the beginning; and
- (d) if so, the immediate steps taken by Government to prevent, the deadly disease from spreading and the details thereof?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA): (a) and (b) Yes. The Revised National Tuberculosis Control Programme (RNTCP) has initiated a national anti-tuberculosis drug resistance survey in a representative sample of 5214 patients consisting of newly diagnosed sputum smear-positive pulmonary TB cases and previously treated sputum smear-positive pulmonary TB cases. The nationwide drug resistance survey (DRS) will provide RNTCP with a better estimate on the burden of Multi-Drug Resistant Tuberculosis in the community. This survey will be the first national level survey for TB drug resistance in India. As part of the survey, the samples will be subjected to susceptibility testing for 13 anti-TB drugs (5 first line drugs and 8 second line drugs).

A total of 527 patients have been registered under the survey by end October, 2014.

- (c) There is no evidence to suggest that a person with MDR-TB may not spread a disease which is also MDR-TB.
- (d) The Government is implementing services for programmatic management of drug resistant TB (PMDT) since March 2013. Under the Revised National Tuberculosis Control Programme, diagnosis of Drug Resistant TB is conducted through quality assured

drug susceptibility testing currently available at 58 Culture & drug susceptibility testing (C-DST) laboratories, of which 49 laboratories are also equipped with rapid molecular test named Line Probe Assay(LPA). Cartridge Based Nucleic Acid Amplification (CBNAAT) Test Machines have been installed at 89 sites for early detection of Rifampicin resistance among TB cases. These rapid diagnostic tools provide opportunity for early diagnosis followed by early initiation of treatment which helps in preventing the disease from spreading to others.

Diagnosis and treatment for both, drug sensitive and drug resistant TB, under RNTCP, is free of cost.

### **Hepatitis B infected patients**

1071. SHRI S. THANGAVELU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether India has over 40 million Hepatitis B infected patients and constitutes about 15 per cent of the entire pool of Hepatitis B patients in the world;
- (b) if so, the details thereof;
- (c) whether it is a fact that tribal areas in India have high prevalence of Hepatitis B; and
- (d) whether it is also a fact that every year nearly 600,000 patients die from HBV infection in the Indian sub-continent?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI JAGAT PRAKASH NADDA) : (a) and (b) As per the information available from Fact Sheet on Hepatitis B at WHO website, it is estimated that 2-5% of general population is chronically infected by Hepatitis in the Indian Sub-continent (India, Pakistan, Sri Lanka, Bangladesh, Bhutan, Maldives and Nepal).

(c) No separate data is available.

(d) As per the data made available by CBHI, reported deaths from all types of Hepatitis (A, B, C, D & E) in India are as follows:

Year	Deaths
2013	512
2014	236