Revised National TB control Programme.

NB
* 1992.
* Breaking chain of transmission. (obj).
  * Cure rate > 90%
    Case finding > 90% (target)
* Strategy :- DOTS
  - Uninterrupted drug supply
* Case finding is passive.
* Diagnosis
  mainly sputum microscopy.
* Smears — 2.
* Chemotherapy is supervised.
* Drug supply ensured before starting Rx.
* Follow up regular.
  * CDR > 85%
  * Resistance Low.

Objectives - 90/90
* Detection of > 90% of all incident TB cases including

DR-TB & HIV TB
* Successfully treat > 90% of new smear +ve cases & > 85% of all previously TB patients.

Infrastructures -
1 TU ⟶ 5 Lk population.
1 Micro. centre ⟶ 1 Lk population.
1 STLS ⟶ 5 Lac population
& 5 MC.
they includes all the cities & 10% -ve ones.

Active Case Finding
- Door to door screening of TB in India.
  15 day campaign for early detection & diagnosis, Rx to eliminate disease.
- Active surveillance by health dept workers, ASHA, TB supervisors

Intensified TB case finding
* Provider initiated activity.
* Aim : Early detect & prompt Rx.

* Targeted population
  - those seeking health care with / without signs / symptoms of TB
  - Focus on high risk population.

* Screening strategies.
  - Community screening
  - Institutional screening.

* ~~New strategies~~

New strategies under RNTCP.

* Daily regimen for Rx
* Use of Bdq for DR-TB.
  with drug susceptibility testing guided Rx
* ICT based adherence support.
* Post Tx follow up.