73rd TB SEAL CAMPAIGN 2022

PARTNERSHIP TO END TB

2022 TB ASSOCIATION OF INDIA

THE TUBERCULOSIS ASSOCIATION OF INDIA
3, Red Cross Road, New Delhi-110 001
We express our profound gratitude to all the dignitaries who have sent their valued MESSAGES published in the following pages. The MESSAGES will cause deeper impact in mobilizing public opinion and means to fulfil our obligations towards service to humanity and in alleviating human suffering
Smt. Droupadi Murmu
OUR PATRON
MESSAGE

Tuberculosis is probably one of the biggest health hazards in our country. I am happy to know that Tuberculosis Association of India is organising the Tuberculosis Seal Campaign in order to fight against this widespread disease. Launching a campaign on Gandhi Jayanti to mobilize public opinion to eradicate TB is an ideal tribute to the Father of Nation.

Tuberculosis Association of India since its inception in 1939 has contributed in myriad ways in the prohibition and elimination of Tuberculosis. The Tuberculosis Association of India is playing a commendable role in generating public awareness about this disease as well as its preventive and curative aspects.

On this occasion, I extend my felicitations to all those associated with the campaign and compliment the Tuberculosis Association of India and its affiliates in the states on the commendable work undertaken by them to eliminate the disease.

New Delhi
September 14, 2022

(Droupadi Murmu)
I am pleased to note that Tuberculosis Association of India is launching the 73rd TB Seal Campaign on the occasion of Gandhi Jayanti on 2nd October 2022.

We, as a nation have resolved to eradicate Tuberculosis from India by 2025. Therefore, such awareness campaigns are of critical importance in educating the common public on the prevention and cure of this highly infectious disease. I am confident that with the collective efforts of all stakeholders, we’ll be able to achieve the aim of a TB Mukt Bharat.

I wish the 73rd TB Seal Campaign-2022 every success in spreading scientific awareness among people.

Jagdeep Dhankhar

New Delhi

13th September, 2022
MESSAGE

I am pleased to learn that the Tuberculosis Association of India is launching its 73rd TB Seal Campaign on 02nd October, 2022.

The spread of tuberculosis in our country has affected millions of people, particularly from the poorer sections of the society. TB remains one of our major public health concern and the consistent endeavours of the Tuberculosis Association of India for eradication of TB is indeed praiseworthy. Concerted efforts of all stakeholders by educating people to take preventive measures can prevent this scourge and help the country in achieving the goal of TB eradication.

I appreciate the efforts of the Tuberculosis Association of India and appeal to all to generously contribute to this noble cause. I wish the 73rd TB Seal Campaign my very best.

(Vinai Kumar Saxena)
MESSAGE

India has been fighting the menace of tuberculosis for the last 60 years through its National TB Control Programme launched in 1962 and revised in 1997. Our Revised National Tuberculosis Programme (RNTCP) has adopted multipronged strategy and aims at ending TB by 2025 which is 5 years ahead of global targets set under sustainable development goals (SDG's) of the United Nations. While the National Strategic Plan (NSP) for Tuberculosis Elimination 2017-2025 announced by Govt of India is in line with globally agreed targets yet this is even more ambitious in terms of some of these targets. It has well defined strategies to detect, treat, prevent, build and resourcing the NSP. Considering the advancements methods for diagnosis, determination of drug resistance and treatment have been modified aimed at optimum access and best outcomes. Community involvement, civil society engagement, involvement of private providers patient empowerment and counseling etc. are among the measures being pursued to reach the unreached for detection and timely cure of TB patients. Expanding the use of preventive regimens and initiating new public partnership programme are among the most recent efforts of Govt of India.

As is well known since its inception in 1939, the Tuberculosis Association of India and its affiliates have been consistently supporting and supplementing the National efforts in TB Control. The Association continues to contribute to advancement of knowledge through organization of Annual Conference on TB and publication of Indian Journal of Tuberculosis.

TB Seal Campaign has been an important mode of spreading awareness about TB among masses and health care providers both in public and private sector. I am sure the 73rd TB Seal Campaign will be a grand success in spreading the desired TB awareness in the community and strengthening “Jan Bhagidari” which is very important at this juncture for achieving the national targets set for 2025.

I wish the campaign all success.

(V. M. Katoch)
President, TAI
MESSAGE

Tuberculosis continues to challenge mankind as a major public health problem despite the availability of highly effective drugs and treatment. India, with a huge population, is the largest contributor of TB cases in the world.

The government's efforts at interventions through the National Tuberculosis Programme (NTP) with the DOTS strategy over the last decade have shown encouraging results in control of Tuberculosis. To substantiate the effort further, it's imperative to involve NGO's, Voluntary agencies, and private practitioners at all levels besides community participation and augmenting the awareness campaign.

As one of the earliest champions against TB, the Tuberculosis Association of India has historically been at the forefront helping prevention, control, and treatment of tuberculosis. The Association has hugely supplemented and complemented the Government's efforts toward TB control.

Tuberculosis Association of India in its 83 years of existence has tirelessly strived towards the control of this menace of mankind.

On the occasion of 73rd TB Sealing Campaign, I congratulate those numerous people associated with Tuberculosis Association of India in its anti-TB tirade and wish all success for the campaign.

(Dr. V.K. Arora)
MESSAGE

Tuberculosis Association of India has been deeply involved in the activities relating to tuberculosis for over 80 years through its 25 State TB Associations, it percolate its plan and policies to the nook and corner of the country.

Tuberculosis still remains a major public health challenge in India. The National Tuberculosis Elimination Programme (NTEP) has been successfully running since 1997 and has achieved success in combating the scourge of Tuberculosis. Not only MDR-TB but XDR-TB is also been treated effectively through the programme. The National Tuberculosis Elimination Programme of India is emerging as a model programme for other countries of the World.

Tuberculosis Association of India through its innovative services, one of them is the TB seals which are released by the Hon'ble President of India on 2nd October every year. These TB seal remind the public about the persistence of Tuberculosis and the need to control it effectively. Contribution to the TB seal by citizen of India would provide fund which help in promoting voluntary anti TB activities.

On the occasion of the launch of 73rd TB Seal Campaign, I wish it all success with the objective of making India “TB Free”.

Dr. Ashwani Khanna
THE TUBERCULOSIS ASSOCIATION OF INDIA
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MESSAGE

Tuberculosis causes a great deal of ill health in the community, particularly in a developing country like ours. Tuberculosis continues to remain a major public health problem afflicting large section of population of the developing countries in the world causing alarmingly high morbidity and mortality. TB kills more people, particularly youth and adults than AIDS or Malaria. These figures easily foresee the enormity of the TB menace.

Over the years Tuberculosis Association of India (TAI) and its affiliates have strengthened government's efforts to meet the common goal of providing good quality services to TB patients. TB Association of India has played an important role in the fight against TB, and the Tb seal campaign on the eve of Gandhi Jayanti, is a novel approach to raise awareness about TB disease. The Association distributes TB Seals on the auspicious occasion of Gandhi Jayanti, to generate awareness and raise funds for voluntary anti-TB activities in the country.

On the launch of the 73rd TB Seal campaign, I hope the Campaign will surpass its performance in earlier years and request all organizations and individuals to join hands with TAI in their endeavor of TB control. I urge my fellow members of TAI, to be cognizant of the challenges ahead and work with the government and medical fraternity in building partnerships and help in realizing the ultimate goal of TB control.

Dr. K.K. Chopra
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ACKNOWLEDGEMENT

The Tuberculosis Association of India is grateful and indebted to the honourable President of India for his patronage, guidance and blessings.

We are grateful to our advertisers, donors, contributors and well wishers who have contributed meaningful, educative and useful articles incorporating their views as well, in this Souvenir.

The Association also places on record its sincere thanks to all who have helped, assisted and contributed to the success of this Special Souvenir released on the occasion last year.

The contents of this Souvenir mainly comprise of Messages from dignitaries and material on Health Education and Scientific articles and in which the views expressed are those of the contributors.
THE DOUBLE-BARRED CROSS

INTERNATIONAL EMBLEM OF THE CAMPAIGN AGAINST TUBERCULOSIS

At the time of crusades, Godefory de Bouillon, Duke of Lorraine, had placed the double Red Cross on his standard when he took possession of Jerusalem in 1099, and after his return of France, it became the emblem of the House of Lorraine.

The Double Red Cross, was considered singularly appropriate in the rallying sign for the crusade against the most deadly Scourge Tuberculosis - which afflicts mankind. Proposal for its adoption as the International Emblem of the campaign against tuberculosis was moved by Dr. Serson on October 23, 1902, at the International Tuberculosis Conference in Berlin. The proposition was adopted unanimously.

The Council of the International Union Against Tuberculosis, Paris, in September, 1928, decided the National Associations which are members of the Union should adopt this emblem with a recommendation to the effect that it be legally registered in order to prevent its use for commercial purposes.

In 1957, the Tuberculosis Association of India requested the Ministry of Commerce and Industry, Government of India, to patent the Double Barred Cross in favour of this Association and against fraudulent use of this emblem by others. The Central Government by their notification No. 4(3)-TMT/57 dated 13th July, 1959, included in the section of the Emblem and Names, the Double Barred Cross as the emblem of the Tuberculosis Association of India.
THE STORY OF TB SEAL

A kind postman named Einer Holboell, while sorting out heavy Christmas mail in 1903, noticed some children limping across the road. He was extremely moved by the sight of these children who were suffering from tuberculosis of the bone. A thought struck him. If we could get people to buy a special Christmas Seal during Christmas, when the spirit of giving is strong it would be wonderful. There are so many letters and packages, and just a penny seal on each one would bring a lot of money to help the sick and needy children. There might even be enough to start a hospital for children. The idea of Einer Holboell was received enthusiastically by the Danish people. The King of Denmark gave his approval. This was how the first Christmas Seal appear in 1904 with the Patronage of King Christian. The sale of Christmas Seals for collecting funds for anti-tuberculosis work was soon taken up by other countries and today almost all National TB Associations are mobilising funds through this Campaign.

TB Seal Campaign in India

A proposal to introduce the TB Seal to raise funds for anti-tuberculosis work in India was first considered in 1944, but it had to be deferred for because of the war conditions in the country. The post-war days were also found unfavorable for embarking on such a new venture. The Tuberculosis Association of India adopted the proposal in October, 1950. The Government of India permitted the Association to conduct the campaign every year from 1950 onwards.

The annual TB Seal reflect the resolve and determination of the Association to combat tuberculosis. It helps to garner funds and spread awareness about TB.
Shri Ram Nath Kovind, President of India and Patron, Tuberculosis Association of India, inaugurating the 72nd TB Seal Campaign on 2nd October, 2021 at Rashtrapati Bhavan, New Delhi

Tuberculosis Association of India
Annual General Meeting held on 10th August, 2022
Representatives of the state TB Associations receiving the TB seal Awards during the Annual General Meeting held on 10th August, 2022
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76th NATCON
PRESIDENTIAL ADDRESS

END TB TARGETS – EFFORTS AND EXPECTATIONS

Dr. R. SRIDHAR

PRESIDENT 76TH NATCON – MULLANA AMBALA APRIL 2022

It's my pleasure and privilege to serve as the president of the 76th NATIONAL TB CONFERENCE Conducted by TB Association of India at Mullana. I sincerely thank The Secretary General, Trustees of TB Association of India for this honour accorded to me.

Ambition of Ending TB is universal. Ever since END TB targets have been set by WHO, advanced by Indian Government by 5 years and strategic planning was implemented, the unexpected COVID pandemic has put brakes on our advancement towards meeting END TB targets.

What are the impacts of COVID 19 on our Targets.
There has been drop in the notifications of new TB cases. There was interruption in access to TB care during the COVID pandemic, COVID 19 + TB combination resulted in more TB deaths. Entire TB work force was drawn to COVID work and Fatigue and stress on the TB warriors was enormous.

What are the after effects of COVID 19 on TB
Most TB patients are reporting with extensive lesions. Mortality among notified TB cases have increased.
Post COVID Pulmonary Complications like Fibrosis and atelectasis are adding to Pulmonary parenchymal damage due to TB, resulting in more Respiratory insufficiency among Post COVID TB patients.
<table>
<thead>
<tr>
<th>TB Patients</th>
<th>2021 (Jan-Oct)*</th>
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<tbody>
<tr>
<td></td>
<td>Success (%)</td>
</tr>
<tr>
<td>COVID -19 Positive</td>
<td>2490/3045 (82)</td>
</tr>
<tr>
<td>COVID -19 Negative</td>
<td>273088/309802 (88)</td>
</tr>
</tbody>
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**Impact of COVID**

Estimated TB deaths from all form of TB excluding HIV  For 2020 was — **4.93 lakhs** (4.53 – 5.36 lakhs)

13 % higher than 2019 estimate

Hence, we had a devastating damage to the TB control programmes because of the COVID Pandemic.

**The current global and Indian epidemiology status.**

According to Global TB report 2021,**Estimated incidence of all forms of TB in India for the year 2020 was 188 per 100,000 population** (129 – 257 per 100,000)

Total no. of incident TB patients (New & Relapse)

For 2020 16,28,161 
2021 19,33,381

An increase of 9 %
**Current Indian Scenario**

Recently between 2019 – 2021 National TB prevalence Survey was carried out to estimate the National and State wise prevalence of microbiologically confirmed Pulmonary TB.

Mandatory symptoms screening and chest x-ray was carried out for the consented individuals

**Over all x-ray abnormality was 10 %**

Microbiologically confirmed Pulmonary TB $981/3,13,112 = 0.30\%$

MTB detected by **CBNAAT** = $2.22\% - 825$

**Smear** Microscopy = $1.27\% - 445$

Positive **Culture** = $1.5\% - 526$

**Currently on treatment** = $12\%$

**Not on treatment** = $88\%$

CBNAAT detection of **Rif Resistance was 7.6 \%**

**CBNAAT + Smear Neg Cultural Neg = 26.90 \%**

**Among Confirmed with TB**

Consulted for TB symptoms **36.37 \% only**

**Not consulted for TB symptoms 63.63 \%**

| Ignored TB symptoms | 68.59\% | Not recognised as illness | 18\% | Self treated | 11.63\% | Could not afford to seek care | 11.63\% |
Prevalent (survey) TB cases by type

Total participants diagnosed with TB in survey 981

Participants diagnosed in survey, currently not on treatment 88%  
Participants newly diagnosed with TB 634/863 (73.4%)

Participant diagnosed in survey, currently on treatment 118 (12%)  
Participant with past history of TB, recurrence diagnosed in survey 229/863 (26.6%)

Prevalence of Latent TB by IGRA

31.36%  10865 / 34648

Catastrophic Costs due to TB

As part of the National Prevalence Survey Catastrophic cost to the patients for the diagnosis and treatment for TB also was enumerated. The figures obtained from patients with

Past H/o ATT

Median cost for diagnosis 2000 (500 – 9000)  
Median cost for treatment 5000 (1000 – 15,000)  
Median involved 2000 (500 – 9000)  
Median total cost for TB 9000 (1000 – 30,000)
Currently on ATT

Median cost for diagnosis 2500 (500 – 10,000)
Median cost for treatment 5000 (500 – 20,000)
Median Indirect costs 2000 (500 – 9000)
Median Total Costs 9500 (1000 – 28,000)

It has been estimated that the percentage of catastrophic cost for **Drug Sensitive TB** is 7 – 32%
For **Drug Resistant TB** – 68%

These figures highlight that the TB patients are experiencing significant catastrophic expenditures for the diagnosis and treatment of their DS/DRTB

**Survey Implications**
- 981 diagnosed
- 12% Already on ATT
- 88% Newly detected (863)

42.6% of the confirmed TB cases in the survey would have been missed had chest X-ray was not included.

25% of Active TB case in the population has arised from previously treated TB patients.

What is the programmatic response?

National TB Elimination Programme has taken all the above mentioned facts and figures and suggested various action plan towards addressing these issues.

**COMMUNITY Engagement in the elimination of TB**

**Role of TB champions** have been highlighted in the recent past. They act as a bridge between the programme and society to overcome stigma related to TB. Their influence in the society as role models have been found to be very useful is instilling confidence among patients affected with TB.

**TB Forums**

Serves as an interactive platform between the Administration and ensures the due representation of patients, healthcare provider, NGO's and professional bodies like IMA & IAP.
It helps in sensitization of the society in the plans to end TB, alleviate their misgivings and addresses to their genuine concerns. It is a confidence building measure which helps in the implementation of END TB programme in the society on a well laid out roadmap.

**Patient Support Groups**

Patient Support group include the Doctors, Patients and their care givers, It helps to ensure treatment adherence and early relief for ADR's

Psychological counseling nutritional support and linkage to social welfare schemes are some of the benefits for the patients from this group.

**Multi disciplinary Technical Support Units. In nine High Priority States.**

**Patient Provider Support Agency (PPSA)** to promote private sector engagement has also been scaled up.

A National Inter Ministrail task force on TB (NIMTF – TB) has been proposed by MOHFW to engage with 23 key ministries.

138 corporate joined corporate TB pledge (CTP) including 10 business Associates

**Actions Required:**

**IEC Activities** need to be aggressive, attractive, and outstanding. Remember as per recent National TB prevalence survey as much as 68.59 % confirmed TB patients have ignored the TB symptoms. 18.1 % not recognized it as TB.

Which means more than 86 % of the New cases emerging in the society will become advanced disease by the time their diagnosis is made and enough spread of disease within the society will happen unless they are taught to realize their symptoms and diagnosed with least possible delay.

**IEC Activities should include**

Clear message about TB symptoms

When and how to seek help
Availability of free diagnostic & treatment services

Need for taking the full course of treatment

Isolation of symptomatic TB patients

Reducing infection transmission within the households

Advice on Nutritional Supplementation, Nikshay Poshan Yojana

Awareness about ADR's and actions to be taken to counter them

Importance of preventive therapy for contacts and households members.

**Role of X-ray in the diagnostic Algorithm**

Mobile X-ray screening vehicle are the need of the hour to map our villages. There can be a holistic package of delivery of services for NCD like DM and SHT along with detection of TB. Those PHC's which are not having X-ray facilities to be provided with mobile x-ray service, Simple Blood Sugar estimate with Glucostrips among screened population will help to diagnose DM and coupled with X-ray chest, TB among diabetes.

Cardiomegaly picked up by Chest X-ray will help in picking up CVS abnormalities. Early detection of lung cancer is also facilitated among smokers.

**Role of molecular diagnosis.**

According to the National TB prevalence Survey

Confirmation of Pulmonary Tuberculosis by CBNAAT was 2.22 %

When compared with smear microscopy - 1.27 % and AFB culture 1.5 % (CBNAAT + Smear Neg Culture was 26.09 % CBNAAT detected of Rif Resistance was 7.6 %

This highlights the importance of NAAT as the basic tool in the diagnosis of Pulmonary TB.

**Preventing TB deaths**

Efforts are being made to identity severe disease among newly diagnosed TB patients (all forms) so as to get them hospitalized, for better care and early cure among them
with appropriate investigations and Interventions. This is a Fast Track approach to give focussed care for more needy among diagnosed TB patients to prevent possible death among them.

States are bringing innovations in this approach. Govt. of TamilNadu has introduced Kasa no irappu illa Tamilagam. (KET) TB death free TamilNadu state to identify severe disease and provide institutional care for minimizing TB deaths..

**Shortening Primary Chemotherapy**

Over the years we have seen that the efficacy of CAT I FDC is around 82 % cure only and sizeable no of recurrence leading to maintenance of infectious pool of TB patients in the society.

We should plan for shorter sterilizing regimens of 3-4 months duration with possible DOTS strategy using latest digital technology for treatment Adherence like Video calls / MERM boxes, if not possible with TB care givers in the society as DOTS providers.

Unless the cure rates are stepped up to 90 – 95 % the eliminations targets will get stretched out failing to achieve the targets within the set timeframe.

**Nutritional Supplements**

Govt. of India has already provided Nikshay Poshan Yojana to take care of the Nutritional components. Over and above this We need Nutritional Supplements in the form of treatment adherence Initiatives in the form of nutritional supplements delivered in kind upon fixed time frame say for example for every two weeks of treatment adherence they will be issued a nutritional pack to cater for 2 more weeks of treatment.

This can be delivered through NGO's / PPSA / SHG. Kerala, has set an example by providing nutritional supplement through Traders Association in their same location.

This will ensure better adherence and better cure rates.

**Vaccine for TB**

Concerted efforts are required to develop an effective vaccine against TB. The all
round efforts went in the development of COVID 19 vaccine could have been made for TB as well. Which has been remaining as a single largest infectious killer for the mankind.

**TB preventive therapy**

**TB preventive therapy Should be made as a peoples movement.** Enough sensititation should happen among public to accept it has an important public health measure and ensuing adequate cooperation from them to accept, adopt and endorse **TB preventive therapy** to save our present and future generations.

**Enhancing TB Resources**

Corporate Social Responsibility can be a major source for meeting our TB requirements. This august Forum can make a fervent appeal to our beloved Prime Minister, Honourable minister for Health & Family Welfare and Finance Minister to spare 30% of CSR funds to meet TB elimination requirements till we achieve END TB targets.

**Rotary and LIONS** are Two important International Organizations which can be roped in for TB elimination activities. All of us know the contribution of Rotary International in the eradication of polio, on similar lines TB elimination of need to be taken up by Rotary & Lions, which will be a formidable combination against TB.

Professional bodies like IAP, IMA, ICS, TB Association of India can Train their members as TB Ambassadors to educate, impress and deliver TB services effectively in the community. Elimination of TB should be a primary agenda for any General Practitioner.

National Medical Commission can ensure adequate teaching about TB control programme for the UG's and PG's. Unless we activate these young minds about the need for TB elimination efforts, It will be very difficult to achieve our Targets.

**Women power** is undisputedly the best weapon in our hand. Self help group and women working organizations, can play a major role in detection of TB cases, identifying the TB suspect and ensuring treatment adherence among diagnosed TB patients.

In our hospital women volunteers have established “Wall of Kindness” in which dresses for patients, utilities like soap, towel, paste, powder and biscuits are stored periodically for meeting the requirements of very poor patients.
Training Panchayat Raj Members and District Administration

It has been initiated as **as best practice by State of Karnataka the TB free Panchayat**

Sensitization of the rural and district administration helps linking the TB patients with social welfare scheme and getting local resources for their successful completion of treatment.

**Adopt TB – UP model**

Adoption of children affected with TB has been initiated in UP.

On similar mode support for TB patients can be made as an **Adoption package** so as to get sponsors for TB delivery services

A Test like NAAT / Xray chest can be sponsored

Anti TB treatment can be sponsored

Nutritional supplementation can be sponsored

Financial incentives can be sponsored

TB volunteers can be sponsored

DR TB services can be sponsored

**To conclude let's all of us unite together to conquer this deadly bacillus which can be eliminated with all our efforts put together.**

**Let us all make India TB free**

**JaiHind.**
AN INSIGHT ON IMPORTANCE OF FIELD WORK IN ACADEMIC CURRICULUM

K. K. Chopra* and Shadab Khan**

Field work is known as a practical / Physical way of teaching and learning. Thus Field work is a complementary learning opportunity for students to participant in order to augment their theoretical learning.

Field work enables students and researcher to examine the way scientific theories interact with real life. Field work is important in both the social and natural sciences. Social sciences, such as economic or history, focus on people, culture and society.

Field work provides a means of contextualizing students, learning and contributing to students cognitive development, enabling them to understand the relationship between groups of geographical factors.

Conducting field research helps not only plug in gaps in data but collect supporting material and hence is a preferred research method of researchers understanding context of the study. In many cases, the data collected is adequate but field research is still conducted. This helps gain insight in to the existing data.

In the literature, the words field work education, clinical education, professional field work experience, and clinical practice are all term used to describe that special part of the professional education programme in which students gain hands on experience of working with clients under the supervision.

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The field work takes all the theoretical knowledge of research methods gained in the class room and looks at how that knowledge is applied in the field. Field work requires team work, it enhance our ability to be part of a team, working together in sometimes inhospitable conditions.

Through the filled work the students can learn how to apply social work methods in the situation of given individuals, groups or communities problems. They are exposed to the agency practice in which they are in systematically, preplanned approach to solve problem process such as study, diagnosis and treatment.

The value of field work lies particularly in providing student with a better sense of real-world environments and processes, an enhanced understanding of their subject and affords opportunities for social interaction that cannot be duplicated in class.

Every year different students completing their Public Health master degree are being placed here for gaining practical experience with following objectives.

1. Familization of the organization, its structure and management dimensions.
2. Establishing rapport with personnel.
3. Familiarization with over all functioning of health services and delivery system.
4. Understanding of health policies and programmes related to the relevant field areas.
5. To learn various determinants of health.
6. To understand essential components of community health services.
7. Active participation in organization activities to learn public health practice skills.

8. To learn to work as part of an interdisciplinary teams.

9. To develop analytic skill in report writing.

During the entire placement students are engaged in different community based activities giving health education, communicating with patients and their relatives, visiting NGO's associated with NDTB Centre and creating awareness among community, this opportunity provides students to experience of vast learning about TB and its management.

NDTB Centre is working in all aspects of health and providing all most of all services related to tuberculosis along with strengthening the health team by providing training to the health care providers, not only that NDTB Centre is working with communities to create awareness regarding TB more focus on DOTS strategy.
DOTS strategy work in all aspects to cure the patient of tuberculosis from preventive measures of disease to creating awareness to complete course of treatment. The strategy is working to eliminate tuberculosis.

Achievements of students

1. Improves communication skills via developing support with the staff and community people.
2. Report writing skills
3. Develop ability for analyzing the scenario and act accordingly.
4. It provides opportunity to learn to work in an inter-disciplinary team/team work.
5. Give insight to learn inter-sectoral health policy approach and strategies, like in TB treatment the agency is involved with community the create awareness as well as teaching health professionals for making cadre to deal with tuberculosis.
6. Get experience in working with community and learn how policies are implemented at that level.
THE TUBERCULOSIS ASSOCIATION OF INDIA
OVER THE YEARS
Dr. V.K. Arora

HISTORICAL PERSPECTIVE

We are in covid-19 pandemic and therefore, the relationship of COVID-19 and TB in particular is relevant for the public health system in India. Tuberculosis Association of India is committed to take on the challenge of both infections as both diseases are airborne and have high mortality. Also, isolation of cases and contacts for controlling COVID-19 can be problematic in low socioeconomic TB households. Under these circumstances and considering the large burden of active tuberculosis patients in India along with localized hotspot and community transmission of COVID-19, the TB association of India has further extended its wings for creating awareness about both diseases so that stigma could be minimized in the community.

The Establishment of Tuberculosis Association of India in the year 1939 was a great landmark in the history of Tuberculosis prevention and cure in India. With the prime objective of prevention, control, treatment and relief from Tuberculosis the Association has come a long way in its glorious existence of over 80 years.

The Association has a proud tradition of having the blessings of the President of India as it's Patron The Director General of Health Services of the Government of India is ex-officio Chairman of the Association. The general management of affairs of the Association invested in and rests with the Central Committee who for the purpose of Act XXI of 1960 is taken to be and acts as the Governing Body of the Association.

The Central Committee includes among others the nominees of the Patron, Trustees of the Association, Honorary Treasurer, the Members of State TB Association, Members of Parliament, Director General of Armed Forces Medical Services, Director General, Railway Health Services, TB Adviser of the Government of India.

Primarily the main functions of TAI were to act as an Advisory Body on the
prevention, control, treatment and relief of TB. It used to be a coordinating agency for standardizing methods for TB control, establishing model demonstration centres, undertaking research and investigation on subjects concerning TB and training health workers of the community and professionals. In the pre-chemotherapy era, when no anti TB drugs were available, the emphasis was laid on early diagnosis and prevention of the disease. Use of collapse therapy, nutritional support as the treatment and BCG vaccination for prevention of disease were practiced and advocated. TAI used to propagate these policies through workshops and conferences.

During the Chemotherapy era, it was realized that the traditional approach to the TB problem i.e. the sanatorium was beyond the means of our country with the limited resources and hence worked out the scheme of domiciliary treatment (then known as the Organized Home Treatment - OHT). This was later adopted as domiciliary treatment in the National TB Control Programme. To demonstrate OHT, a model clinic, New Delhi TB Clinic was established, where in addition to treatment, patients were given advice regarding sputum hygiene, contact examination and other preventive measures.

Today the TAI has under its umbrella 27 State TBAssociations spread almost all over India. The state affiliates of TAI in turn have over 400 district level associations. Over the years, some of the TAI hallmarks are;

**NEW DELHI TUBERCULOSIS CENTRE**

A Model TB Clinic was established by an agreement between the Tuberculosis Association of India and Government of India. This was later known as New Delhi TB Centre (NDTBC) and is a pioneer institute involved in research. In addition to providing quality treatment services, it has to its credit a number of landmark research studies which have guided the Government of India in framing and revising TB control programs. Important among the studies in past include: Relative merits of various schedules in domiciliary treatment of pulmonary tuberculosis (the study paved the way for concept of domiciliary treatment, at that time known as organized home treatment, as basis of NTP): The place of isolation in treatment and management of tuberculosis patients in India (The study showed that greater emphasis should be given on rather than “Isolation”; A study to evaluate the contribution of an additional regular treatment third drug as an initial supplement in treatment to pulmonary tuberculosis was conducted. It was concluded that the study failed
to show any advantage in adding thiacetazone as the third drug to INH and Streptomycin in the initial stages of treatment in patients with bacilli initially sensitive to: drugs), prevalence of HIV infection among tuberculosis patients, study on epidemiology of tuberculosis in an urban population of Delhi - report of 30 years follow up, radiological and bacteriological profile of pulmonary tuberculosis in diabetics and many more.

All the studies arrived at conclusions which made an impact on guidelines of management of TB cases under the national program. In recent years, the important studies conducted include nation-wide ARTI estimation surveys. findings of which have been used by Government of India in monitoring the TB Control Programme.

When the National TB Control Programme was launched in 1962, New Delhi TB Centre was one of the participating District TB Centres which covered the domiciliary area of old Delhi and provided free diagnosis and treatment facilities to the residents of the area. When Short Course Chemotherapy was introduced, many trials of treatment for evaluating duration and suitable regimen for Indian population were conducted at the Centre and were incorporated in the program.

The laboratory of the Centre has ever been recognized by the WHO. In July 2009, Centre's laboratory was accredited as Intermediate Reference Laboratory for the State of Delhi. The Centre also conducts a TB Health Supervisors' course which has the patronage of the Central TB Division of Government of India.

The TAI has all along played a big role in complementing the Revised National Tuberculosis Control Programme. The activities of the program are pushed and augmented through NDTB Centre. NDTBC is responsible for monitoring and evaluation of the RNTCP in the State of Delhi, analysis of quarterly program management reports, compilation and onward transmission of feedback to the Central TB Division, Government of India. Quality assurance of sputum examination, which is the vital area for success of RNTCP, is controlled by NDTBC. With the support of state affiliates, TAI also conducts sensitization programs in Medical Colleges, state branches of Indian Medical Associations and for private practitioners.
TB SEAL CAMPAIGN

The annual TB seal campaign was introduced in India by the TAI in the year 1950. The campaign is generally inaugurated on 2 October, the Gandhi Jayanti Day every year by the President of India and aims at propagating TB awareness among people all over India. It also adds to raising funds to be used for promoting voluntary anti TB work in the country. The TB seal conveys the message that TB is preventable and the victim can be restored to normal life if diagnosed and treated early. The TB Seals printed by the Association have also won the acclaim of the International Union Against Tuberculosis and Lung Diseases, Paris.

INDIAN JOURNAL OF TUBERCULOSIS

TAI is uninterruptedly publishing IJT, the quarterly journal, for over 65 years now. This is the only renowned TB journal published at the national level. Being a highly respected journal among the medical fraternity, it is indexed in Medline of the National Library of Medicine USA. The Journal incorporates original research articles on TB and respiratory diseases of international standards. It has, on its editorial board, eminent scholars and researchers and good circulation among TB workers, Institutions in India and worldwide. The journal has been given a new look from the January, 2015 issue which coincides with its publication and marketing being outsourced with Mis. Elseviers.

In addition, TAI is periodically publishing guidelines for Medical Practitioners on current issues of management of TB. Some important guidelines published include Management of Extra-pulmonary Tuberculosis, Management of side effects of anti TB drugs, Role of NGOs in TB control, Management of TB in special situations. These are distributed during conferences and workshops and are also available on TAI's website.

PROPOSED FUTURE ACTIVITIES

Much has been accomplished but much more has to be done. No national program can succeed without the patronage of institutes like TAI. Community participation plays an important role in its success. TAI proposes to further gear up its research activities. In the last five years, the Association has funded over 100 short term research projects. A Communication Cell will be created which will mainly aim at increasing public awareness about the disease, involve community leaders in the control effort and enlist cooperation of
patients and their families in seeking proper diagnosis and to complete treatment till cure. A Cell dealing with Environment has been established. There is also a proposal to set up a TB-HIV cell in TA1 complex for disseminating awareness about the co infection, its prevention and management. It is proposed to strengthen the State Associations by providing some funds.

The Tuberculosis Association of India, which is now eighty years old, has really lived up to the aspirations of its founding fathers. It has played a leading role in the prevention and cure of Tuberculosis and shall continue to do so.
CALENDAR OF TUBERCULOSIS WORKERS’ CONFERENCE

1st The First Conference of Tuberculosis was organised in New Delhi in November, 1934 by the King George Thanks-giving (Anti-Tuberculosis) Fund. Twenty-four delegates attended this three-day conference. Under the auspices of the Tuberculosis Association of India, the First All India Tuberculosis Workers’ Conference was held in New Delhi in November, 1939. Fifty delegates attended it.

2nd The Second Conference was held in New Delhi in November, 1940. This was attended by ninety delegates.

3rd The Third Conference was held in New Delhi in March, 1945. Seventy delegates attended. Sir Joseph Bhore presided.

4th The Fourth Conference was held in New Delhi in November, 1946 and was attended by 110 delegates.

5th The Fifth Conference was held in January, 1948 at Madras. Over hundred delegates attended it. His Excellency, Sir Archibald Nye, Governor of Madras, inaugurated the conference.

6th The Sixth Conference was held in Calcutta in December, 1948. Dr. R. B. Billimoria was its President. Dr. B. C. Roy, Premier of West Bengal, inaugurated the Conference. 130 delegates attended.

7th The Seventh Conference was held in Bombay in November, 1949. Its President was Dr. A. C. Ukil. Rajkumari Amrit Kaur, Minister of Health, Government of India, and President of the Tuberculosis Association of India, inaugurated the conference. 130 delegates attended.

8th The Eighth Conference was held in Hyderabad in February, 1951. Dr. K. Vasudev Rao was its President. Over 150 delegates attended. It was inaugurated by Dr. K.C.K.E. Raja, Director-General of Health Services and Chairman, Tuberculosis Association of India.

9th The Ninth Conference was held in February, 1952 in Lucknow. Dr. P. V. Benjamin was its president. Over 170 delegates attended. It was inaugurated by Dr. K.C.K.E. Raja, D.G.H.S. and Chairman, Tuberculosis Association of India.

10th The Tenth Conference met in Mysore in February, 1953. Dr. K.L. Wig presided in the absence of Late R.B. Lal, the President-elect. It was inaugurated by Rajkumari Amrit Kaur, Union Health Minister and President of the Tuberculosis Association of India.

11th The Eleventh Conference was held in Nagpur in February, 1954. Dr. K. L. Wig was its President. About 130 delegates attended. Dr. Pattabhi Sitaramayya, Governor of Madhya Pradesh, inaugurated it.
12th The Twelfth Conference was held in Amritsar in February, 1955 with Dr. B.B. Yodh as the President. About 175 delegates attended. Shri C.P.N. Singh Governor of Punjab, inaugurated the Conference.

13th The Thirteenth Conference was held in Trivandrum in January 1956. Dr. T.J. Joseph was its President. About 150 delegates attended. His Highness the Rajpramukh of Trivancore inaugurated it.

14th The Fourteenth Conference was held in Madras in January, 1958. Dr K.S. Sanjivi was its President. About 200 delegates attended. It was inaugurated by Shri Bishnumat Medhi, Governor of Madras.

15th The Fifteenth Conference was held in Jaipur, 1959. It was inaugurated by Dr. D.P. Karmakar, Union Health Minister. Over 200 delegates attended. Dr. B.K. Sikand was the President of this conference.

16th The Sixteenth Conference was held in Poona in January, 1960. Over 250 delegates attended. Dr. P.K. Sen was its President. It was inaugurated by Rajkumari Antrit Kaur, Union Health Minister and President, Tuberculosis Association of India.

17th The Seventeenth Conference was held in Cuttack in January-February, 1961. It was inaugurated by Shri Y.N. Sukharrk, Governor of Orissa. Over 200 delegates attended. A new feature of the conference was that Dr. A.S. Modi attended as the Guest Speaker from Hong Kong. Dr. J. Frimodt-Møller was its President.

18th The Eighteenth Conference was held in Bangalore in January, 1962. Dr. R.N. Tandon was its President. Over 300 delegates attended. The conference was inaugurated by the Maharaja, Shri Jayachamaraja Wadiyar Bahadur, Governor of Mysore.

19th The Nineteenth Conference was held in Delhi in April, 1964. Dr. L.R. Dongrey was its President. Over 400 delegates attended. The conference was inaugurated by Sushila Nayar, Union Minister for Health.

20th The Twentieth Conference was held in Ahmedabad in February, 1965, and was presided over by Dr. M.D. Deshmukh. The conference was inaugurated by Nawab Mehdçi Nawaz Jung, Governor of Gujarat. About 300 delegates attended it.

21st The Twenty-first Conference was held in Calcutta in February, 1966. Dr. K.N. Rao, Director-General of Health Services and Chairman, TB Association of India, was its President. About 350 delegates attended. The Conference was inaugurated by Smt. Padmaja Naidu, Governor of West Bengal.

22nd The Twenty-second Conference was held in Hyderabad in February, 1967. Major (Dr.) Khusheva Singh of Patiala was the President of the Conference.
It was inaugurated by Shri Pattom Thanu Pillai, Governor of Andhra Pradesh. Over 250 delegates attended.

23rd The Twenty-third Conference was held in Bombay in January, 1968. Dr. R. Viswanathan was its President. It was inaugurated by Dr. P.V. Cherian, Governor of Maharashtra. Over 300 delegates attended.

24th The Twenty-fourth Conference was held in Trivandrum in January, 1969. The President of the Conference was Dr. N.L. Bordia. It was inaugurated by Shri V.Viswanathan, Governor of Kerala. Over 300 delegates attended.

25th The Twenty-Fifth National Conference was held in Patiala, Punjab, in January, 1970. Dr. M. Umesh Rao was the President of the Conference. It was inaugurate by Dr. E.C. Pavate, Governor of Punjab. About 250 delegates attended.

26th The Twenty-Sixth Conference was held in Bangalore in January, 1971. Dr. K. Somayya was its President. Shri Dharma Vir. Governor of Karnataka, inaugurated the Conference. About 300 delegates attended.

27th The Twenty-seventh Conference was held in Patna in November, 1972, Dr. K.N. De of Calcutta was its President. Shri Dev Kant Barooah, Governor of Bihar, inaugurated the Conference. About 250 delegates attended.

28th The Twenty-eighth National Conference was held in Madras, in January 1974. Dr. S.P. Pamra was its President. Shri K.K.Shah, Governor of Madras, inaugurated the conference. Over 300 delegates attended

29th The Twenty-ninth Conference was held in New Delhi in November, 1974. This was combined with the IXth Conference of the Eastern Region of the I.U.A.T. Due to the absence of Dr. M.S. Chadha, Shri S. Ranganathan, President of the Association, Presided over the Conference. The Conference was inaugurated by Shri Fakhruddin Ali Ahmed, President of India and addressed by Dr. Karan Singh, Union Minister for Health and Family Planning. Over 400 delegates attended the Conference.

30th The Thirtieth Conference was held in Hyderabad in November, 1975. Dr. H.B. Dingley was its President. Over 200 delegates attended the Conference. It was inaugurated by Shri S. Obul Reddy, Governor of Andhra Pradesh.

31st The Thirty-first Conference was held in Lucknow in November, 1976. Dr. Tahir Mirza was its President. Over 300 delegates attended the conference. It was inaugurated by Shri M. Chenna Reddy, Governor of Uttar Pradesh.

32nd The Thirty-second Conference was held in Trivandrum in November, 1977. Dr.K.V. Krishnaswami was its President. About 400 delegates attended the conference. Smt. Jyoti Venkatachallam, Governor of Kerala, inaugurated the Conference.
33rd
The Thirty-third Conference was held in Bhopal in November, 1978. Dr. J.L. Bhatia was its President. The Conference was inaugurated by Shri C.M. Poonacha, Governor of Madhya Pradesh. About 300 delegates attended.

34th
The Thirty-fourth Conference was held in Jaipur in October, 1979. Dr. M.L. Mehrotra was its President. Shri Bhairon Singh Shekawat, Chief Minister of Rajasthan, inaugurated the Conference. About 300 delegates attended.

35th
The Thirty-fifth Conference was held in Bombay in November, 1980. Dr. M.M. Singh was its President. Dr. Bali Ram Hira, State Health Minister, Maharashtra, inaugurated the conference. About 500 delegates attended.

36th
The Thirty-sixth Conference was held in Baroda in November, 1981. Dr. G.D. Gothi was its President. Smt. Sharda Mudherjee, Governor of Gujarat, inaugurated the Conference. About 500 delegates attended.

37th
The Thirty-seventh Conference was held in New Delhi in November 1982. Dr. Jaswant Singh was its President. Shri M. Hidayatullah, Vice-President of India, inaugurated the Conference. About 600 delegates attended.

38th
The Thirty-eighth Conference was held in Panaji in October, 1983. Dr. S. Sivaraman was its President. Shri K.T. Satarawala, Lt. Governor of Goa, Daman Diu, inaugurated the Conference. About 700 delegates attended.

39th
The Thirty-ninth Conference was held in Cuttack in January, 1985. Dr. A.G. Patel was its President. Shri B.N. Pandey, Governor of Orissa, inaugurated the Conference. About 500 delegates attended.

40th
The Fortieth Conference was held in Shillong in November, 1985. Dr. D. Umapathy Rao was its President. Smt. Mohsina Kidwai, Union Minister for Health and Family Welfare, inaugurated the Conference. About 400 delegates attended.

41st
The Forty-first Conference was held in Hyderabad in October, 1986. Dr. S.P. Gupta was its President. Smt. Kumudben Mani Shankar Joshi, Governor of Andhra Pradesh, inaugurated the Conference. About 500 delegates attended.

42nd
The Forty-second Conference was held in Lucknow in December 1987. Dr. P.A. Deshmukh was its President. Shri Lokpathi Tripathi, Minister for Health and F.W., U.P. inaugurated the Conference. About 500 delegates attended.

43rd
The Forty-third Conference was held in Calcutta in December 1988. Dr. S.P. Tripathy was its President Prof. S. Nural Hasan, Governor of West Bengal inaugurated the Conference. About 450 delegates attended.

44th
The 44th National Conference on Tuberculosis and Chest Diseases was held in Madras in December, 1989. In the absence of Dr. S.C. Kapoor, President
of Conference, Dr. K. Jagannath presided over the Conference. Dr. K. Deivasnamani, Minister for Health & Family Welfare, Government of Tamil Nadu, inaugurated the Conference. About 600 delegates attended.

45th The 45th National Conference on Tuberculosis and Chest Diseases was held in Rohtak (Haryana) in January 1991. Prof. K.C. Mohanty was its President. Shri Dhanik Lal Mandai, Governor of Haryana, inaugurated the Conference. About 400 delegates attended.

46th The 46th National Conference on Tuberculosis and Chest diseases was held in New Delhi on November 1991. Dr. S.B. Trivedi was its President. Dr. M.S. Chadha, President, Tuberculosis Association of India, inaugurated the Conference. About 450 delegates attended.

47th The 47th National Conference on Tuberculosis and Chest Diseases was held in Bombay in November 1992. Dr D. P. Verma was its President. Shri C. Subramaniam, Governor of Maharashtra, inaugurated the Conference. About 600 delegates attended.

48th The 48th National Conference on Tuberculosis and Chest Diseases was held in Bhopal (Madhya Pradesh) in December 1993. Dr. M.M.S. Siddhu was its President. Shri Mohammed Shafi Qureshi, Governor of Madhya Pradesh, inaugurated the Conference. About 450 delegates attended.

49th The 49th National Conference on Tuberculosis and Chest Diseases was held in Pondicherry in October 1994. Dr. R.C. Jain was its President. Shri Paban Singh Ghatowar, Union Dy. Minister for Health and Family Welfare inaugurated the Conference. About 500 delegates attended.

50th The Golden Jubilee National Conference on TB & Chest Diseases was held in Trivandrum in December 1995. Dr. C. Srinivasa Rao was its President. Shri P. Shiv Shankar, Governor of Kerala, inaugurated the Conference. About 550 delegates attended.

51st The 51st National Conference on TB & Chest Diseases was held in Bangalore (Karnataka) in November 1996. Dr. Hoimi Basu was its President. His Excellency Shri Khursheed Alam Khan, Governor of Karnataka, inaugurated the Conference. About 600 delegates attended.

52nd The 52nd National Conference on TB & Chest Diseases was held in Ahmedabad (Gujarat) in December 1997. Dr. R.P Bhagi was its President. Shri Dilipbhai Parikh, Hon’ble Chief Minister of Gujarat, inaugurated the Conference. About 600 delegates attended.

53rd The 53rd National Conference on TB & Chest Diseases was held at Bhubaneswar (Orissa) from 27th to 30th December, 1998. Dr. I. Ranga Rao
was the President of the 53rd National Conference. Shri Jagannath Rout, the Hon'ble Minister of Urban Development, Orissa, inaugurated the Conference which was attended by about 400 delegates.

54th The 54th National Conference on Tuberculosis and Chest Diseases was held at L. N. Mishra Institute Auditorium, Bailey Road, Patna (Bihar), from 26th to 29th December, 1999. Dr. M.S. Agnihotri was the President of this 54th National Conference, which was attended by about 400 delegates.

55th The 55th National Conference on TB & Chest Diseases was held at Taj Bengal, Calcutta from 7th to 10th December, 2000. Dr. D. Bhounsule was the President of the Conference, which was attended by about 500 delegates.

56th The 56th National Conference on Tuberculosis and Chest Diseases was held at Hotel Le Royal Meridien, Chennai from 9th to 12th October, 2001. Dr. M. Pradhan was the President of the Conference, which was attended by about 550 delegates.

57th The 57th National Conference on Tuberculosis and Chest Diseases was held at Kala Academy, Panaji, Goa from 26th to 29th September, 2002. Dr. S.N. Tripathy was the President of the Conference, which was attended by about 500 delegates.

58th The 58th National Conference on Tuberculosis and Chest Diseases was held at Taj Lands Ends, Mumbai from 2nd to 4th January, 2004. Dr. P. Jagota was the President of the Conference, which was attended by about 600 delegates.

59th The 59th National Conference on Tuberculosis and Chest Diseases was held at LRS Inst. of TB and Respiratory Diseases, New Delhi from 3rd to 6th February, 2005. Dr. V.K. Arora was the President of the Conference, which was attended by about 600 delegates.

60th The 60th National Conference on Tuberculosis and Chest Diseases was held at K.G. Medical University, Lucknow, from 23rd to 26th February, 2006. Dr. P.R. Narayanan was the President of the Conference, which was attended by 500 delegates.

61st The 61st National Conference on Tuberculosis and Chest Diseases was held at RNT Medical College, Udaipur (Rajasthan) from 23rd to 25th February, 2007. Lt. General Dr. R. Jayaswal was the President of Conference, which was attended by about 500 delegates.

62nd The 62nd National Conference on Tuberculosis and Chest Diseases was held at New Delhi TB Centre, New Delhi from 14th to 16th December, 2007. Dr. S.K. Katiyar was the President of the Conference. Dr. Ambumani Ramadoss, Hon'ble Minister for Health & Family Welfare, Govt. of India, inaugurated the Conference, which was attended by about 400 delegates.
63rd The 63rd National Conference on Tuberculosis & Chest Diseases and First International Conference of South Asia Region (The Union) was held in New Delhi from 8th to 10 September 2008. Dr. R.K. Srivastava, Chairman, TAI and Director General of Health Services with the President of the Conference. About 550 delegates attended the Conference.

64th The 64th National Conference on Tuberculosis & Chest Diseases was held at Science City Auditorium, Kolkata, from 27th to 29th December, 2009. Dr. Manish Pradhan was the President of the Conference. About 350 delegates attended the Conference.

65th The 65th National Conference on Tuberculosis & Chest Diseases was held at Bangalore, from 9th to 11th January, 2011. Dr. Prahlad Kumar was the President of the Conference. About 450 delegates attended the Conference.

66th The 66th National Conference on Tuberculosis & Chest Diseases was held at Dehradun, Uttarakhand from 19th to 20th November, 2011. Dr. D. Behera was the President of the Conference. About 350 delegates attended the Conference.

67th The 67th National Conference on Tuberculosis & Chest Diseases was held at Patna, Bihar from 8th to 10th February 2013. Dr. Rajendra Prasad was the President of the Conference. About 450 delegates attended the Conference.

68th The 68th National Conference on Tuberculosis and Chest Diseases was held at New Delhi from 23rd to 26th Feb 2014 and was inaugurated by the Hon’ble President of India. Dr. L.S. Chauhan was the President of the conference. The conference was organised under auspices of the National Institute of Tuberculosis and Respiratory Diseases, New Delhi (Eastwhile LRS Institute of TB and Respiratory Diseases). Over 600 delegates attended the conference.

69th The 69th National Conference on Tuberculosis and Chest Diseases was held at Mumbai from 5th to 7th Feb 2015. Dr. Rohit Sarin was the President of the Conference. The Conference was organised in association with the Anti TB Association of Maharashtra. Over 350 delegates attended the conference.

70th The 70th National Conference on Tuberculosis and Chest Diseases was held at convention center, King George Medical University, Lucknow (U.P.) in Feb.-2016. Dr. Jai Kishan was the President the conference. The Conference was organised in association with the TB Association of U.P. and the Deptt. of Pulmonary, King George University Lucknow. Over 650 delegats attended the conference.
71st The 71\textsuperscript{st} National Conference on Tuberculosis and Chest Diseases was held at PGI Chandigarh from 16\textsuperscript{th} to 18\textsuperscript{th} December, 2016. Dr. K.B. Gupta was President of the Conference. The Conference was inaugurated by Dr. Soumya Swaminathan, Director General, ICMR and Secretary, Department of Health Research, Ministry of health and Family Welfare, Government of India, New Delhi. Over 650 delegates attended the Conference.

72nd The 72\textsuperscript{nd} National Conference on Tuberculosis and Chest Diseases was held at Konaseema Institute of Medical Sciences & Research Foundation, Amalapuram and Hotel River Bay, Rajamundry, Andhra Pradesh, from 15\textsuperscript{th} to 17\textsuperscript{th} December, 2017. Dr. Bamin Tada was President of the Conference, Dr. C.V. Rao, Vice-Chancellor, NTR University of Health Sciences, Andhra Pradesh, inaugurated the conference. Over 450 delegates attended the conference.

73rd The 73rd Conference on Tuberculosis and Chest Diseases was held at Nagpur, Maharashtra, from 4\textsuperscript{th} to 6\textsuperscript{th} January, 2019. The conference was organised jointly by the Department of Respiratory Medicine, Indira Gandhi Government Medical College, Nagpur, Vidarbha Chest Association and the Maharashtra State Anti-TB Association, Mumbai, under aegis of the Tuberculosis Association of India. Dr. Sunil Khaparde was the President of the Conference. Over 500 delegates attended the conference.

74th The 74\textsuperscript{th} Conference on Tuberculosis and Chest Diseases was held at Chennai, Tamil Nadu, from 20\textsuperscript{th} to 22\textsuperscript{nd} December, 2019. The conference was organised jointly by the Government Hospital of Thoracic, Tambaram Sanatorium, Chennai and the Anti-TB Association of Tamil Nadu, Chennai, under aegis of the Tuberculosis Association of India. Dr. K.K. Chopra was the President of the Conference. Over 700 delegates attended the conference.

75th The Platinum Jubilee of National Conference of Tuberculosis and Chest Diseases (75\textsuperscript{th} NATCON) was held at Indore, Madhya Pradesh, from 18\textsuperscript{th} to 20\textsuperscript{th} December 2020 on a 3D virtual platform. The conference was organized under the aegis of Tuberculosis Association of India, Mahatma Gandhi Memorial Medical College, Indore and MP TB Association. Dr. K.S. Sachdeva was the President of the Conference. Over 2500 delegates attended the Conference.
The 76th National Conference on Tuberculosis and Chest Diseases (NATCON) was held at MM Continental Hotel, Mullana, organised by MM Institute of Medical Science, Mullana, (Haryana), from 11th to 13th April, 2022. The conference was organized under the aegis of Tuberculosis Association of India. Dr. Sridhar Rathinam was the President of the Conference. Over 600 delegates attended the Conference.
List of State Tuberculosis Association

1. Dr. T. Ramesh  
   Honorary General Secretary I/c  
   TB Association of Andhra Pradesh  
   # 3-4-760, Barkatpura,  
   Hyderabad - 500 027  
   T.No.: 040-27563219

2. Dr. Bamin Tada  
   Honorary Secretary  
   TB Association of North East India,  
   Cheryl Cottage  
   Mount Aghee, Salang  
   P.O. Zira, Dist. Lower Subansiri  
   Arunachal Pradesh - 791120  
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