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PART-I

GOVERNMENT OF SINDH

LAW DEPARTMENT

NOTIFICATION

Karachi, dated the 31st May, 2013.

NO.S.LEGIS:1(10)/2013:- The following Ordinance made by the Governor of Sindh is hereby published for general information:-

THE TUBERCULOSIS NOTIFICATION ORDINANCE, 2013

Sindh Ordinance No.X of 2013

AN ORDINANCE

to develop Tuberculosis Notification Forms and distribute copies of the relevant TB Notification Form to every registered medical practitioner, private clinic, private hospital, registered practitioner, community leader and in-charge of a covered premises operating within the jurisdiction.

WHEREAS to develop Tuberculosis Notification Forms and distribute copies of the relevant TB Notification Form to every registered medical practitioner, private clinic, private hospital, registered practitioner, community leader and in-charge of a covered premises operating within the jurisdiction and to provide matters ancillary thereto;

AND WHEREAS the Provincial Assembly is not in session and the Governor is satisfied that circumstances exist which render it necessary to take immediate action;

NOW, THEREFORE, in exercise of the powers conferred by clause (1) of Article 128 of the Constitution of the Islamic Republic of Pakistan, 1973, the Governor is pleased to make and promulgate the following Ordinance:-

**Short title,
extent and
commencement.**

1. (1) This Ordinance may be called the Tuberculosis Notification Ordinance, 2013.
- (2) It extends to whole of the Sindh Province.
- (3) It shall come into force at once.

Definitions.

2. In this Ordinance, unless there is anything repugnant in the subject or context -

(i) "a local public health facility" consists of the following:-

- (a) Tertiary care hospitals;
- (b) District headquarter hospital;
- (c) Tehsil headquarter hospital;
- (d) Civil hospital;
- (e) District headquarter hospital;
- (f) Tehsil headquarter hospital;
- (g) Rural health center; and
- (h) Basic health unit located in the TB patient's district of residence.

(ii) "case" means a person suspected of, or confirmed to be, suffering from Tuberculosis;

(iii) "confirmed TB patient" means a person confirmed to be suffering from Tuberculosis on the basis of microscopic examination (+AFB Acid

fast bacillus) or culture test result revealing the presence of mycobacterium Tuberculosis in bodily fluids or tissues or on the basis of Radiological investigations;

(iv) "covered premises" means a location wherein a person has a heightened risk of contracting a communicable disease due to prolonged

exposure which includes educational institutions, industrial concerns, mines, jails, madrasas and refugee camps;

- (v) "community representative" means a person who represents a community and includes councilors, tribal heads, maliks, lumbarbars and other elected, appointed and hereditary community representatives;
- (vi) "District Health Officer" means the District Health Officer in the District where the patient resides;
- (vii) "DOTS" means Directly Observed Treatment Short-courses Strategy for Tuberculosis patients;
- (viii) "Government" means the Government of Sindh;
- (ix) "Incharge of laboratory" means the owner of laboratory and includes the person who performs tests on specimens in the laboratory;
- (x) "In charge of premises" means a person serving as head of an institution or who otherwise has control of the affairs and management of a premises where a large number of people reside or stay for prolonged durations.
- (xi) "Laboratory" means a pathological laboratory conducting tests for human diseases;
- (xii) "notify" means to provide the District Officer of Health with notice of a confirmed or suspected Tuberculosis case in accordance with the procedures set forth by law;
- (xiii) "National Program" means the National Tuberculosis Control Program for Pakistan;
- (xiv) "Provincial Program" means the Sindh Provincial Tuberculosis Control Program;
- (xv) "prescribed" means prescribed by rules;
- (xvi) "registered medical practitioner" means a person who is registered under section 23 of the Pakistan Medical and Dental Council Ordinance (XXXII OF 1962) as registered medical practitioner;
- (xvii) "registered practitioner" means a person who is registered under section 24 of Unani, Ayurvedic and Homeopathic Practitioners Act (II OF 1965);

(xviii) "traditional healthcare provider" means a person who is engaged in treatment of patients by using traditional and spiritual remedies and includes pirs, unregistered hakims, spiritual healers and herbalists;

(xix) "suspected TB patient" means a person having symptoms of cough and fever for more than two weeks duration without any alternative explanation;

(xx) "Schedule" means Schedule to this Ordinance.

PART -II
TUBERCULOSIS CASE NOTIFICATION, RECORD
KEEPING AND EDUCATIONAL OUTREACH

Development and Distribution of Notification Forms.

3. Provincial Program shall develop TB Notification Forms, and deliver copies of these forms to the District Health Officer, who shall distribute copies of the relevant TB Notification Form to every registered medical practitioner, private clinic, private hospital, registered practitioner, community leader and in-charge of a covered premises operating within the jurisdiction as needed.

Method of Notification.

4. (1) A person may comply with the notification requirement by delivering the appropriate TB Notification Form by hand, or by submitting the appropriate TB Notification Form by registered post, to the District Health Officer or to a local public health facility

(2) Following activation of the online TB Notification System by the Ministry of Health, a person may fulfill the notification requirement by completing the appropriate TB Notification Form on-line.

(3) Following the establishment of a Universal Access Number by the Ministry of Health, a person may fulfill the notification requirement by telephone.

Duties of Registered Medical Practitioners and those in charge of private clinics and hospitals.

5. (1) Within a week of examining a case, a registered medical practitioner shall submit a completed TB Notification Form, as provided as Form A in the Schedule, to the District Health Officer or to a local public health facility.

(2) A registered medical practitioner shall maintain the record of a Tuberculosis patient under his or her treatment

for a period of two years

(3) A registered medical practitioner shall inform the close contacts of a Tuberculosis patient under his treatment about strategies for preventing the spread of Tuberculosis.

(4) A registered medical practitioner shall inform a case about the availability of free diagnostic and treatment services through public health facilities.

(5) A registered medical practitioner shall notify the District Health Officer or a local public health facility of the death of a Tuberculosis patient who has been under his care within one week of the patient's death.

(6) If a Tuberculosis patient changes residence, the registered medical practitioner treating the patient shall notify the District Health Officer or a local public health facility of the patient's transfer of residence.

(7) A registered medical practitioner shall display a poster describing the notification requirement, symptoms of Tuberculosis and measures that prevent the spread of Tuberculosis in a conspicuous location that his patients are likely to see.

(8) A person who controls the affairs and management of a clinic or hospital where more than one doctors are working shall ensure compliance with the provisions under this section.

6. (1) A registered practitioner, traditional healthcare provider or healthcare provider shall notify a case, by sending a completed TB Notification Form as provided as Form B in the Schedule, to the District Health Officer or a local public health facility.

(2) A registered practitioner, traditional healthcare provider or healthcare provider shall inform a case about the availability of free diagnostic and treatment services through public health facilities; and

(3) A registered practitioner, traditional healthcare provider or healthcare provider shall inform a case about strategies for preventing the spread of Tuberculosis.

(4) A registered practitioner, traditional healthcare provider or healthcare provider shall display a poster describing the notification requirement, symptoms of Tuberculosis and measures that prevent the spread of Tuberculosis in a conspicuous location that their patients are likely to see.

Duties of registered practitioners, traditional healthcare providers, persons illegally practicing medicine.

Notification of a Tuberculosis case by a pathological laboratory.

7. (1) When a pathological laboratory identifies a positive Tuberculosis test result in a specimen of an individual, the Incharge of the laboratory shall send a completed TB Notification Form as provided in Form C in the Schedule, to the District Health Officer or a local public health facility.

(2) An incharge of a pathological laboratory shall maintain a Tuberculosis patient's test results and supporting slides for a period of two years.

Duties of those in charge of covered premises.

8. (1) An incharge of covered premises shall notify the District Health Officer or a local public health facility about a case residing, working or studying at the covered premises.

(2) An In charge of a covered premises shall display a poster describing the notification requirement, symptoms of Tuberculosis and measures that prevent the spread of Tuberculosis in a conspicuous location at the covered premises.

Duties of a community representative.

9. (1) Upon knowing about a case, a community representative shall submit a completed copy of the TB Notification Form as provided as Form D in the schedule annexed to the Act, to the DHO or a local public health facility.

(2) A community representative shall inform a case about the availability of free diagnostic and treatment services through public health facilities.

**PART III
IMPLEMENTATION PROVISIONS**

Process of notification.

10. A person responsible for notifying a case under the provisions of this bill shall fill in the prescribed form and send it to District Health Officer by registered post or deliver it by hand to the office of District Health Officer or local public health facility within a week of becoming aware of the case.

Powers and functions of District Health Officer.

11. (1) The District Health Officer shall make a list of all -

- (a) private health practitioners;
- (b) private clinics and private hospitals;
- (c) private healthcare providers;
- (d) in charge of premises; and
- (e) community representatives in the District.

(2) The District Health Officer shall make Tuberculosis Notification Forms and posters available to those responsible for Tuberculosis notification in the District.

(3) An in charge of a public health facility shall

transmit a notification of a case received pursuant to this Ordinance to the District Health Officer within twenty four hours of receiving a notification form.

(4) The District Health Officer shall transmit a notification of a case received pursuant to this Ordinance to District Coordinator of Provincial Program within twenty four hours of receiving a notification form.

(5) The District Health Officer shall maintain a data base of notifications.

(6) The District Health Officer shall communicate the provisions of this Ordinance to all private health practitioners, private clinics, private hospitals, private healthcare providers, in charge of premises and community representatives in the district.

(7) The District Health Officer shall arrange seminars and workshops in collaboration with National Program or Provincial Program for all private health practitioners, in charges of private clinics and private hospitals, private healthcare providers, community representatives and in charge of premises in the District to educate them about the provisions of this Ordinance.

12. (1) Provincial Program shall arrange workshops and seminars to give effect to the provisions of this Ordinance.

Powers and functions of Provincial Program.

(2) Upon receiving a notification from the District-Coordinator, the Provincial Program shall, without delay, arrange for the diagnosis, treatment and management of a notified case.

(3) Provincial Program shall publish a poster describing the notification requirement, and depicting the symptoms of Tuberculosis and measures that prevent the spread of Tuberculosis and shall also provide these posters to the District Health Officer for distribution to those responsible for notification.

13. (1) Within one year of the commencement of this Ordinance, the Secretary Health, Government of Sindh shall establish an online TB Notification System.

Powers and functions of Secretary Health.

(2) Within one year of the commencement of this Ordinance, the Secretary Health, Government of Sindh shall establish a Universal Access Number allowing for confidential the notification of a Tuberculosis cases.

PART III JURISDICTION, SANCTIONS AND APPEALS

- Penalty.** 14. A person who contravenes the provisions of this Ordinance shall be subject to penalties as prescribed by the Secretary of Health.
- Breach of confidentiality.** 15.(1) A person who discloses the identity of a Tuberculosis patient to an individual who is not legally authorized to know that the patient is infected with Tuberculosis is guilty of breaching the patient's confidentiality.
- (2) Except as provided under this Ordinance, a person shall not communicate or allow to be communicated information obtained under this Ordinance to a person not legally entitled to that information.
- (3) Upon conviction, a court shall punish a violator of sub-section (1) with a fine which may extend to rupees fifty thousand but not less than rupees twenty five thousand.
- Cognizance of offence.** 16. The District Health Officer shall take cognizance of an offence arising under this Ordinance.
- Burden of proof.** 17. When a person is prosecuted for contravening the provisions of this Ordinance, the burden of proof lies on the person responsible for complying with the provisions of this Ordinance.
- Jurisdiction.** 18. A Judicial Magistrate of the First Class shall have jurisdiction to try the offences under this Ordinance.
- Appeal.** 19. (1) A person sentenced by the Judicial Magistrate may file an appeal before the District Judge within thirty calendar days from the date on which sentence is passed.
- (2) If satisfied that there has been a failure of justice, the district judge may set aside or modify the sentence provided the district judge issues a written decision stating reasons for setting aside or modifying the sentence.

PART IV MISCELLANEOUS PROVISIONS

- Indemnity.** 20. No suit, prosecution or other legal proceedings shall lie against any officer for anything which is, in good faith, done or intended to be done in pursuance of this Ordinance, or the rules made thereunder.
- Powers to make rules.** 21. (1) Government may, by notification in the official gazette, make rules for the purpose of carrying into effect the provisions of this Ordinance.
- (2) In particular and without prejudice to the

generality of the foregoing power, rules made under this section may provide for all or any of the following matters:-

- (i) penalties for violations under this Ordinance that include fines, compulsory completion of National Program or Provincial Program training and closure of premises of work in case of repeated violations;
- (ii) offering notification incentives;
- (iii) procedures to be adopted by the District Health Officer and district coordinator of Provincial Program for detection of violation under this Ordinance;
- (iv) prescribing, amending forms for the purpose of notification;
- (v) the definition of Tuberculosis;
- (vi) the specification of valid tests for confirming a Tuberculosis diagnosis;
- (vii) authorizing people other than the DHO to receive TB Notification Forms for a particular area;
- (viii) specifying additional details to be furnished during the Tuberculosis notification process;
- (ix) specifying criteria to be used for defining different classes of socioeconomic status of individuals for notification forms.
- (x) requiring additional classes of people to notify Tuberculosis cases; and
- (xi) making incidental, supplementary, consequential and transitional provisions as the Government deems appropriate;

DR. ISHRAT-UL-EBAD KHAN
GOVERNOR OF SINDH

Karachi,
Dated:-

SAYED GHULAM NABI SHAH
SECRETARY TO GOVT. OF SINDH
LAW, PARLIAMENTARY AFFAIRS
AND HUMAN RIGHTS

