

**SINDH ACT NO.XXIII OF 2014
THE SINDH TUBERCULOSIS NOTIFICATION ACT, 2014**

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[22nd December, 2014]

An Act to develop Tuberculosis Notification Forms and distribute copies of the relevant TB Notification Forms to every registered medical practitioner, private clinic, private hospital, registered practitioner, community leader and Incharge of a covered premises operating within the jurisdiction;

WHEREAS it is expedient to develop Tuberculosis Notification Forms and distribute copies of the relevant TB Notification Forms to every registered medical practitioner, private clinic, private hospital, registered practitioner, community leader and Incharge of a covered premises operating within the jurisdiction and to provide for matters ancillary thereto;

Preamble.

It is hereby enacted as follows:-

1. (1) This Act may be called the Sindh Tuberculosis Notification Act, 2014.

**Short title,
extent and
commencement.**

(2) It shall extend to the whole of the Province of Sindh.

(3) It shall come into force at once.

2. In this Act, unless there is anything repugnant in the subject or context –

Definitions.

(i) “community representative” means a person who represents a community and includes councilors, tribal heads, and other elected, appointed and hereditary community representatives;

(ii) “covered premises” means a location where 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;

(iii) “District Health Officer” means the District Health Officer in the District;

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- (iv) "Form" means the Tuberculosis Notification Form provided in the Schedule;
- (v) "Government" means the Government of Sindh;
- (vi) "Laboratory" means a pathological laboratory conducting tests for human diseases;

- (vii) "Laboratory Incharge" means the owner of laboratory and includes the person who performs the tests on specimen in the Laboratory;

- (viii) "local public health facility" means and includes –
 - (a) Tertiary care hospital;
 - (b) District headquarter hospital;
 - (c) Tehsil headquarter hospital;
 - (d) Civil hospital;
 - (e) Rural health centre; and
 - (f) Basic Health Unit located in the TB patient's district of residence;
 - (g) Dispensaries;

- (ix) "Medical Practitioner" means a person who is registered under section 23 of the Pakistan Medical and Dental Council Ordinance (XXXII OF 1962);
- (x) "National Program" means the National Tuberculosis Control Program for Pakistan;
- (xi) "notify" means a notice to the District Health Officer or local public health facility, of a patient or suspected patient in accordance with the procedures set forth under this Act;
- (xii) "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;
- (xiii) "Premises Incharge" 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 stay for prolonged duration;
- (xiv) "prescribed" means prescribed by rules;

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- (xv) "Provincial Program" means the Sindh Tuberculosis Control Program;
- (xvi) "registered practitioner" means a person who is registered under section 24 of the Unani, Ayurvedic and Homeopathic Practitioners Act (II of 1965);
- (xvii) "Schedule" means Schedule to this Act.
- (xviii) "suspected patient" means a person suspected to be suffering from tuberculosis having symptoms of cough and fever for more than two weeks duration without any alternative explanation; and
- (xix) "traditional healthcare provider" means a person who is engaged in treatment of patients by using traditional and spiritual remedies and includes, spiritual healers and herbalists.

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

3. The Provincial Program shall develop Forms and deliver copies thereof to the District Health Officer, who shall distribute copies of the relevant Form to every medical practitioner, private clinic, private hospital, registered **practitioners**, community leader and Incharge of a covered premises operating within the jurisdiction as may be necessary.

Development and Distribution of Notification Forms.

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

Method of Notification.

(2) Following activation of the online TB Notification System by Government, 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 Government, a person may fulfill the notification requirement by telephone.

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

Duties of Medical Practitioners and those in

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**charge of private
clinics and
hospitals.**

(2) A medical practitioner shall maintain the record of a patient under his treatment for a period of two years.

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

(4) A medical practitioner shall inform the patient about the availability of free diagnostic and treatment services through local public health facility.

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

(6) If a patient changes his residence, the medical practitioner treating the patient shall inform the District Health Officer or a local public health facility regarding shifting of patient's residence.

(7) A 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 may be visible to the patients.

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

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

**Duties of
registered
Practitioners and
Traditional
Healthcare
provider.**

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

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

(4) A registered practitioner or traditional healthcare provider shall display a poster describing the notification requirement, symptoms of Tuberculosis and measures that

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prevent the spread of Tuberculosis in a conspicuous location which may be visible to the patients.

7. (1) When a Laboratory identifies a positive Tuberculosis test result in a specimen of an individual, the Laboratory Incharge shall send a complete Form as provided in Form-C, to the District Health Officer or a local public health facility.

Notification of a Tuberculosis patient a pathological laboratory.

(2) The pathological Laboratory Incharge shall maintain a Tuberculosis patient's test results and supporting slides for a period of two years.

8. (1) An incharge of covered premises shall notify the patient, to the District Health Officer or a local public health facility about his residence, work or study at the covered premises.

Duties of those in charge of covered premises.

(2) A registered practitioner or traditional healthcare provider shall inform the patient about the strategies for preventing the spread of Tuberculosis

(3) An Incharge of covered premises shall display a poster describing the notification requirements, symptoms of Tuberculosis and measures which may prevent the spread of Tuberculosis in a conspicuous location at the covered premises.

9. (1) Upon knowing about the patient, a community representative shall submit a complete copy of the Form as provided in Form-D, to the District Health Officer or a local public health facility.

Duties of a community representative.

(2) A community representative shall inform the patient about the availability of free diagnostic and treatment services through local public health facility.

PART III
IMPLEMENTATION PROVISIONS

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

Process of Notification.

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;

Powers and functions of District Health Officer.

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- (d) in charge of premises;
- (e) community representatives in the District;
- (f) registered **practitioners**; and
- (g) traditional healthcare provider.

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

(3) An Incharge of a local public health facility shall transmit a notification received pursuant to this Act to the District Health Officer within twenty four hours of receiving a notification form, who shall transmit the same to the District Coordinator of Provincial Program within twenty four hours of receiving a notification form.

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

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

(6) The District Health Officer shall arrange seminars and workshops in collaboration with National Program or Provincial Program for all public and private health practitioners, Incharge of private clinics and private hospitals, private healthcare providers, community representatives and Premises Incharge in the District to educate them about the provisions of this Act.

12. (1) Upon receiving a notification form, the District Coordinator of the Provincial Program shall, without delay, arrange for the diagnosis, treatment and management of a patient.

Power and functions of Provincial Program.

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

13. Within one year of the commencement of this Act, the Secretary Health to Government shall establish an online TB Notification System and a Universal Access Number allowing for confidential the notification of a Tuberculosis cases.

Online TB Notification System and UAN.

PART-IV

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JURISDICTION, SANCTIONS AND APPEALS

14. Any person who contravenes the provisions of this Act shall be punished with imprisonment for a term which may extend to two years or with fine which may extend to **five hundred thousand rupees** or with both: **Penalty**

Provided that if a person convicted for an offence punishable under this Act is again convicted for such offence, the term of imprisonment may extend to three years and the amount of fine may extend to one million rupees or with both.

15. No Court shall take cognizance of an offence under this Act except upon a complaint in writing made by the Secretary Health or any other officer authorized by him in this behalf. **Cognizance of offence.**

16. A Judicial Magistrate of the First Class shall have jurisdiction to try the offences under this Act. **Jurisdiction.**

17. (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. **Breach of confidentiality.**

(2) 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.

18. When a person is prosecuted for contravening the provisions of this Act, the burden of proof shall lie on the person responsible for complying with the provisions of this Act. **Burden of proof.**

19. (1) A person sentenced by the Judicial Magistrate may file an appeal before the District and Sessions Judge within thirty calendar days from the date on which sentence is passed. **Appeal.**

(2) If satisfied that there has been a failure of justice, the District and Sessions Judge may set aside or modify the sentence; provided that the District and Sessions Judge issues a written decision stating reasons for setting aside or modifying the sentence.

PART V
MISCELLANEOUS PROVISIONS

20. No suit, prosecution or other legal proceedings shall lie **Indemnity.**

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against any officer for anything which is, in good faith, done or intended to be done for carrying out the purposes of this Act or rules made thereunder.

21.(1) Government may, by notification in the official gazette, make rules for the purpose of carrying into effect the provisions of this Act.

Powers to make rules.

(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) offering notification incentives;
- (ii) procedures to be adopted by the District Health Officer and District Coordinator of Provincial Program for detection of violation under this Act;
- (iii) prescribing, amending forms for the purpose of notification;
- (iv) the specification of valid tests for confirming a Tuberculosis diagnosis;
- (v) authorizing people other than the District Health Officer to receive Forms for a particular area;
- (vi) specifying additional details to be furnished during the Tuberculosis notification process;
- (vii) specifying criteria to be used for defining different classes of socioeconomic status of individuals for notification forms;
- (viii) requiring additional classes of people to notify Tuberculosis cases; and
- (ix) making incidental, supplementary, consequential and transitional provisions as the Government deems appropriate.

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SCHEDULE
(See section 2(xvii))
Form A

TB Notification Form to be filled by a Registered Medical Practitioner.

S.No.	Particulars of notifying medical practitioner.	Description
1	Name of referring physician	
2	PMDC registration no.	
3	Address	
4.	Telephone number	
5.	Date of first visit of patient/	
6	Date of onset of illness	
7	Date of sending notification form.	
PARTICULARS OF PATIENT		
8	Name of the patient with father's or husband's name	
9.	Age/date of birth	
10	Sex	
11	Religion	
12	Nationality/Tribe/Caste	
13	Phone number	
14	Address	
15	National I.D. Card number	
16	Occupation	
17	Socioeconomic status.	
CLINICAL SUMMARY OF THE PATIENT		
18	History of Tuberculosis in family or close contacts	
19	Is this a case of re-treatment subsequent to loss to follow up, treatment failure or replace?	
20	Symptoms, cough, fever, weight loss, night sweats.	
21	Co existing medical conditions AIDS, Diabetes.	
22.	Sputum AFB or other findings.	
23	Culture of body fluids.	
24.	Radiological findings.	

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25.	Pulmonary or Extra Pulmonary.	
Treatment history		
26.	Medicines already in use.	
27.	Medicines advised.	

Form B

TB Notification Form to be filled by a Registered Practitioner.

S.No.	Particulars of notifying healthcare provider.	Description
1	Name of healthcare provider.	
2	Practitioner's registration number.	
3	Address	
4.	Telephone number	
5.	Date of first visit of patient/	
6	Date of onset of illness	
7	Date of sending notification form.	
PARTICULARS OF PATIENT		
8	Name of the patient with father's or husband's name	
9.	Age/date of birth	
10	Sex	
11	Religion	
12	Nationality/Tribe/Caste	
13	Phone number	
14	Address	
15	National I.D. Card number	
16	Occupation	
17	Socioeconomic status.	
CLINICAL SUMMARY OF THE PATIENT		
18	History of Tuberculosis in family or close contacts	
19	Is this a case of re-treatment subsequent to loss to follow up, treatment failure or relapse?	
20	Symptoms, cough, fever, weight loss, night sweats.	
21	Co existing medical conditions AIDS, Diabetes.	
22.	Sputum AFB or other findings.	
23	Culture of body fluids.	
24.	Radiological findings.	
25.	Pulmonary or Extra Pulmonary.	
26.	Any other test performed	
Treatment history		
27.	Medicines already in use.	

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28.	Medicines advised.	
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Form C

TB Notification Form to be filled by the Owner, Laboratory Technician or Pathologist of a Pathological Lab.

S.No.	Particulars of notifying person..	Description
1	Name of the incharge/pathologist of the pathological laboratory.	
2	Designation	
3.	Qualification	
4	Address	
5.	Telephone number	
6.	Date of receiving specimen	
7	Name and designation of the person who has conducted test.	
8	Date of sending notification form.	
PARTICULARS OF PATIENT		
9	Name of the patient with father's name or husband's name	
10.	Age/date of birth	
11	Sex	
12	Phone number	
13	address	
14	National I.D. CARD number	
CLINICAL SUMMARY OF THE PATIENT		
15	Symptoms, cough, fever, weight loss, night sweats.	
Test conducted.		
Results.		
16	Microscopic results of sputum	
17	Microscopic results of any other fluids	
18.	Culture of sputum	
19	Culture of body fluids.	

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Form D

TB Notification Form to be filled by those In Charge of Managing a Premises and by a Community Representative.

S.No.	Particulars of notifying person.	Description
1	Name.	
2	Designation	
3	Address	
4	Telephone number	
5	Date when person started experiencing symptoms of cough and fever.	
6	Date of sending notification form.	
PARTICULARS OF PATIENT		
7	Name of the patient with father's or husband's name	
8	Age/date of birth	
9	Sex	
10	Phone number	
11	address	
12	National I.D. CARD number	
CLINICAL SUMMARY OF THE PATIENT		
13	Symptoms, cough, fever, weight loss, night sweats.	
Test conducted.		
Results.		
14	Mention if any tests conducted.	