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KHYBER PAKHTUNKHWA

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PROVINCIAL ASSEMBLY SECRETARIAT, KHYBER PAKHTUNKHWA

NOTIFICATION

Dated Peshawar, the 14th October, 2016.

No. PA/Khyber Pakhtunkhwa/Bills/2016/10349.—The Khyber Pakhtunkhwa Tuberculosis Notification Bill, 2016 having been passed by the Provincial Assembly of Khyber Pakhtunkhwa on 26th September, 2016 and assented to by the Governor of the Khyber Pakhtunkhwa on 6th October, 2016 is hereby published as an Act of the Provincial Legislature of the Khyber Pakhtunkhwa.

THE KHYBER PAKHTUNKHWA TUBERCULOSIS NOTIFICATION ACT, 2016

(KHYBER PAKHTUNKHWA ACT NO. XX OF 2016)

(First published after having received the assent of the Governor of the Khyber Pakhtunkhwa in the Gazette of the Khyber Pakhtunkhwa, (Extraordinary), dated the 14th October, 2016).

AN

ACT

to declare Tuberculosis as a notifiable disease through registered medical practitioners, private clinics, private hospitals, registered practitioners, community leaders and incharge of a covered premises, by formulating Tuberculosis Notification Forms through Provincial Programme

WHEREAS Tuberculosis is spreading at a phenomenal rate which causes human suffering, endangers public health and adversely impacts Khyber Pakhtunkhwa's human social and economic resources, while delay in obtaining effective medical care causes the emergence of resistant stairs of Tuberculosis;

AND WHEREAS private sector health care providers frequently lack up to date expertise in the Tuberculosis treatment protocols and treating Tuberculosis patients in an irrational and ineffective manner and as such fails to report Tuberculosis cases to district health authorities;

AND WHEREAS in order to effectively implement Tuberculosis Programme, it is expedient to have information about the spread of the disease and efficaciously provide free diagnostic and treatment services to patients;

AND WHEREAS to achieve the objective, it is expedient to declare Tuberculosis as a notifiable disease through registered medical practitioners, private clinics, private hospitals, registered practitioners, community leaders and incharge of a covered premises, by formulating Tuberculosis Notifications Forms through Provincial Programme;

It is hereby enacted as follows:

1. **Short title, extent and commencement.**---(1) This Act may be called the Khyber Pakhtunkhwa Tuberculosis Notification Act, 2016.

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

(3) It shall come into force at once.

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

(i) "community representative" means a person who represents a community and includes councilors, heads of illaqa, 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;

(iv) "Form" means the Tuberculosis Notification Form appended to this Act;

(v) "Government" means the Government of the Khyber Pakhtunkhwa;

(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 patient's district of residence;

(g) Dispensaries;

(ix) "notify or Notification" means a Notification under this Act;

(x) "registered medical practitioner" means a person who is registered under section 23 of the Pakistan Medical and Dental Council Ordinance (XXXII OF 1962);

(xi) "registered practitioner" means a person who is registered under section 24 of the Unani, Ayurvedic and Homeopathic Practitioners Act (II of 1965);

(xii) "National Program" means the National Tuberculosis Control Program for Pakistan;

(xiii) "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;

(xiv) "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;

(xv) "prescribed" means prescribed by rules;

(xvi) "Provincial Program" means the Khyber Pakhtunkhwa Tuberculosis Control Program; and

(xvii) "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.

3. **Development and distribution of Notification Forms.**----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 registered medical practitioner, private clinic, private hospital, registered practitioner, community leader and Incharge of a covered premises operating within the jurisdiction as may be necessary.

4. **Method of Notification.**----(1) Every registered medical practitioner, private clinic, private hospital, registered practitioner, community leader and incharge of a covered premises to whom a Form has been delivered under this Act, shall be responsible for notifying the patient under the provisions of this Act and shall fill the Form as required under this Act 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.

(2) Within one year of the commencement of this Act, the Health Department shall establish an online Tuberculosis Notification System and a Universal Access Number allowing for confidential the notification of a Tuberculosis cases.

5. **Duties of registered medical practitioners and those in charge of private clinics and hospitals.**---(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.

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

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

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

(5) A registered medical practitioner shall notify the District Health Officer or 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 registered 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 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 may be visible to the patients.

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

6. **Duties of registered practitioners and traditional healthcare provider.**---(1) A registered practitioner or a 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.

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

7. **Notification of a Tuberculosis a patient a pathological laboratory.**---(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.

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

8. **Duties of those in charge of covered premises.**---(1) An incharge of covered premises shall notify the patient, by sending a complete Form as provided in Form-D to the District Health Officer or a local public health facility about his residence, work or study at the covered premises.

(2) 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. **Duties of a community representative.**---(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.

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

10. **Powers and functions of District Health Officer.**---(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;

(e) community representatives in the District;

(f) registered medical practitioners;

(g) registered practitioners; and

(h) 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.

11. **Powers and functions of Provincial Program**---(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.

(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.

12. **Penalty**.---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:

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.

13. **Cognizance of offence.**---No Court shall take cognizance of an offence under this Act except upon a complaint in writing made by the District Health Officer.

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

15. **Breach of confidentiality.**---(1) A person who discloses the identity of a 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) 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.

16. **Burden of proof.**---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.

17. **Indemnity.**---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 for carrying out the purposes of this Act or rules made thereunder.

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

(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.

Form-A
(see section 5)

Notification Form to be filled by a registered medical practitioner and incharge of private clinics and hospitals..

S.NO.	Particulars of notifying registered 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 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.	
TREATMENT HISTORY		
26	Medicines already in use.	
27	Medicines advised.	

Form-B
(see section 6)

Notification Form to be filled by a Registered Practitioner and traditional healthcare providers.

S.NO.	Particulars 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		
19	History of Tuberculosis in family or close contacts.	
20	Is this a case of re-treatment subsequent to loss to follow up, treatment failure or relapse?	
21	Symptoms. Cough, fever, weight loss, night sweats.	
22	Co existing medical conditions AIDS, Diabetes.	
23	Sputum AFB or other findings	
24	Culture of body fluids.	
25	Radiological findings.	
26	Pulmonary or Extra pulmonary.	
27	Any other test performed.	
Treatment history.		
28	Medicines already in use.	
29	Medicines advised.	

Form-C
(see section 7)

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

S.NO.	Particulars of notifying person.	Description.
1	Name of the in charge/pathologist of the pathological laboratory.	
2	Designation.	
	Qualification.	
3	Address.	
4	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 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.	

Form-D
(see section 9)

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	

BY ORDER OF MR. SPEAKER
PROVINCIAL ASSEMBLY OF KHYBER PAKHTUNKHWA

(AMANULLAH)
Secretary
Provincial Assembly of Khyber Pakhtunkhwa

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