

12th August, 2015

Sh. J. P. Nadda
Minister of Health & Family
Welfare
Nirman Bhawan, C-Wing
New Delhi - 110001

Dr. Deepak R. Sawant
Hon' Minister - Public Health &
Family Welfare
5th Floor, Main Building
Mantralaya, Mumbai - 400032
Maharashtra

Sh. Ajoy Mehta
Municipal Commissioner
Municipal Corporation of Greater
Mumbai (BMC)
Municipal Head Office
Mahapalika Marg, Mumbai- 400 001
Maharashtra

Re: Sewri TB Hospital: Healthcare Workers are vulnerable to TB and they deserve to be protected

Dear Sirs,

We, the undersigned health organizations, TB groups, public health experts, physicians, nurses, human rights lawyers, trade unions, health activists and associations of healthcare workers are writing this letter as a response to the dismal infection control practices at the Sewri TB Hospital in Mumbai. Over the years, workers of Sewri Hospital who have occupationally acquired drug-resistant TB (DR-TB), have developed active disease and become critically ill.

The recent death of a TB-treating physicianⁱ due to DR-TB is a tragic example of healthcare workers in Sewri Hospital losing their lives due to inadequate infection control measures.

In particular, we express our concern regarding the shortage of personal protective equipment i.e. N-95 respirators¹, and the lack of implementation of infection control practices at the Sewri Hospital. As you may be aware, N-95 respirators should be used by healthcare workers in all facilities where care and treatment is being provided to patients with TB. This includes, but is not limited to physicians, nurses, and any other healthcare worker that may have patient contact.

As the largest chest and TB hospital in Asia, the Sewri Hospital should be the benchmark, against which the services and facilities of the other TB hospitals and departments in the country should be measured. Unfortunately, this is far from the case. Even a brief visit to the hospital shows the glaring gaps in the infection control practices of the hospital.

Healthcare workers and staff working in the Sewri hospital working in close proximity to patients are seen wearing – if at all - flimsy masks, completely inadequate as respiratory protective equipment. This is in contravention to the guidelines laid down by both the WHO as well as the Central TB Division which specify the necessity of using N-95 masks by healthcare workers in high risk settingsⁱⁱ.

Healthcare workers have the right to an adequate and safe-working environment as a part of basic labour protections afforded under the law. The state and central government is legally bound to protect healthcare workers in all healthcare facilities from exposure to communicable and life-threatening diseases, failure of which is a violation of the right to life and health of healthcare workers and the Ministry of Labour's National Policy on Safety, Health and Environment at Workplace.

The Brihanmumbai Municipal Corporation (BMC) is the government body responsible for ensuring that the Sewri TB Hospital receives a stock of 12,000 N-95 respirators per month for the use of healthcare workers. However, several acute shortages of N-95 respirators have been recorded. The situation is worse for the Class-4 workers who are extremely vulnerable and occupationally exposed to TB while tending to patients directly or while cleaning the premises, yet have the least access to these respirators.

According to the news report published by Daily News & Analysis (DNA), in March and July of 2015, nearly 200 employees of Sewri Hospital have developed TB since 1999, and several of them have died. The callous attitude of the government towards its healthcare workers is disturbing, especially given that investment in infection control measures is much lower compared to the cost of diagnosing and treating drug-resistant TB cases, not accounting for the cost to the patient and his or her family.

¹A specially designed surgical mask used to filter out particulate matter, that effectively protects against the transmission of TB

Health care workers have an increased risk of contracting DR-TB, and therefore need all the support from Mumbai's health and municipal authorities in order to give effective TB care on the front-line.

Keeping in mind the CTD's, Ministry of Labour's, Ministry of Health's and BMC's obligations under the law and national policies, we demand:

1.	<i>That N-95 respirator masks that are critical to protect the health and safety of healthcare workers in Sewri Hospital be provided to them in adequate quantities. Patients should also be provided with surgical masks.</i>
2.	<i>Respirator fit testing and training programmes should also be organized in Sewri Hospital to ensure that healthcare workers are properly trained and motivated in the correct technique of using these masks to ensure their effectiveness.</i>
3.	<i>Healthcare workers should be regularly screened (bi-annually) for TB symptoms and provided access to early correct diagnosis (through drug sensitivity testing) and treatment for TB (including DR-TB drugs) free of cost.</i>
4.	<i>Other effective infection control measures be implemented without delay in Sewri Hospital. In particular, environmental controls such as adequate amount of air changes per minute, linear flow of air away from patients to the outside environment (not towards staff), so designing or moving beds in wards and opening windows or directing fans taking this into account, can be very effective.</i>
5.	<i>'Workers eligible for compensation' should include all those performing a service who are at risk of TB exposure (facility and community based), including those on contract and without formal remuneration.</i>
6.	<i>Raise awareness among healthcare workers covered by the Employees' State Insurance Act about their rights - including compensation due to workplace transmission of TB - under the law.</i>
7.	<i>The Ministry of Labour should ensure that the 'National Policy on Safety, Health and Environment at Workplace' is applied and implemented in Sewri Hospital and across the health sector to achieve its objective of reducing incidence of work related fatalities and diseases.</i>
8.	<i>It is also unacceptable that health care facilities are sources of increased TB transmission, particularly drug-resistant strains in India. In Sewri hospital, which receives a large number of suspected DR TB patients, improved management of TB cases is the need of the hour and therefore all patients should receive correct diagnosis (through drug sensitivity testing) and started on effective treatment to reduce infectivity very rapidly.</i>

We strongly urge the government to pay urgent attention to infection control and prevention of TB transmission in Sewri TB Hospital.

The success of a TB Control Programme is dependent on healthy, motivated and experienced health care workers. Transmission of TB to health care workers results in a loss of skilled health care workers.

For further communication and follow up, please contact Vikas Ahuja, President, Delhi Network of Positive People, A1-5, Property No. 141/3, Gali No. 3, Near IGNOU, Neb Sarai, New Delhi-110068 Mob: 9312732495 Email: vikas2contact@gmail.com

Signed by:

Health worker Associations/ Trade Unions:

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Ashim Roy, Vice President, New Trade Union Initiative
Ashok Kumar, General Secretary, Rajakiya Nurses Sangh, UP
Jagdish Patel, Peoples Training and Research Centre
Jasmin Sha, President, United Nurses Association
Jodhraj Bairwa, Secretary General, All India ESIC Nurses Federation, New Delhi

Jeeson, President, Indian Registered Nurses Association
Dr. Mohammed Shaffi, MBBS, MPH, MBA; Honorary Secretary, Indian Medical Association-Trivandrum
Pradeep Govind Narkar, Secretary, Municipal Mazdoor Union, Mumbai
Dr. Sandeep Pandey, Magsaysay Awardee & Vice President, Socialist Party (India)
Suresh, President, Karnataka Nurses Forum
Swapna Joshi, Trained Nurses Association of India- Maharashtra branch
Vinay Pallad, President, NIMHANS Nurses Welfare Association

Organizations:

Delhi Network of Positive People, New Delhi, India
Global Institute of Public Health, Trivandrum, India
Health Systems Research India Initiative, Trivandrum, India
Initiative for Health & Equity in Society, New Delhi, India
International Treatment Preparedness Coalition-South Asia
Lawyers' Collective, New Delhi, India
SECTION27, South Africa
TB Proof, South Africa
The Global TB Community Advisory Board, South Africa
Treatment Action Group, USA

Public health experts, professionals and activists:

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Blessina Kumar, Chair, Global Coalition of TB Activists, India
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Sarojini N, activist working on women's health and rights
Shailly Gupta, Activist working with people living with HIV/TB
Shobha Shukla, Citizen News Service
Sudha Nagavarapu, Health activist
Sunita Bandewar, Independent Sr. Research Professional, Global Health and Bioethics
Veena Johari, Courtyard Attorneys
Veena Shatrugna, Former Deputy Director, National Institute of Nutrition, Hyderabad
Vikas Ahuja, Delhi Network of Positive People
Dr. Vikas Bajpai, Assistant Professor, Centre for Social Medicine and Community Health, Jawaharlal Nehru University
Waliullah Ahmed Laskar, Advocate, Gauhati High Court, Guwahati, Assam
Dr. Zarir F. Udawadia, MD, FRCP, FCCP, Hinduja and Breach Candy Hospitals, Mumbai

Cc:

Prime Minister's Office, India

Shri Shripad Yasso Naik, Hon' Minister of State (Health & Family Welfare), India

Shri Ram S. Shinde, Hon' State Minister, Public Health, Maharashtra

Shri Bandaru Dattatreya, Hon' Minister of State for Labour & Employment, India

Shri Shankar Aggarwal, Secretary Labour & Employment, India

Shri Bhanu Pratap Sharma, Secretary, Dept. of Health and Family Welfare, India

Shri Anshu Prakash, Joint Secretary, Dept. of Health and Family Welfare, India

Smt. Sujata Saunik, Principal Secretary, Public Health, Maharashtra

Dr. Soumya Swaminathan, Director General, Indian Council of Medical Research

Dr. Sunil Khaparde, DDG TB-CTD

Dr. K. S. Sachdeva, Addnl. DDG TB-CTD

Dr. Arun Thapa, WHO representative to India

Dr. Perry Mwangla, Senior Fund Portfolio Manager, Global Fund

Dr Lucica Ditiu, Executive Secretary of the Stop TB Partnership

Shri Amitabh Bachchan, TB Brand Ambassador for BMC

ⁱBMC doctor dies of Extremely Drug-Resistant TB on Monday, 22 July 2015, DNA

<http://www.dnaindia.com/mumbai/report-bmc-doctor-dies-of-extremely-drug-resistant-tb-on-monday-2106856>

ⁱⁱ WHO Policy on TB Infection Control in Health-Care Facilities, Congregate Settings and Households

Available at: http://whqlibdoc.who.int/publications/2009/9789241598323_eng.pdf

Guidelines on Airborne Infection Control in Healthcare and Other Settings, Directorate General of Health Services 2010

Available at: http://www.tbcindia.nic.in/pdfs/Guidelines_on_Airborne_Infection_Control_April2010Provisional.pdf