16. THE NOTIFIABLE DISEASE SYNDROME

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SARS has come and gone. Our public health authorities acted rapidly, affirming that we still are capable of fire fighting and given the political will, can do a reasonably good job of it.

However, what happened in the private health sector is known only to the extent that some of the tracked cases were quarantined and treated in private hospitals. Were there more cases which did not come under public gaze? We would never know because what the private health sector does is under wraps. It provides ambulatory care to the extent of 80 per cent and as much as 60 percent of hospitalization cases are treated in the private sector.

Given this large volume, it is obvious that many communicable diseases and those which are notifiable by law are treated by private providers. Further, the private providers do not seem to be reporting the notifiable diseases they treat. It is evident from the public health data, published by the authorities, that only those treated in public health institutions are being reported. For instance, in 1999, notified tuberculosis cases in Mumbai were only 14,424 as against the expected 100,000 cases, during the year. The rest were perhaps treated by the private health sector.

The gap in incidence of notifiable diseases and registered cases is huge and the private health sector is largely responsible for failing to report these. Reporting notifiable diseases is both a legal and ethical requirement from all healthcare providers who treat such patients. The BMC Act of 1888, for instance, makes it mandatory for reporting them. Section 421 of BMC Act 1888 (modified upto 1995) states: Every medical practitioner who treats or becomes cognisant of the existence of any dangerous disease in any private or public dwelling, other than a public hospital, shall give information of the same with minimum delay to the executive health officer. The said information shall be communicated in such form and with such details as the executive health officer, with the consent of the Commissioner, may from time to time require.

The diseases covered presently include small pox, cholera, plague, enteric fever/typhoid, scarlet fever, yellow fever, diphtheria, typhus, relapsing fever, puerperal fever, tuberculosis, leprosy, influenza, cerebrospinal fever, poliomyelitis, viral encephalitis, infectious hepatitis, dengue fever, gastro enteritis, AIDS and meningococcal meningitis. Some of these diseases like small pox and plague have disappeared and should be removed.

Some like scarlet fever and yellow fever are there because of international health reporting and some like malaria, pneumonia and amoebiasis are not included in the notifiable list.

According to the health Profile 1999, BMC Public Health Dept. the number of notifiable cases in Mumbai for enteric fever, diphtheria, tuberculosis, leprosy, poliomyelitis, infectious hepatitis, dengue fever, gastro enteritis, Aids and meningococcal meningitis are 269, 6, 14424, 649, 9, 2526, 22, 5751, 3682 and 2 respectively.


Except for leprosy and AIDS, which are almost entirely treated in the public domain, all other diseases are mostly attended to by private health providers. Hence the accountability on private health providers is immense regarding improvements in the
public health situation. The persistence of many infectious diseases is because of the inadequate regulation and ethical responsibility amongst private healthcare providers and their association. Private providers may blame the health authorities for not making forms available and such things, but this should not prevent the providers from their ethical responsibility to report such diseases when the law makes it mandatory.

Doctors cannot shirk their responsibility saying they are not aware of the fact that they have to report. The code of ethics of the Medical Council of India demands such accountability from doctors who are registered with them. Section 1.9 of IMC Act (Evasion of Legal Restrictions) states that he should be cooperative in observance and enforcement of sanitary laws and regulations in the interest of public health.

Further section 5.2 states Public and Community Health: Physicians, especially those engaged in public health work, should enlighten the public concerning quarantine regulations and measures for the prevention of epidemic and communicable diseases. At all times the physician should notify the constituted public health authorities of every case of communicable disease under his care, in accordance with the laws, rules and regulations of the health authorities. When an epidemic occurs, a physician should not abandon his duty for fear of contracting the disease himself.

Doctors are responsible both individually and professionally for failing miserably in carrying out their duty. Our public health authorities have also failed in monitoring the provisions of the law and demanding accountability from the medical profession. In the interest of both public health as well as the integrity of the medical profession, it must educate its members and the health authorities must enforce the law.

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Healthcare Seeking Behaviour
- Corporate hospitals with the latest equipment and technology attract the rich and the elite. Those who cannot afford go to private medical practitioners, clinics, and small nursing homes.

- Industrialization and urbanization has resulted in large scale migration from villages to urban metropolitan centres.

- In a country of poverty, low literacy and awareness, poor legal advocacy and redressal systems, it may not be possible to contract out services to private sector. The poor may be deprived of even the poor quality care now available to them.

- If the regulations are there, the quality of hospitals is bound to improve and as a result the private sector is bound to improve.