Stakeholders urged to step up efforts to improve TB care

Singapore, Jan 24, 2012: Delhi-based NGO Partnership for TB Care and Control in India has called for an urgent and critical need to scale up services by stakeholders working for TB care.

“TB needs to be actively identified through approved, early, accurate and high quality diagnosis. Proper completion of treatment needs to be ensured for all TB patients,” said a release from the Partnership for TB Care and Control in India.

Blaming the myths and conceptions of TB diagnosis as well as incorrect treatment and care management, the release added, “The reasons for drug resistance in TB are a combination of poor programme reach, inaccurate diagnosis methodologies, improper treatment as well as non adherence to it and indiscriminate drug prescription.”

The need of the hour will depend heavily on correct and effective implementation of existing TB control programmes. “This calls for sustained implementation in the areas of surveillance, epidemiology, screening, laboratory diagnosis, patient management, addressing non adherence, and specific tailoring to requirements of vulnerable population like people living with HIV,” the release said.

Quality and commitment to beneficiaries by providers need to be raised in duration of treatment, availability of free but customised drugs and adherence to DOTS treatment. One way to address stigma and gender issues is to involve the family and immediate community of the patient, the press release suggested.

“Failure to address the outlined issues at this juncture could result in confidence erosion of TB patients, but could also make it difficult for India to reach its Millennium Development Goals by 2015,” the release warned. Gaps in the provider to patient level needs to be comprehended and grasped, so that compliance of long MDR treatment is ensured. “Severe resistance will impact India’s PMDT program, which outlines a strategic plan to address multidrug resistance TB,” it said.
Whiff of fresh air

Basic precautions and judicious use of medication can help prevent drug resistant strains of tuberculosis from spreading

With reports of drug resistant strains of tuberculosis (TB) becoming a serious threat in Mumbai, health organisations across the nation are taking notice of the problem. Tuberculosis, that comes along with the added burden of having a social stigma attached to it, can also escalate into a more serious illness with no available cure if proper precautions are not taken at the initial stages itself.

“Doctors should take notice of the need to generate awareness about the illness and necessary precautions to combat it,” says Dr Sharad Agharkhedkar, professor and HOD Department of Paediatrics, DY Patil College. Even the Partnership for TB Care and Control in India, recently released a statement in which they have urged stakeholders around the country working for TB Control to scale up their necessary services. It also mentioned that TB needs to be actively identified through approved, early, accurate and high quality diagnosis. Proper completion of treatment needs to be ensured for all TB patients.

“Even basic precautions like not spitting in the open helps because the TB strains are present in the air for 48 hours. So anyone breathing the air around is susceptible to it,” says Dr Agharkhedkar. He also says that another major reason why the drug resistant strains are developing in India is because patients stop the treatment midway, once they start feeling better. Other reasons like poor programme reach, inaccurate diagnosis methodologies, and indiscriminate drug prescription also have combined to see the problem escalate in the recent times.

“Currently, every year around two to three per cent of the population in the country are diagnosed with TB. Proper diagnosis and treatment can prevent the illness from recurring for at least 20 years,” he says. Most of the drugs are used for microbiological tuberculosis. “We do not have a second line of drugs to counter the resistant strain and hence we need to use the available drugs very judiciously,” he adds.
'Time to scale up work on TB control'

Even as the health ministry continues to be in a denial mode over cases of totally-drug resistant tuberculosis (TB) surfacing in Mumbai, a non-governmental organisation (NGO) Tuesday urged stakeholders working on the deadly disease to scale up services.

"There is an urgent and critical need to scale up services, by stakeholders working for TB care. TB needs to be actively identified through approved, early, accurate and high quality diagnosis," a spokesperson from the Partnership for TB Care and Control in India said. “Proper completion of treatment needs to be ensured for all TB patients.”

India has been relying on the Directly Observed Treatment Short course (DOTS) chemotherapy under the Revised National Tuberculosis Control Programme (RNTCP) (1997) for TB control, a disease that kills two people every three minutes, and accounts for over 3 million (3 lakh) deaths every year. DOTS has been effective in controlling Multi-drug resistant (MDR) TB.

However, a team of doctors from Mumbai's Hinduja hospital recently found cases of totally-drug resistant (TDR) TB resistant to all drugs used to treat the disease.

The health ministry, after its report by experts, stated the cases to be falling within the category of Extensively Drug Resistant TB (XDR TB). The ministry shrugged off the term 'TDR' saying it is not recognised by the World Health Organisation (WHO).

While XDR-TB cases are resistant to any of the three second-line drugs, the multi-drug resistant TB (MDR-TB) cases do not respond to at least two of the most potent first-line anti-TB drugs.

"The reasons for drug resistance in TB are a combination of poor programme reach, inaccurate diagnosis methodologies, improper treatment as well as non adherence to it and indiscriminate drug prescription," the spokesperson added.

Interestingly, India is not the only country that has report cases of TDR-TB, Italy reported the first TDR-TB cases in 2007, followed by Iran in 2009.

The airborne disease is caused by the bacterium Mycobacterium tuberculosis that affects the lungs. Symptoms include severe cough which lasts for three weeks or longer, producing bloody or discoloured sputum, night sweats, fever, fatigue and weakness, pain in the chest, loss of appetite, and pain in breathing or coughing.