

Improved TB Case-finding and MDR-TB Detection among Tibetan Refugees

In India, the Tibetan refugee population has been benefiting from a TB REACH project focused on conducting active case finding in the communal living settings where many Tibetans live. Overall rates of tuberculosis among Tibetans-in-exile are among the highest in the world, and Tibetans living in India have rates of TB substantially higher than those in the surrounding populations. Because many of these Tibetans live in close contact in monasteries or boarding schools, while continuing to migrate throughout India, they are particularly vulnerable to contracting and spreading TB. Based on a study conducted in 2007, rates of TB among Tibetan refugees in Himachal Pradesh were estimated to be between 400 and 800 per 100,000 people in a cross section of Tibetan schools and monasteries, with MDR TB present in 8-10% of patients. Over half of the TB cases were students, monks and nuns, and 75% were less than 30 years old.

Since September 2011, the Johns Hopkins University Center for TB Research has partnered with the Tibetan Department of Health and Tibetan TB Program to implement a TB REACH project for Tibetans-in-exile in the Indian States of Himachal Pradesh and Karnataka. A small team of doctors and nurses has traveled throughout these States to implement project activities, including the Tibetan settlements of Mundgod and Bylakuppe in South India. Active case finding has been conducted in the Reception Center for new arrivals from Tibet and also in Tibetan schools, monasteries and nunneries, where TB rates are known to be high. With TB REACH funding, a GeneXpert machine was installed at two major Tibetan health centers in South India. These machines have made possible the rapid diagnosis of suspected TB cases.



India

**Johns Hopkins University Center
for TB Research and The Tibetan
Department of Health**

This project has been a great success over the last year. The project team has screened 22,956 people for TB symptoms at 14 Tibetan schools, 25 monasteries and nunneries and at the Reception Center for new arrivals from Tibet. Chest X-ray and sputum testing with routine microscopy or Xpert MTB/RIF was employed to test 3,347 people with symptoms of TB, resulting in the identification of an additional 61 cases of TB. The project has been extended for an additional six months in order to continue active case finding in other high-risk Tibetan populations.

Other progress through TB REACH includes improved collaboration between the Tibetan TB Program and India's National TB Program (RNTCP). The Tibetan program now notifies all cases of TB to RNTCP and discussions are ongoing regarding further collaboration in the diagnosis and treatment of Tibetan and Indian patients with TB.

Stop TB Partnership
TB REACH





FINDING AND TREATING PEOPLE WITH TB IN THE WORLD'S POOREST COMMUNITIES

TB REACH

The first wave of projects
increased case detection
by an average of 26%
compared to
the previous year

More than nine million people around the world become ill with tuberculosis (TB) each year. About one-third of them fail to get an accurate diagnosis or effective treatment and are more likely to die from this curable disease.

By supporting the many partners working in the field, TB REACH offers a lifeline to people among this missing 3 million by finding and treating people in the poorest, most vulnerable communities in the world. In areas with limited or non-existent TB care, TB REACH supports innovative and effective techniques to find people with TB quickly, avert deaths, stop TB from spreading, and halt the development of drug resistant strains.

- TB REACH was launched in 2010 and will run until 2016, thanks to a CAD\$ 120 million grant from the Canadian International Development Agency.
- TB REACH is committed to getting funds to our partners with a very short turnaround time.
- TB REACH has committed nearly \$50 million to partners working on 75 projects in 36 countries covering a wide range of interventions.
- Preliminary analysis from Wave 1 shows that efforts of partners led to an increase of 26% in TB case detection over an area of 100 million people, while some areas saw increases of more than 100%. The average cost per person covered is US \$0.15.

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