## GOVERNMENT OF INDIA HEALTH AND FAMILY WELFARE LOK SABHA

STARRED QUESTION NO:221
ANSWERED ON:29.08.2007
CASES OF XDR TUBERCULOSIS
Adhalrao Patil Shri Shivaji;Adsul Shri Anandrao Vithoba

## Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

- (a) whether cases of Extensively Drug Resistant Tuberculosis (XDR-TB) have been detected in the country as reported in the `Times of India` dated May 23, 2007;
- (b) if so, the details thereof;
- (c) whether any study has been conducted in this regard;
- (d) if so, the outcome thereof; and
- (e) the steps taken/proposed to be taken by the Government to tackle this deadly disease?

## **Answer**

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS)

(a)to(e): A statement is laid on the Table of the House.

STATEMENT REFERRED TO IN REPLY TO LOK SABHA STARRED QUESTION NO. 221 FOR 29TH AUGUST, 2007

The reported detection of XDR- TB isolates is from a private hospital in Mumbai. A preliminary discussion with the institution revealed that the isolates were from a group of highly selective patients who were under treatment for Multi-drug resistant TB

As of now, there is only one study published in 2007 in a recognized scientific journal, conducted by TB Research Centre, Chennai (between 2000 and 2005) which showed one case of XDR TB in 66 MDR cases (1.5%). The programme had conducted Drug Resistance surveys in the states of Gujarat and Maharashtra to estimate the prevalence of Multi-Drug Resistance (MDR) TB. As per the surveys, the prevalence of MDR TB among new cases is <3%. At present, the isolates of identified multi drug resistant cases, from the drug resistance surveys, are being tested for XDR TB by TRC, Chennai, to obtain a representative estimate of the XDR TB in these states. Currently, only TRC, Chennai has the capacity for conducting second line drug susceptibility testing to detect XDR-TB. The capacity of other two national reference laboratories, NTI Bangalore and LRS Institute, Delhi, are being strengthened for second line drug sensitivity testing.

Development of drug resistance can be prevented by detection of TB patients and effective treatment. The Phase-II Project Implementation Plan of the Revised National TB Control Programme (RNTCP) has the full range of activities as recommended by the 2006 WHO Stop TB Strategy, which are needed to prevent the development of drug resistance. These activities include the maintenance of good quality DOTS services for early detection and curing of TB cases. Till date, over 7.3 million patients have been initiated on treatment under DOTS, with a treatment success rate consistently over the global target of 85%, thereby saving an additional 1.3 million lives. The new smear positive case detection rate is 78% in the 2nd quarter 2007, against the global benchmark of 70%.

A network of quality assured accredited laboratories capable of undertaking culture and drug sensitivity testing for diagnosis of MDR TB is being set up. 24 State level `Intermediate Reference Laboratories` to detect MDR-TB cases are being established. Three labs (Gujarat, Maharashtra and Andhra Pradesh) have already been established and are under the process of accreditation. 10 other labs are almost ready. Others would be ready by end 2008.

Multi drug resistant (MDR) TB cases will be treated as per DOTS Plus guidelines at specified DOTS Plus sites, identified by the States which are close to the IRL sites. These 24 DOTS Plus sites will also start functioning with the labs with a view to have in place RNTCP DOTS Plus services that are capable of enrolling for treatment at least 5000 `new` MDR-TB patients every year by 2010. The first DOTS Plus sites have been established in the states of Gujarat and Maharashtra.

Advocacy for rational use of second line drugs consistent with national/international standards to prevent development of second line anti TB drug resistance (XDR TB)is being taken up with the health care providers.