

TB and MDR TB session

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The primary aim of modern TB measures is

BETTER TB CONTROL

Key points to follow

- Patients are in our hands- patient centered approach is to be observed (both in-and out-patient treatment)
- Home-based treatment is to be expanded vs in-hospital treatment, which contributes to MDR TB expansion along with improper DOT observing (Nosocomial transmission of MDR TB, NYC hospital research)
- All TB cases detected have to be registered (Labs detection to be compared with clinicians reports)

- Lab network needs to be strengthened
- A different approach to treatment regimens is to be observed for MDR and XDR (MDR is easier treated)

Concern: GLC recommends standard treatment regimen that often involves high toxic second line TB drugs that might not be necessary for MDR TB patients

- Compulsory detention of MDR TB patients is to be used as the last resort measure (less than 1% of all treatment) – example of Russia

- Comprehensive measures of TB control are to remain simple and clear
- Treatment effectiveness is oftentimes reached by commitment and honesty of medical personnel, especially nurses, social workers (treatment adherence of MDR/TB patients can improve)
- Health regulations that impede treatment and cost effectiveness need to be changed, and appropriate lobbying to be carried at the country level
- The statistics' and reporting often gets massaged, and no objective picture on MDR TB, mortality

