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DRUG RESISTANCE TUBERCULOSIS (DR-TB): AN EMERGING THREAT

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Tuberculosis (TB) is a chronic communicable disease that ranks second as the leading cause of death from a single infectious agent.The mortality rate of TB has steadily decreased by 45% since 1990 as more aggressive and comprehensive plans were adopted worldwide. However, despite all the possible measures to fight against TB, its global burden remains the same. According to the World Health Organization (WHO) report in 2014, TB infected 9 million people with 1.5 million deaths[1]. As Effective programmatic directly observed treatment DOTS resulted in a significant high cure rate of drug sensitive TB, drug resistant TB (DR-TB) has gained much more importance worldwide. There are different patterns of drug resistance but multi drug-resistant TB (MDR-TB) and extensive DR-TB (XDR-TB) are two major categories of concern for all of us. Why DR-TB is on the rise, is certainly not a difficult question to answer. It is a man-made disease; wrong diagnosis, improper dosage and combination of first line drugs, non-compliance, non-completion of course and many similar factors leading to inadequate treatment and the emergence of drug resistance TB. It may be seen as new case especially in contacts of patients with DR-TB or more commonly in the retreatment cases.Globally in 2013, an estimated 480,000 people were infected by MDR-TB with estimated deaths of 210,000.[1] The WHO data reveals that 3.7% of new cases, and 20% of previously treated cases are estimated to have MDR-TB. Only one in four are diagnosed, and only one in five are put on treatment of these patients, less than half are successfully treated. Based upon above rates, the WHO has an estimated annual incidence of approximately 15000 MDR-TB cases in Pakistan.[2] Pakistan shares 60% of the DR-TB burden in the EMRO region countries This is the real big challenge to our National TB control program to effectively reduce this incidence and to properly diagnose and mange DR TB cases in the country. The good news is that National TB Control Program (NTP) with the support of The Global Fund has already embarked upon this noble cause and have adopted a very comprehensive strategy to combat this deadly disease.The intervention geared up when The Global Fund Round-9 grant was approved and awarded which specifically addresses DR-TB management in 30 hospitals of the country.[3]Saidu group of Teaching hospitals is one of these selected sites and has got a dedicated DR-TB unit of an international standard having trained staff and facilities to provide standard recommended treatment entirely free of cost together with social support for the patient since 2014. The successful implementation of this program is one of those rare entities which have also brought an international fame to this country. In March 2016, in the US capital Washington, Pakistan was awarded TB Champion award 2016 for it was declared the most successful country in fighting multi-drug resistance tuberculosis (MDR-TB)[4]. Despite our success story, there are many problems and challenges in this regard that need to be identified and rectified. We are a huge population, low income and with a low percentage of education having many health related issues. Quackery is rampant and drugs are freely available without any prescription. People can go everywhere for treatment and from doctor to doctor. They do not observe standard health care precautions either. The health care providers have the responsibility to make themselves aware and educate and then in turn to educate the public regarding DR-Tuberculosis.Our country needs effective strengthening of the Tuberculosis control program as many countries urgently need to bolster their defenses and prevent the emergence of further drug resistance by ensuring comprehensive care of susceptible cases and

instituting infection control measures to stop transmission of MDR-TB.[5] Agencies are working closely with countries, as well as many other domestic and international partners, to further expand MDR-TB surveillance and response capacity, to reinforce public health systems so they may provide quality care, and to pursue needed research so that together we can target zero deaths and end the global epidemics of both drug-sensitive and drug-resistant TB. Without a sense of urgency, disease epidemics like MDR-TB will continue to claim lives.

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