



All India Institute of Medical Sciences, Jodhpur
Capacity building in Programmatic Management of Drug Resistant Tuberculosis (PMDT)

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India harbors very high number of Tuberculosis cases, with incidence rate crossing 2.2 million cases annually. This amounts to more than one fourth of the global burden of Tuberculosis. This magnitude poses a challenge to the health system with respect to case management, adherence to the anti-tubercular drugs and handling of drug resistant cases. The high incidence rate also leads to a high prevalence rate of Tuberculosis in India, wherein the infection rate is close to 40% of the total population of 1.2 billion people, and among these infected people, 10-15% will develop tuberculosis during their lifetime.

This indicates the difficulty in bringing the magnitude down to elimination levels and the near future time is highly unlikely to witness this reduction. Adding to the existing burden of Tuberculosis is the development of drug resistant cases viz. Multidrug Resistant [MDR] TB and Extremely Drug Resistant [XDR] TB. These drug resistant cases are increasing in number and their estimated yearly number crosses 100,000 cases.

The term "Programmatic Management of Drug Resistant TB" (PMDT) (formerly called as DOTS Plus), refers to programme based MDR-TB diagnosis, management and treatment. These are the guidelines included under RNTCP which promote full integration of regular TB control activities and PMDT, in order to facilitate the earliest possible evaluation of TB patients under treatment for drug resistance and place them on appropriate drug regimens.

Many countries are now facing the problem of the emergence of resistance to drugs used to treat tuberculosis (TB), and particularly multidrug-resistant TB (MDR-TB). The drug resistance has become a major roadblock for TB control in these countries, including India. Many of the previous surveillance studies in India reveal that the MDR and XDR TB case burden is relatively low in terms of percentages. However when converted to absolute

numbers, this projects as a large magnitude considering the high population rate in India. Thus it still poses a great financial and health outcome challenge to the Indian Health Care System.

Drug-resistant TB has multi factorial determinants like microbial, clinical, and programmatic factors. But the health care providers and the community needs to made well aware MDR-TB is a man-made phenomenon – poor treatment, poor drugs and poor adherence lead to the development of MDR-TB. However, PMDT has several challenges; however for PMDT to be successful, emphasis needs to be given to:

- Efficient and timely identification of patients who require DST;
- Quality-assured laboratory capacity (Smear, Culture-DST, rapid molecular test);
- Efficient drug procurement and supply chain management;
- Adherence to difficult-to-take regimens for long periods;
- Prompt identification and management of side-effects;
- Recording and reporting; and
- Human and financial resources

Objective of the CME:

- To obtain an overview of the latest developments in RNTCP (**Ban on TB serology, Notification of TB, National Strategic plan**)
- To sensitize the participants on MDR-TB burden (Global and National), its causes, prevention, diagnosis and management
- To discuss the issues/ experiences related to prevention, diagnosis and management of MDR-TB locally

No. of participants – 60 (Faculty, Residents and Practitioners)

Tentative Agenda:

Time	Presentation	Presenter	Remarks
8:00 AM	Registration Breakfast		On First Cum First Serve Basis
8:50am	PRE CME ASSESSMENT		
9:00 AM	Introduction to the CME on MDR TB	Director, AIIMS, Jodhpur	
9:15 – 9:30am	TB burden in India	1.Dr.Pankaj Bhardwaj	

9.30-9:50AM	MDR TB burden in India	2.Dr Anand Das, The Union, New Delhi, Former RNTCP Consultant, WHO	
9:50- 10:20 AM	Diagnosis of TB, and MDR-TB Discussion on Newer Diagnostics (Line Probe Assay)	Head of the Department, Department of Microbiology, AIIMS, Jodhpur	
10:20- 10:35AM	Tea		
10.35-11.15 AM	National Strategic Plan 2012-2017 (Focus on MDR –TB)	Dr Anand Das, The Union, New Delhi, Former RNTCP Consultant, WHO	
11:15-12:45 PM	Management of MDR –TB and extra pulmonary TB	Dr.Ashwani Khanna, State TB Officer New Delhi.	
12:45- –1.00 PM	Childhood Tuberculosis and its management	Dr.Kuldeep Singh ,Head of the Department ,Paediatrics, AIIMS Jodhpur.	
1-1:30 PM	Discussion on Challenges faced by practitioners in Diagnosis/Treatment of MDR TB.	WHO RNTCP Consultant, Rajasthan	
1.30-2 PM	Break for Lunch		
2 pm -2.30 pm	Panel Discussion	All resource persons	
	Vote of thanks and Adjourn		