INDIAN MEDICAL ASSOCIATION

TAMILNADU

NEWS LETTER NO.10

REACH

Resource Group for education and advocacy for community health – is working relentlessly since 1999 to fight Tuberculosis in India.

We are enclosing some of their education pamphlets for Doctors. Reach is helping patients to undergo GeneXpert, X – ray and medical management free of cost for the poor patients. There contact number is also given. You may utilize it for your patients.

Dr. T.N.Ravisankar
State President

Dr. N. Muthurajan
Hony. State Secretary

Dr.K.Rajasekar
Finance State Secretary

To diagnose and treat TB using Standards for TB Care in India

PROJECT - EQUIP

Enhanced use of Quality drugs and Utilization of Innovative diagnostics for TB management in Private Sector.

KNCV TUBERCULOSIS FOUNDATION — To eliminate TB

REACH

the Lilly MDR-TB partnership

SCREENING

WHEN TO LOOK FOR TB?

- Cough and / or unexplained fever > 2 weeks
- Haemoptysis
- Significant weight loss
- Abnormal Chest X-ray suggestive of TB
- Lack of normal weight gain in children

WHO SHOULD BE SCREENED FOR TB?

- Child contacts of active pulmonary TB patients
- People with Diabetes, Cancer, HIV
- Patients on immunosupressives or steroids
- Health care workers
- Slum dwellers

DIAGNOSIS

PULMONARY TB

- Sputum smear examination: 2 sputum specimen for TB bacilli
- Chest X-ray
- CB-NAAT (GeneXpert)
- TST and IGRA are **NOT** recommended for diagnosis of active TB in adults

EXTRAPULMONARY TB

- Tissue diagnosis (histopathological or bacteriological confirmation) mandatory
- Lymphnode aspirate or biopsy, pus, pleural, peritoneal or pericardial fluid, CSF, omentum, etc. may be used
- Tests to be done include smear microscopy, culture, CB-NAAT, molecular tests

PROBABLE TB

In the absence of microbiological confirmation, TB can be diagnosed based on strong clinical and other evidence (X-ray, FNAC, histopathology etc)

For those with negative rapid molecular test result, conventional culture of appropriate specimen to be done

PAEDIATRIC TB

Microbiological confirmation (sputum, gastric aspirate or lavage, bronchoalveolar lavage), with CB-NAAT, smear microscopy or culture

If microbiological confirmation not possible, 'probable TB' can be diagnosed based on history, TST, clinical and or X-ray findings

MDR TB

- Diagnosis of MDR/XDR TB based on accredited lab results
- Treatment with quality assured second line drugs
- All TB patients should be counseled and tested for HIV infection
- Rapid molecular Drug Sensitivity Testing of choice
- Patients with MDR TB to be tested for second line drugs

TREATMENT

Treatment with First line Regimen

Type of patient	Intensive phase	Continuation phase
New	Isoniazid, Rifampicin, Ethambutol, Pyrazinamide for 2 months	Isoniazid, Rifampicin, Ethambutol for 4 months
Previously treated	Streptomycin*, Isoniazid, Rifampicin, Ethambutol, Pyrazinamide for 3 months	Isoniazid, Rifampicin, Ethambutol for 5 months

DOSE (in mg.)

Drug	Daily treatment	Thrice-weekly treatment
Isoniazid	300	600
Rifampicin**	450	450
Ethambutol	800	1200
Pyrazinamide	1500	1500
Streptomycin	750	750

- * For first 2 months
- ** 600 mg for patients weighing 60 kg or more
- Dosing can be daily or thrice-weekly
- Continuation phase can be extended by 3-6 months for skeletal, spinal and neuro TB
- Paediatric and HIV TB patients should receive daily treatment
- Fixed Dose Combinations recommended

Management of Drug Resistant TB

- Diagnosis of MDR/XDR TB based on accredited lab result
- Treatment with quality assured second line drugs

	Intensive phase	Continuation phase
MDR TB	K,Z,L,Emb,Eth,C for 6-9 months	L,Emb,Eth,C for 18 months
XDR TB	Cm,Mfx,PAS,H,Cfz, Lzd,Amx/Clv for 6 - 12 months	Mfx,PAS,H,Cfz, Lzd,Amx/Clv for 24 months

- 3 weight band based dosage
- All patients should be evaluated for surgery
- MDR and XDR TB should be managed by a TB specialist

K – Kanamycin; Z – Pyrazinamide; L – Levofloxacin; Emb – Ethambutol; Eth – Ethionamide; C – Cycloserine; Cm – Capreomycin; Mfx – Moxifloxacin; PAS – p-aminosalicylic acid; H – Isoniazid; Cfz – Clofazimine; Lzd – Linezolid; Amx/Clv – Amoxicillin/Clavulanic acid

Treatment Adherence

- Supervision and support should be individualised.
- Identification and training of treatment supporter.

Chemoprophylaxis

- Children < 6 years who are contacts of a TB patient, and in whom TB has been excluded should receive INH chemoprophylaxis for minimum 6 months duration.

Contact screening

- Household and close contacts should be screened for TB
- For paediatric patients, reverse contact screening should be done
- Contacts of drug resistant TB patients should be screened

NOTIFICATION OF ALL TB PATIENTS IS MANDATORY AS PER THE MINISTRY OF HEALTH AND FAMILY WELFARE

SEROLOGICAL TESTING IS BANNED BY THE GOVERNMENT AND WHO

REACH PROVIDES

1. Support for diagnosis through X-ray and CB NAAT (GeneXpert)
2. List of Government and Private diagnostic centres
3. Support for second opinion
4. Treatment adherence support
5. Information materials for your clinic/hospital
6. Assistance and patient guidance through helpline number
7. Quality counseling services for your TB patients
8. Assistance in Notification of TB patients
9. Nutritional and social support for your TB patients

Contact us @ REACH

REACH is a non profit organisation working for TB Control.

Phone 044-28610302 / 65211047 E-mail reach4tb@gmail.com

Doctors Helpline 97909 77331 Website www.reachtbnetwork.org

For more details on STCI refer **www.tbcindia.org**

PROJECT - EQUIP

Enhanced use of Quality drugs and Utilization of Innovative diagnostics for TB management in Private Sector

Dear Doctors,

As you may be aware, the Government of India, Ministry of Health and Family Welfare and RNTCP have recently launched an ambitious campaign for a TB-Free India.

To achieve this goal we need to involve health care providers, laboratories, and community organizations outside the RNTCP system. Your role as private practitioner is pivotal in identifying, diagnosing and treating TB cases.

To tackle the problem of **multidrug - resistant TB (MDR-TB),** the organization REACH is starting the new initiative PROJECT EQUIP, under which we will be working closely with chest physicians, general practitioners, consultants, hospitals, patients, community groups and RNTCP to design a collaborative model for MDR -TB prevention, diagnosis, and treatment. REACH is working in partnership with Chennai Corporation and KNCV Tuberculosis Foundation through support of Lilly Foundation and Unitec Way Worldwide.

Current MDR-TB scenario

- India has the highest number of MDR-TB cases in the world.
- MDR-TB is usually diagnosed very late, only after initial TB treatment has failed.
- Lack of access to a sensitive and quick improved diagnostic tool leads to preventable morbidity and mortality and to further spread of MDR-TB.
- Private sector is often the first point of contact for TB patients.
- Effective public-private partnerships enable early diagnosis and treatment of MDR-TB in the private sector.

Goal of Project EQUIP

- To develop an effective and replicable model for public-private partnership in diagnosing, notifying, and ensuring early access to care for people with drug resistant tuberculosis.
- To reduce the time taken to diagnose MDR-TB by giving access to improved diagnostic tools.
- To ensure a reliable supply of quality drugs and treatment support for TB patients.

Through Project EQUIP your patients will receive:

- **Timely quality TB diagnosis by free GeneXpert testing**
- **Free quality assured TB drugs (as recommended under STCI)**
- **Free counseling services by REACH staff**
- **Regular follow up assistance for drug adherence**
- **Nutritional support**

Dear Doctor,

Please note down the details for all your patients with symptoms of TB. Follow steps A, B, C, D for referral of your patients.

A When you need investigations for a patient with TB, please fill up Section A of the referral voucher. This section documents the name of the patient, address, mobile number along with symptoms and the date of referral for X-Ray.

B To avail FREE X-Ray for your patient (Please use this only for patients who fall below the socio economic levels) you can write their name and refer them to the REACH partner centers for X-Ray. The patient has to produce the voucher at the center to avail the X-Ray.

C If X-Ray is abnormal you can refer the patient for FREE GeneXpert to REACH partner labs. The patient has to collect the sputum container from REACH / EQUIP centres or you can contact us for supply of the containers at your clinic.

D To avail FREE TB Treatment for your patient, please fill up the treatment voucher and inform us if you would like to avail free treatment as per STCI.

Join PROJECT EQUIP for Stopping MDR-TB. Together we can make a difference