MDR TB should be declared a public health emergency

Not adhering to prescribed medications can lead to MDR TB in existing TB patients

New Delhi, 13 August 2017: As per available statistics, India accounts for one-fourth of the global TB burden of both TB and MDR TB. About 1.3 lakh incident multi-drug resistant (MDR) TB cases occur in India every year, including 79,000 MDR-TB cases among the notified pulmonary cases. As per the IMA, to prevent the epidemic of MDR TB, it should be declared a public health emergency.

Multidrug resistant (MDR) TB is TB resistant to both isoniazid and rifampicin with or without resistance to other first-line anti-TB drugs. Extensive drug resistant (XDR) TB is TB resistant also to a fluoroquinolone (ofloxacin, levofloxacin or moxifloxacin) and a second-line injectable anti TB drug (kanamycin, amikacin or capreomycin).

Speaking about this, Padma Shri Awardee Dr K K Aggarwal, National President Indian Medical Association (IMA) and President Heart Care Foundation of India (HCFI) and Dr RN Tandon – Honorary Secretary General IMA in a joint statement, said, “Tuberculosis (TB) is a major public health concern in the country. Despite advances in TB care, the disease continues to be a major cause of morbidity and mortality. And, it takes a heavy toll on the economy too. Emergence and spread of drug-resistant TB has become a major public health concern now. A person can acquire MDR TB in two ways. First is when a person does not take drugs as instructed by the health care provider or does not take the correct drugs. This situation is likely when the bacteria are resistant to more drugs than the health care provider has prescribed. One can also get MDRTB if they become infected with TB bacteria from another person who already has MDRTB. This is known as primary TB.”

The symptoms of MDR TB are similar to regular TB: severe cough lasting for three weeks or more, bloody or discolored sputum, night sweats, fever, fatigue and weakness, pain in the chest, loss of appetite, pain in breathing or coughing, and weight loss.

Adding further, Dr Aggarwal, said, “A person can develop XDR-TB if the treatment for MDR TB fails. The treatment for this acquired disease is lengthier, more complex, and expensive. At time, XDR TB can even be impossible to treat and be a death sentence. It is difficult to estimate the incidence of XDR-TB is as many laboratories are ill-equipped to detect and diagnose it. As a result, many of the cases go undocumented.”
Here are some tips prevent TB.

- **Vaccination** Newborns must be given the BCG vaccine to protect them against TB.

- **Keep your immunity high** Vaccines may not be able to provide life-long protection. Thus, it is important to maintain a healthy lifestyle and consume a healthy diet rich in fresh fruits and vegetables. Quit smoking and drinking alcohol, exercise regularly, and stay fit.

- **Maintain good hygiene** Certain simple hygienic practices such as covering the mouth while coughing, not spitting in public places, etc. are good ways to avoid infections from spreading. Wash your hands before eating and drink clean water. If you are around someone you know is suffering from TB, avoid direct contact with them.

- **Take medications on time** This is one of the major reasons for acquiring MDR TB. People who have the infection are carriers of the disease. If they don’t adhere to the prescription, the TB bacteria can develop resistance to the drugs.

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**About IMA:** Indian Medical Association is the only representative, national voluntary organization of Doctors of Modern Scientific System of Medicine, which looks after the interest of doctors as well as the well being of the community at large. It has its Headquarter in Delhi and State / Terr. Branches in 30 States and Union Territories. It has over 2,60,000 doctors as its members through more than 1765 active local branches spread across the country.

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