World Health Organization

XDR-TB - Extensively Drug-Resistant TB

November 2006

Outcomes of the WHO Global Task Force On XDR-TB, October 9-10

Preventing XDR-TB through strengthening TB and HIV control: Priority for the immediate strengthening of TB control in countries, as detailed in the new Stop TB Strategy and Global Plan to Stop TB 2006-2015. This must be done in coordination with scaling up universal access to HIV treatment and care. WHO and Task Force members are to help mobilize teams of experts that can be deployed in the field, at the request of countries, to assist in strengthening TB control, and where relevant HIV control.

Other recommendations:

Management of XDR-TB suspects in high and low HIV prevalence settings: Accelerate access to rapid tests for rifampicin resistance, to improve case detection of all patients suspected of multidrug-resistant TB (MDR-TB) so that they can be given treatment that is as effective as possible.

Programme management of XDR-TB and treatment design in HIV negative and positive people: Adhere to WHO Guidelines for the Programmatic Management of Drug Resistant TB; Improve MDR-TB management conditions; Enable access to all MDR-TB second-line drugs, under proper conditions including a patient centred approach for the direct observation of treatment; Ensure all patients with HIV are adequately treated for TB and started on appropriate antiretroviral therapy.

Laboratory XDR-TB definition: XDR-TB is defined as resistance to at least rifampicin and isoniazid from among the first line anti-TB drugs (which is the definition of MDR-TB) in addition to resistance to any fluoroquinolone, and to at least one of three injectable second-line anti-TB drugs used in TB treatment (capreomycin, kanamicin, and amikacin).

Infection control and protection of health care workers with emphasis on high HIV prevalence settings: Accelerate wide implementation of recommended infection control measures in health care settings and other risk areas in order to reduce the ongoing transmission of drug-resistant TB, especially among those who are HIV positive.

Immediate XDR-TB surveillance activities and needs: Strengthen laboratory capacity to diagnose, manage and survey drug resistance; Commence rapid surveys of drug-resistant TB so that the extent and size of the XDR-TB epidemic, and its association with HIV, can be determined.

Advocacy, communication and social mobilization: Initiate information-sharing strategies that promote effective prevention, treatment, control of XDR-TB at global and national levels and also in high HIV prevalence settings; Strengthen communication with affected communities and individuals; Develop a fully-budgeted plan with the resources and funding required to address XDR-TB, including through necessary improvements in overall TB control and HIV care in the immediate and medium term; Initiate resource mobilization.

Related Planning, Capacity Building and Investigation Efforts

- The South African Govt. held a planning meeting in Pretoria (Oct 17-18) with 7 other countries from the SADC region, and WHO. The meeting defined specific actions to be taken in the coming weeks adapting recommendations made by the Task Force to the Southern Africa context. All countries agreed to prepare **response plans** by November 10 which will include needs for technical assistance.
- WHO held an **MDR-TB clinical management** course for 35 TB programme staff from African countries in Dar Es Salaam, Tanzania (Oct 16-20).
- Measures to improve **XDR-TB prevention, treatment and contro**l will be shared at a training course for international TB consultants, in Riga in Latvia (Nov 13-17).
- In November, an **epidemiological investigation** into the factors that produced XDR-TB in a KwaZulu-Natal hospital will be conducted by the South African Dept. of Health, WHO and Task Force members.