



XDR-TB - Extensive Drug Resistant TB

Awareness and Emergency Response

The Emergence of XDR-TB

On September 5, 2006, WHO issued a global alert over the emerging threat of highly lethal strains of drug-resistant TB, described as XDR-TB. These strains leave patients without treatment options that meet international standards and are therefore virtually untreatable.

What Is XDR-TB?

XDR-TB, extensive (or extreme) drug resistant TB, is currently defined as multidrug-resistant TB (MDR-TB) i.e. resistance to at least the 2 most potent anti-TB drugs, isoniazid and rifampicin, in addition to resistance to at least 3 of the 6 classes of second-line drugs. Resistance to anti-TB drugs in populations occurs primarily due to poorly-managed TB care such as incorrect drug prescribing practices by providers, poor quality or erratic supply of drugs, and patient non-adherence.

What Is The Evidence Relating To XDR-TB?

Findings from a joint WHO/US Centers for Disease Control and Prevention (CDC) survey of 14 supranational TB reference laboratories using samples from 48 countries, were published in CDC's Morbidity and Mortality Weekly Report in March 2006. It documented XDR-TB in all regions of the world, with high rates in some former Soviet Union countries and parts of Asia. Nationally representative data showed that in USA 4% of MDR-TB were XDR-TB, while the figure in Latvia was 19%.

What We Know About The South African XDR-TB Outbreak

An outbreak of XDR-TB in KwaZulu Natal, South Africa, over the last 12 months was characterized by extremely high mortality rates. 52 of 53 patients died on average within 25 days from when sputum was collected. Of the 44 tested for HIV, all were positive. 15 of those were on ARVs. All died from XDR-TB. At least 2 were health workers. XDR-TB has been documented in at least 28 other hospitals and may have spread across and beyond South Africa.

The Expert Consultation On TB Drug Resistance

XDR-TB is a significant threat to the major gains made in global TB control. In response, an emergency experts' meeting was held in Johannesburg on September 7-8, 2006, co-organized by the South African Medical Research Council, WHO and CDC. A 7-point emergency action plan was developed together with TB officials from 11 Southern African countries. WHO was requested to immediately establish and lead a global task force on XDR-TB.

The 7 Point XDR-TB Emergency Action Plan:

- 1 - Develop national emergency response plans for MDR and XDR-TB within 3 months in line with national TB control plans that strengthen basic TB control and the proper use of second line drugs
- 2 - Conduct rapid surveys of MDR-TB and XDR-TB within 3-6 months
- 3 - Enhance current laboratory capacity
- 4 - Implement urgent infection control precautions in healthcare facilities especially those providing care for people living with HIV
- 5 - Establish and improve technical capacity of clinical and public health managers to effectively respond to MDR-TB and XDR-TB
- 6 - Promote universal access to ARVs for all TB patients through joint TB/HIV activities
- 7 - Increase research and support for rapid diagnostic test and anti-TB drug development