National TB Control Programme

Subject: directives additional to the current national guidelines of programmatic management of drug resistant TB for Daru of South Fly District of Western Province

Context:

Results of a large population-based TB drug resistant survey conducted in 2012-2014 showed in Daru Hospital in Western Province a higher proportion of drug resistance. Although the survey was not designed to estimate prevalence of drug resistance separately in the different provinces, this finding suggests high transmission of MDR-TB in this setting and requires further investigation. In the same setting the number of notified TB patients has been increasing over the past few years (59 cases in 2012, 61 in 2013, 84 in 2014 and 120 in 2015). The higher prevalence of drug resistance in this area could be explained by long history of poor supervision of treatment, large proportion of patients who don't finish the treatment course, poor quality diagnosis with smear microscopy or limited capacity to promptly identify patients with drug resistance until recently. Overcrowded settlements and extreme poverty may also play a major role in fueling this epidemic.

The survey suggested conducting ad hoc survey or even better establishing a continuous surveillance system in Western Province to confirm this finding and monitor time trends in drug resistance.

The programmatic management of drug resistant TB improved significantly over recent years, such as; Case detection (improved smear microscopy, regular participation in EQA, use of Xpert MTB/Rif for MDR-TB suspects), patient flow (cough triage, separate clinic area for drug susceptible and drug resistant TB cases), in patient capacity (MDR-TB ward and isolation rooms for XDR-TB cases), clinical management (through trained/competent human resource and support of partners), infection control (administrative, environmental and personal protection).

Treatment adherence was a major concern with loss of more than 60% cases on treatment in 2011 cohort. This issue has been addressed by setting up five community posts (named as DART) and deploying sufficient number of field nurse and community health workers in the beginning of 2016. Provision of lunch for each DOT played an important role in treatment adherence.

Considering the above context, the findings and recommendations of recent two joint missions conducted by NDOH, WHO, DFAT, HHISP and USAID and to facilitate implementation of the accelerated response plan, NTP is releasing directives additional to the current guidelines of programmatic management of drug resistant TB for Daru of South Fly District of Western Province.

Directives:

1. *Initiation of MDR-TB treatment as ambulatory basis*
   NTP recommends that MDR-TB treatment may be initiated as fully ambulatory basis. The decision of fully ambulatory treatment should be taken case by case and based on patients' clinical condition. Patient and relatives at the household are to be informed and educated on TB infection control practices. Patient will be advised to stay in relatively open space in the first month of treatment and practice cough hygiene throughout the treatment. Primary care giver should be informed sufficiently and if needed will be provided personal protective measure.

   Rationale:
   Though there is a good MDR-TB ward in Daru General Hospital, the bed capacity is limited. The burden and the current waiting list are higher than the bed numbers.

   Effect: Immediate

2. *Use of community health workers for DOT of multi drug resistant TB patients*
   NTP recommends that DOT of MDR-TB should be managed by community health workers who are trained and currently providing DOT support to drug susceptible TB through DART services. Each DART sites need to be supervised by qualified nurse. Provincial coordinator and DGH staff should supervise periodically (at least once in two weeks) all DART sites.

   Rationale:
   Treatment adherence through DOT is the utmost important to be ensured for all MDR-TB cases. Patient centered care needs to be ensured.

   Effect: Immediate

3. *Use of Xpert MTB/Rif as an initial diagnostic test for active case finding*
   The current Xpert algorithm suggest to perform Xpert test for MDR-TB suspects which include all treatment failures, smear non conversion, child cases and HIV positive cases., With the current context of Daru, NTP recommends that all suspects of TB though symptom screening or X-ray screening should be tested by Xpert MTB-Rif.

   Rationale: To initiate active case finding and early diagnosis of MDR-TB cases

   Effect: From June 2016 (due to logistical arrangement)

   Time frame: this recommendation is time bound and until further notice

4. *Expanded use of bedaquiline (BDQ) for MDR and XDR-TB cases:*
   Currently BDQ is only allowed to XDR-TB and failure of XDR-TB regimen. NTP now recommend to BDQ as one of the option for following group of patients;
   - XDR or failure of XDR
   - MDR-TB with FQ resistance (proven)
   - MDR-TB with serious side effect of hearing loss from Aminoglycosides (clinical judgement)

   Following conditions need to be fulfilled:

   Patient case summary, treatment plan, monitoring plan and patient consent need to be shared with NTP and approved by NTP /PMDT core group prior commencing the drug.

   Treatment update of BDQ containing regimen cohort need to be provided to NTP monthly

   Contraindication:

   NTP does not recommend using BDQ, Moxifloxacin and Clofazimine together.

   Effect: immediate

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