

## **XDR-TB: A NEW THREAT TO TB CONTROL?**

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An estimated 424,000 cases of multidrug resistant tuberculosis (MDR-TB) emerge every year as a result of poor tuberculosis (TB) control and especially mismanagement of anti-TB drugs with result on transmission of drug-resistant strains. From 2000 to 2005, national TB control programmes, in close collaboration with the World Health Organization (WHO), partners and the Green Light Committee (GLC) of the Stop TB Partnership, established that treatment of MDR-TB is feasible and cost-effective in low resource settings. The new Stop TB Strategy includes MDR-TB management as a basic component of modern TB control and the Global Plan to Stop TB, 2006–2015 sets goals, costs and strategy to accelerate progress in the implementation of the Stop TB Strategy.

In 2006, Extensively drug resistant TB (XDR-TB) was reported from all regions of the world as a serious, emerging threat to public health, especially in highly prevalent HIV countries. In a study carried out by the United States Centers for Disease Control and Prevention (CDC), WHO and 14 Supranational TB Reference Laboratories (SRLs) 17,690 isolates from 49 countries were analyzed showing 20% of MDR-TB and 2% were XDR-TB. XDR-TB was identified in all regions.

In May 2006, the results of an outbreak of HIV-associated XDR-TB in Tugela Ferry, KwaZulu-Natal Province, South Africa, were presented at the PARTNERS meeting in Atlanta, Georgia, USA. From January 2005 to March 2006, 221 MDR-TB cases were identified in Tugela Ferry, of which 53 were also resistant to kanamycin and ciprofloxacin. Half of the patients had never previously received anti-TB treatment. Out of the 53 patients, 44 were tested for HIV and found to be HIV-positive. Mortality was high: 52 of the patients died within a median range of 16 days of initial sputum collection. Fifteen of the patients who died were receiving antiretroviral drugs treatment.

In October 2006, the WHO organized a meeting of the Global Task Force on XDR-TB at WHO headquarters in Geneva, Switzerland, in response to the XDR-TB emergency. During this meeting the XDR-TB definition was revised and the next steps to be taken to respond to the XDR-TB emergence were identified.

XDR-TB severely restricts treatment options and thus puts at risk the gains made in global TB control and in the progress towards universal access to HIV treatment and prevention. As a result of this threat, WHO has taken urgent measures to scale-up sound TB control to prevent the onset of new MDR-TB and XDR-TB cases while at the same time accelerating treatment of resistant cases.