



World Health Organization

Drug resistant tuberculosis levels ten times higher in Eastern Europe and Central Asia

16 MARCH 2004 | GENEVA -- Tuberculosis patients in parts of Eastern Europe and Central Asia are 10 times more likely to have multidrug-resistant TB (MDR-TB) than in the rest of the world, according to a World Health Organization (WHO) report into the deadly infectious disease. China, Ecuador, Israel and South Africa are also identified as key areas.

New data released today confirm geographical concentrations of TB drug resistance across the Commonwealth of Independent States. Six out of the top ten global hotspots are: Estonia, Kazakhstan, Latvia, Lithuania, parts of the Russian Federation and Uzbekistan, with drug resistance in new patients as high as 14%.

"TB drug resistance is an urgent public health issue for countries from the former Soviet Union," said Dr Mario Raviglione, Director of WHO's Stop TB Department. "It is in the interest of every country to support rapid scale-up of TB control if we are to overcome MDR-TB. Passport control will not halt drug resistance; investment in global TB prevention will."

WHO's leading infectious disease experts estimate there are 300 000 new cases per year of MDR-TB worldwide. There is also new evidence proving drug resistant strains are becoming more resistant, and unresponsive to current treatments. 79% of MDR-TB cases are now "super strains", resistant to at least three of the four main drugs used to cure TB.

MDR-TB is TB that is resistant to the two medicines most commonly used to treat it, Isoniazid and Rifampicin. Without the correct drugs MDR-TB is untreatable and in most cases fatal. Though curing 'normal' TB is cheap and effective - a six month course of medicines costs US\$ 10 - treating drug resistant TB is a hundred times more expensive. Even then a cure is not guaranteed. With no effective vaccine, everyone is vulnerable to infection simply by breathing in a droplet carrying a virulent drug resistant strain.

Highest prevalence of MDR-TB coincides with one of the world's fastest growing HIV infection rates in Eastern Europe and Central Asia. Recently the United Nations Development Programme reported more than 1.5 million people living with the virus in the region, compared to just 30 000 in 1995. People whose immune systems are compromised with HIV are many times more susceptible to contracting all forms of TB.

"With people's immune systems compromised, MDR-TB has a perfect opportunity to spread rapidly and kill," said WHO Assistant Director-General of HIV/AIDS, TB and

Malaria, Dr Jack Chow. "As a priority to prevent the spread of all forms of TB, we need more investment in resources, programmes and health workers."

New surveys in China, where HIV is also increasing, have also mapped MDR-TB areas of concern. Two provinces revealed around one in every ten new patients tested positive with MDR-TB. The report's authors fear similar high levels of resistance could exist elsewhere, since only six of the country's 23 provinces were represented in the study.

Some successes have been achieved since the last study four years ago - most notably in Cuba, Hong Kong and the United States. Rates in those countries have decreased, as a result of strong and well-maintained TB strategies.

According to the report "the most effective strategy to prevent the emergence of drug resistance is through implementation of the DOTS." DOTS is the internationally agreed treatment strategy, and is designed to ensure patients take their medicines properly. It has proven effective in preventing drug resistance.

The report also notes TB control strategies used in Eastern Europe and the Russian Federation have recently begun to improve with the introduction of the DOTS strategy. In worst affected areas innovative "DOTS Plus" schemes which diagnose and treat effectively drug resistant TB, are being introduced. Patient access to MDR-TB drugs is key to the success of the DOTS Plus strategy. The cost of supplying these medicines has fallen dramatically through initiatives backed by the WHO, namely the Green Light Committee, which engages pharmaceutical companies to fully support the fight to eradicate drug resistant TB.

Research and development into new TB drugs is also urgently required to shorten the length of treatment and to treat drug resistant strains. After a 40 year standstill in TB drug development, R&D investments are critical now to expand treatment options and overcome resistant strains. The Global Alliance for TB Drug Development, a WHO partner, is building a pipeline of promising new drugs and uniting public and private researchers in the search for a faster cure.

"Anti-Tuberculosis Drug Resistance in the World - Third Global Report" presents data from the examination of 67 657 TB patients in 77 countries and regions.

"The more we survey, the more MDR-TB we find," said the report's leading author Dr Mohamed Aziz. "MDR TB has now been identified in every region and almost every country surveyed in what is the largest drug resistance surveillance project of its kind. Yet the true burden is unknown and may well be higher in unsurveyed areas, stressing the need for full expansion of drug resistance surveillance."

Editors Note: On 24 March, WHO will release its 2004 Global TB Control Report in tandem with the opening of the 2nd Stop TB Partners' Forum in New Delhi, where

donors, technical agencies and ministers from the 22 High TB Burden Countries will discuss accelerated action to expand DOTS and contain the global epidemic.

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