World Health Organization

XDR-TB - Extensively Drug Resistant TB

October 2006

WHO Global Task Force On XDR-TB, October 9-10, 2006

WHO is intensifying the response on XDR-TB, (extensive drug resistant TB) through a Global Task Force of experts to be held in Geneva. Based on the best available evidence, the Task Force will recommend measures to prevent and contain XDR-TB, particularly in high HIV prevalence settings, and to manage the disease in patients. Specifically it will address, at least, the following:

- Clarify the case definition for cases suspected of being XDR-TB
- Define the appropriate treatment approaches for suspected cases of XDR-TB
- Review and revise the current laboratory case definition of XDR-TB
- Provide guidance to countries for improvement of health facility infection control
- Provide guidance for rapid surveys to determine the geographical and temporal extent of XDR-TB
- Provide guidance on global and national communication strategies on XDR-TB management

WHO and its partners will follow up with support to country efforts to implement urgent measures by mobilising resources and establishing technical assistance teams where required.

Expert Consultation on XDR-TB, September 7-8, 2006

The Task Force agenda is based on the conclusions from the Expert Consultation hosted by the South African Medical Research Council and supported by WHO and US CDC. Priority areas include 1) Developing national emergency response plans for MDR-TB and XDR-TB while guaranteeing that DOTS and the International Standards for TB Care are fully implemented; 2) Conducting rapid surveys in countries of MDR-TB and XDR-TB within 3-6 months; 3) Enhancing current national laboratory capacity; 4) Implementing urgent infection control precautions in healthcare facilities especially those providing care for people living with HIV/AIDS; 5) Establishing and improving technical capacity of clinical and public health managers to effectively respond to MDR-TB and XDR-TB; 6) Promoting universal access to antiretroviral treatment for all TB patients through joint TB/HIV activities; 7) Increasing research and development of rapid diagnostic tests and anti-TB drugs.

Alert On XDR-TB

In September WHO issued an alert on XDR-TB, a form of TB which leaves patients without treatment options that meet international standards. XDR-TB results in high treatment failure and is a serious threat to TB control wherever it emerges, particularly among people living with HIV due to their increased susceptibility and high risk of mortality.

What Is The Current Definition Of XDR-TB?

XDR-TB is defined as resistance to at least three of the six classes of available second-line drugs in addition to multidrug-resistant TB (MDR-TB). MDR-TB is defined as resistance to at least the two most potent first line anti-TB drugs, isoniazid and rifampicin. Resistance to anti-TB drugs in populations can be prevented by proper management of TB care and control, such as correct drug prescribing practices by providers, ensuring regular supply of good quality drugs, patient supervision and support during treatment, and ensuring patient adherence.

What Is The Global Evidence On XDR-TB?

Findings from a WHO/US CDC survey of 14 supranational TB reference laboratories, using a 17,690 convenience sample from 49 countries, were reported in March 2006. XDR-TB was documented in 10% of the detected MDR-TB cases, and was present in 17 countries. In USA, Republic of Korea and Latvia, population-based studies showed that 4%,15% and 19% respectively, of MDR-TB cases were XDR-TB.

A cluster of XDR-TB cases in a hospital in southern Africa, during the period January 2005 - March 2006, was characterized by extremely high mortality rates. 52 of 53 patients died. Of the 44 tested for HIV, all were positive.