Future Perspective
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Multi-drug resistant tuberculosis (MDR-TB) and now extensively drug resistant tuberculosis (XDR-TB) has emerged as a significant global health concern. There are alarming reports of increasing drug resistance from various parts of the globe which potentially threaten to disrupt the gains achieved in tuberculosis control over the last decade. Newer drugs for tuberculosis are unlikely to come up in the near future, hence the key to success remain in adequate case finding, prompt and correct diagnosis and effective treatment.

Apart from a strong tuberculosis control program, there is also a need for better and more rapid diagnostic methods, a continuous or periodic survey of drug resistance with an emphasis on internal quality control and external quality assessment, which will provide information on the type of chemotherapy to be used for the treatment of patients and also serve as a useful parameter in the evaluation of current and past chemotherapy programs.

The emergence of resistance to Rifampicin can cause considerable damage to TB program as it is the most potent primary drug in short course chemotherapy. Extreme care should be exercised in prescribing Rifampicin containing regimen by insisting on proper dosage and adequate supervision to ensure compliance.

In India, there is an urgent need to strengthen the laboratories by ensuring a sound routine quality control programme in test procedures, reagent performance and personnel proficiency. These guidelines need to be formulated by keeping in mind the constraints pertinent to Indian settings. The involvement of different laboratories needs to be encouraged by the Government.
Moreover sound infection control measures to avoid further transmission of MDR/XDR TB, adequate laboratory facilities to monitor drug susceptibility, good health education for patients and research towards development of new diagnostic methods, drugs and vaccines should be promoted to control drug resistant tuberculosis.