

Working Group Recommendations June 19, 2013

Recommendations to CTD

- 1) Need for GeneXpert to be scaled up, with a priority placed on GeneXpert testing for all children aged 5 years and under as the primary diagnostic tool, instead of smear microscopy (operational plan needs to be generated with specific timelines and targets)
- 2) Need for a mechanism to include children in PMDT in whom bacteriological confirmation is pending or not possible, provided they meet certain criteria (these criteria are being drafted by expert panel)
- 3) Improved strategies for dissemination of RNTCP guidelines are needed

Recommendations to Ourselves

Challenge	Solution	Operational Research
1) Implementation of IPT and active contact tracing is incomplete		1) Contact studies in MDRTB households; 2) Role of IPT in INH-resistant settings; 3) Role of IPT in high-prevalence setting such as India; 4) Optimal management (including drug regimens) for preventive therapy in

		MDR-TB contacts
2) Bacteriologic confirmation in difficult in children, and not doing DST up front may missing MDRTB in children	All children under 5 should get DST? All children under 5 should get GeneXpert?	1) Explore rollout based on risk groups (i.e. children under 5)
3) Optimal dosing in children with MDR-TB is problematic		1) Additional PK studies here in India 2) What would be the utility of therapeutic drug monitoring?
4) Need for counselor for children with MDR-TB	Counselors will be available in all DRTB centers	1) What is the role of these counselors? 2) Does counseling improve outcomes?
5) Need for improved nutritional status among MDRTB patients		1) How can NGOs/partner organizations provide this? 2) How can MDRTB be dovetailed in the MCH program?
There is a need for better dissemination of guidelines		1) Study dissemination strategies, such as printed materials, SMS, email, etc.
Lack of data on current pediatric MDRTB treatment cohorts and outcomes in India		1) How can we analyze and disseminate our cohort data of children 2) Letters to all DR-TB providers to collect and aggregate the data

Challenge	Solution	Operational Research	Comment
There is a need to discuss management of complicated cases with other providers, including diagnostic criteria	Develop a network of providers available for clinical consultation	1) Could clinicians develop a scoring system; 2) Could the NIKSHAY be used to test a systematic diagnostic approach in children (i.e. consensus definitions)	This would differ from the formal committee review board and would instead focus on provider-to-provider information
There is a need for rapid diagnosis of MDR-TB in children	Roll out GeneXpert	1) Publish experience from sites already using GeneXpert 2) Assess roll out strategies 3) Assess whether GeneXpert improves the time to actual initiation of therapy	
There is a need to improve D.O.T, including evaluation of DOT quality			
There is a need to better understand care seeking behaviors			
There is a need to better understand stigma and social consequences of TB/MDRTB and take steps to mitigate these			
There is a need to increase awareness taking into account the social context and using novel		1) What role can cured patients play in advocacy and awareness?	

partners			
There is a need to better engage the RNTCP and the private sector			1) KAPB study among private practitioners and medical colleges; 2) How can we encourage people to register
There is a need to evaluate the sustainability of all these efforts			

Challenge	Solution	Possible Research
Lack of awareness among pediatricians regarding MDRTB diagnosis	Education and training to providers	Surveys
Lack of support for DOT and diagnostics at the health centers	Strengthen health centers	
Lack of access to Xpert/MTB-RIF	Improve access to Xpert	1) Report on data from sites already using Xpert 2) Regional studies on utility of Xpert in children, EPTP 3) Study of Xpert on gastric aspirates in children
EP-TB	Consider recommendations on management of probable EP MDR-TB among household contacts	Prospective evaluation of incidence/prevalence of EP MDRTB in household contacts
There is a need for optimal diagnostic strategy package	Obtain as many types of samples from a child as possible	1) Compare yield of sputum testing in 5 and 6 year old compared with those age 7 and older; 2) What would be the optimal yield or pack
No standard questionnaire for screening contacts of MDRTB patients	Develop a questionnaire with input from the workshop group	Pilot test the feasibility and utility of the questionnaire

