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# Epidemic fears: India faces drug resistant strain

By Amy Kazmin



Completing the course: health worker Amit Saxena, left, watches Karishma Chowdhury take her medicine

Mithapur is a bustling working-class neighbourhood of New Delhi, home to cooks, clerks and other service workers. Here Karishma Chowdhury, a 30-year-old mother of two, comes to a small clinic each week for free government drugs to treat the tuberculosis that forced her to give up her job as a cook for a middle-class family.

Four months into her six-month course of treatment supervised by Operation Asha – a partner of India’s national TB control programme – Mrs Chowdhury feels better and hopes to resume work soon. But she knows she must take her medicine for another two months. “It’s a course, and the course has to be completed, otherwise the disease will come back – and next time, it will be worse,” she says.

Unfortunately, many of India’s estimated 2m TB patients stop taking medicines once their health improves, which

why India is confronting the problem of drug resistant tuberculosis – including some virulent new strains doctors say do not respond to known drugs. “The world is on the brink of a multi-drug resistant TB epidemic, and India will be the epicentre,” says Shelly Batra, Operation Asha’s founder.

The World Health Organisation says about 99,000 Indians have multi-drug resistant TB, one of the largest burdens in the world, although India’s laboratory capacity to diagnose the virulent strains is far short of requirements. Most Indians with drug resistant TB have had the disease previously, but about a third are first-time patients. Many doctors believe the problem is worsening. “I’ve seen the resistance pattern relentlessly amplify before my eyes,” says Zarir Udwadia, a Mumbai-based TB expert at Hinduja Hospital.

Dr Udwadia galvanised India’s health establishment last year, when he reported to the medical journal *Clinical Infectious Diseases* he had identified four patients infected with what he called

“totally drug-resistant TB” that did not respond to any first or second line drugs.

The article said each of the four patients had received “erratic, unsupervised second line drugs, added individually and often incorrect doses from multiple private practitioners”.

India’s fight against TB had been considered a rare bright spot in a bleak public health scenario. Since 2006, the revamped national TB control programme has worked with charities and community groups to establish a national network for detection and treatment, screening about 7m suspected cases and treating some 1.5m TB patients with free first-line drugs every year.

Since the 1990s, new TB cases in India have fallen by 1.5 to 2 per cent a year, and TB deaths have halved to about 300,000 a year, according to the WHO. But some public health experts are sceptical of government claims it detects 70 per cent of TB cases and cures 88 per cent of those found.

“What people say and what is the truth are two entirely different things,” says Dr Batra. “In our country, the numbers are fudged.”

Treatment centres, theoretically covering the entire country, are few and far between, which means patients travel long distances to reach them and often stop going once they feel better. In remote areas drug supplies are unreliable.

An independent consultant in one northern state estimates treatment default rate from the government’s programme at around 36 per cent.

“What we see on paper ... everything looks very good, but the ground reality is not like that,” says Sarman Singh, head of clinical microbiology at the All India Institute of Medical Sciences, India’s top public hospital. “Patients have to have counselling, which is usually lacking. Once they are asymptomatic [if a patient is a carrier for a disease or infection but experiences no symptoms], they usually don’t treat.”

Private doctors or traditional healers, who treat many TB cases, are another concern as they barely supervise their patients and often do not prescribe the correct drugs.

A survey of 106 health practitioners in a Mumbai slum with rampant TB found only six knew the correct prescribing practice for routine TB, and only three knew how to correctly treat drug-resistant strains. “Because TB drugs have been available off the shelf, and in the private sector, a lot of use, or misuse has taken place,” says VS Chauhan, director of India’s International Centre for Genetic Engineering and Biotechnology.

New Delhi recently declared all TB cases, including those found by private doctors, must be reported to the government, though experts say incentives will be needed to ensure all doctors

and healers comply.

India is also increasing its capacity to diagnose drug-resistant TB, which experts say must be done quickly to ensure suspected cases are treated properly. It has also pledged to increase funding to treat drug-resistant TB, which takes two years and requires costly patented drugs.

“The good thing is the government is willing to look at the problem,” says Dr Chauhan. “But it would be silly to say ‘we will fix everything in two to three years’.”

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