Drug resistant Tuberculosis—challenges unfolded

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Antibiotic resistance is an important concern for the public health authorities at global level. Community based researches in developing countries have shown increase in burden of antimicrobial resistance. In 1993, World Health Organization (WHO) declared Tuberculosis as a global emergency and promoted directly observed treatment short course (DOTS) in 1995. Millions of lives have been saved compare with the pre-DOTS era, high cure rates have been achieved in most of countries worldwide. Global incidence of tuberculosis has been in a slow decline since the early 2000’s. However, the emergence and spread of Multidrug resistant (MDR) tuberculosis, extensively drug resistant (XDR) tuberculosis pose a threat to global tuberculosis control. Genotypic and phenotypic changes in *Mycobacterium tuberculosis*, with lack of adequate laboratory facilities in most of tuberculosis endemic countries leads to missing the diagnosis. Multidrug resistant tuberculosis and XDR tuberculosis greatly complicate patient management within resource poor national tuberculosis program, reducing treatment efficacy and increasing the cost of treatment. Despite, nearly 20 years of WHO promoting activity and >12 years of MDR tuberculosis specific activity, has the country response to the drug resistant tuberculosis epidemic been so in effectual? The current dilemmas, challenges and priority needs for global drug resistance screening and surveillance, improving treatment regimens, and management of outcomes and prevention of drug resistance will be discussed.

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