SRL technical assistance for drug resistance surveillance

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History of the Global Project on anti-TB drug resistance surveillance

- Global Project launched
- SRLN launched
- 1st global DRS report
- 2nd global DRS report
- 3rd global DRS report
- 4th global DRS report
- M/XDR-TB report

- 1994
- 1997
- 2000
- 2003
- 2004
- 2008
- 2009
- 2010

1st ed. DRS guidelines
2nd ed. DRS guidelines
3rd ed. DRS guidelines
4th ed. DRS guidelines
Characteristics of available data on drug resistance, 2010

- DRS data available from 114 out of 193 countries (59%)
- 42 countries have continuous surveillance systems
- 72 countries only have data from periodic surveys
- 55 countries have trend data
All these achievements thanks to:

- **SRLN**
- **Technical agencies**
  - WHO
  - The Union
  - KNCV
  - US CDC
  - ECDC
  - …
- **Donor agencies**
  - United States Agency for International Development
  - Lilly MDR-TB Partnership
  - The Global Fund
Drug resistance surveillance in the World Health Assembly

"Surveillance means the systematic ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary"
Source: International Health Regulations (2005), adopted by the 58th World Health Assembly

All Member States to "achieve universal access to diagnosis and treatment of multidrug-resistant and extensively drug-resistant tuberculosis", including by means of "strengthening health information and surveillance systems to ensure detection and monitoring of the epidemiological profile of multidrug-resistant and extensively drug-resistant tuberculosis and monitor achievement in its prevention and control"
Source: 2009 World Health Assembly resolution WHA62.15

Drug resistance surveillance is crucial for planning and monitoring of scale-up of MDR-TB treatment
The 2009 DRS Guidelines

- Continuous surveillance to be established among previously treated TB cases (or high risk groups)

- Periodic surveys among new TB cases to be conducted only when continuous surveillance systems cannot be established

- DRS activities should be linked to patient treatment and care
SRL technical assistance for surveys

Preparation phase
- International assessment visit
- Assessment of the microscopy network
- Assessment of culture and DST capacity, including via proficiency testing
- Assistance for preparation of lab components of survey protocol
- Guidance on procurement of lab consumables and equipment
- Training of laboratory specialists

Execution phase
- Rechecking of strains (plus second-line DST)
- International monitoring visit

Results generation and dissemination phase
- Data analysis and report writing
SRL technical assistance to establish continuous surveillance systems

Similar type of TA but requiring long term engagement with countries:

- More frequent and longer presence in the country
- More laboratory experts involved
- Stronger collaboration with other laboratory strengthening activities
- Collaboration with treatment programmes
- Greater costs involved
Funding opportunities for drug resistance surveillance

- More resources now available thanks to USAID and Lilly MDR-TB Partnership

- Possible stronger engagement of the Global Fund in drug resistance surveillance
Conclusions

- Lots of work accomplished with very limited resources

- Lack of a strong partnership has precluded some African countries from being able to conduct a survey

- New era → moving towards the establishment of continuous surveillance systems

- Long term SRL technical assistance required

- New funding mechanisms to be explored
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