

**The Second DOTS plus Consultant Course
Riga, 15 November, 2006**

Treatment delivery and adherence

(examples from the Russian Federation)

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TB, HIV, TB/HIV and Primary MDR TB trends in Russia (absolute numbers)

	1999	2000	2001	2002	2003	2004	2005
TB*	124 671*	132 022*	127 192*	123 340*	118 564*	118 924*	119226
HIV** (cumulative)	31 633**	89 837**	177 635**	227 580**	264 002**	297 988**	
TB/HIV*** (cumulative)	515***	753***	1 288***	2 354***	3 133***	4506***	
Primary MDR TB****		5 281****	3 476****	3 173****	3 438***	3 500***	

* Source: MoH, new cases

** Source: MoH, form 61

*** Source: MoH

****Source: Form 33, Report of the Russian Federation

Proficiency Testing of Anti-TB drugs susceptibility testing in the RF, 2005-2006

SCHEME	Federal	Regional	SRL	Results
1st round (May– Sept. 2006)	<ul style="list-style-type: none"> - 5 federal TB research institutes - FCS Central TB Laboratory (MoJ) - RIPP MMA Federal TB Institute, molecular biology laboratory - Obolensk State Scientific Centre on Applied Microbiology (Federal Service for Surveillance on Consumer Rights Protection) 	12 Labs	Karolinska Institute, Sweden	Overall good results in 12 laborator ies
2nd round (April – July 2006)	Same as above except for RIPP MMA which did not participate	23 Labs	Karolinska Institute, Sweden	
3rd round (Sept. – Dec. 2006)	Same as above	33 Labs	National Mycobacteriu m Reference Unit, UK	

TB treatment delivery in Russia

- TB care providers in Russia- State medical facilities of MoH, Prison sector or Departmental Health Care Systems;
- Private health care providers are not involved in TB care system.

Organization of TB control in the Russian Federation

- General Health service (GHS);
- Specialized TB service;
 - TB hospitals
 - TB dispensaries
 - TB points (rooms)
- TB hospitals – intensive phase of TB treatment;
- TB dispensaries, TB points, GHS facilities – continuation of treatment

DOTS plus implementation in the Russian Federation

Regions of the Russian Federation	GLC application	May be enrolled MDR-patients
Tomsk	Approved 2001	500
Orel	Approved 2002	200
Archangelsk	Approved 2003	100
Ivanovo	Approved 2005	42
Vladimir	Approved 2006	200
Khakasia	Approved 2006	200
Belgorod	Approved 2006	250
Mari-El	Approved 2006	200
Novosibirsk	Approved 2006	300
Samara	Approved 2006	760
Chuvashia	Approved 2006	200
	TOTAL:	2952

Using of second line drugs

- Regiment “II B” –suspected MDR patients (DST in process)
- Regiment “IV” – case of MDR TB was confirmed by DST

Principles of treatment delivery (examples of DOTS Plus pilot projects)

Intensive phase: obligatory treatment in the TB hospital until smear conversion will be achieved (culture examination).

Continuation treatment: ambulatory treatment in TB dispensaries, TB points, GHS facilities

Continuation treatment in TB hospital: if there is problem organization of DOT in ambulatory facilities

Main principles of MDR-TB treatment (1)

- Total course of treatment is not less than 18 months (18-24 months)
- Regimens include first line drugs with documented susceptibility
- TB drugs of questionable susceptibility are not included in the regimen
- Treatment is provided with maximum number of susceptible drugs, at least, 4 drugs
- Use of injectables for a prolonged period—at least 6 months (intensive phase)
- The intensive phase lasts until 3-4 consecutive negative cultures are received

Main principles of MDR-TB treatment (2).

- **Drugs are administered 6 days a week**
- **Drugs are taken 3 times a day during the intensive phase and 2 times a day on ambulatory treatment**
- **All doses are directly observed by a health worker at any place of treatment**
- **Clinical, X-ray, bacteriological and laboratory monitoring of all MDR-TB patients during treatment**
- **Active treatment of side effects**

Patient's involvement in the programme

- District supervisor or local phthisiatrician bring the patient to the **Joint Clinical and Expert Commission**.
- The Commission members
 - discuss therapy regimens at in-patient and out-patient stages,
 - consult the patient on issues related to the treatment plan,
 - choose the therapy scheme,
 - determine the site for performing the intensive phase of therapy.

Characteristics of MDR-TB patients (N=244) (Tomsk)

Characteristics	Prison	Civilian	<i>P-value</i>
Age (244) [<i>median</i> ± <i>CO</i>]	33.3 ± 9.1	35.5 ± 11.6	0.10
Male (244)	100 %	75.4 %	<0.0001
Alcohol and drug abuse (205)	38.0 %	41.8 %	0.60
Smoking (212)	92.3 %	67.9 %	<0.0001
HIV (204)	0 %	0.8 %	1.0
Previous psychiatric disorders (204)	5.7 %	0.8 %	0.05
Chronic hepatitis (204)	20.0 %	14.9 %	0.36
Chronic renal disorders (205)	0 %	4.5 %	0.09
Diabetes mellitus (204)	2.9 %	6.0 %	0.50

Default prevention

- Agreement between health care provider and patient;
- Coordination between health care providers;
- Default prevention system;
- Health education;
- Social support programme:
 - Patient's incentive programme;
 - Psychological support
 - Legal support

TB Health Education; the most effective measure to improve adherence



Food Parcels as incentives for patients in ambulatory phase of treatment



- Equal to 15 US \$ per month

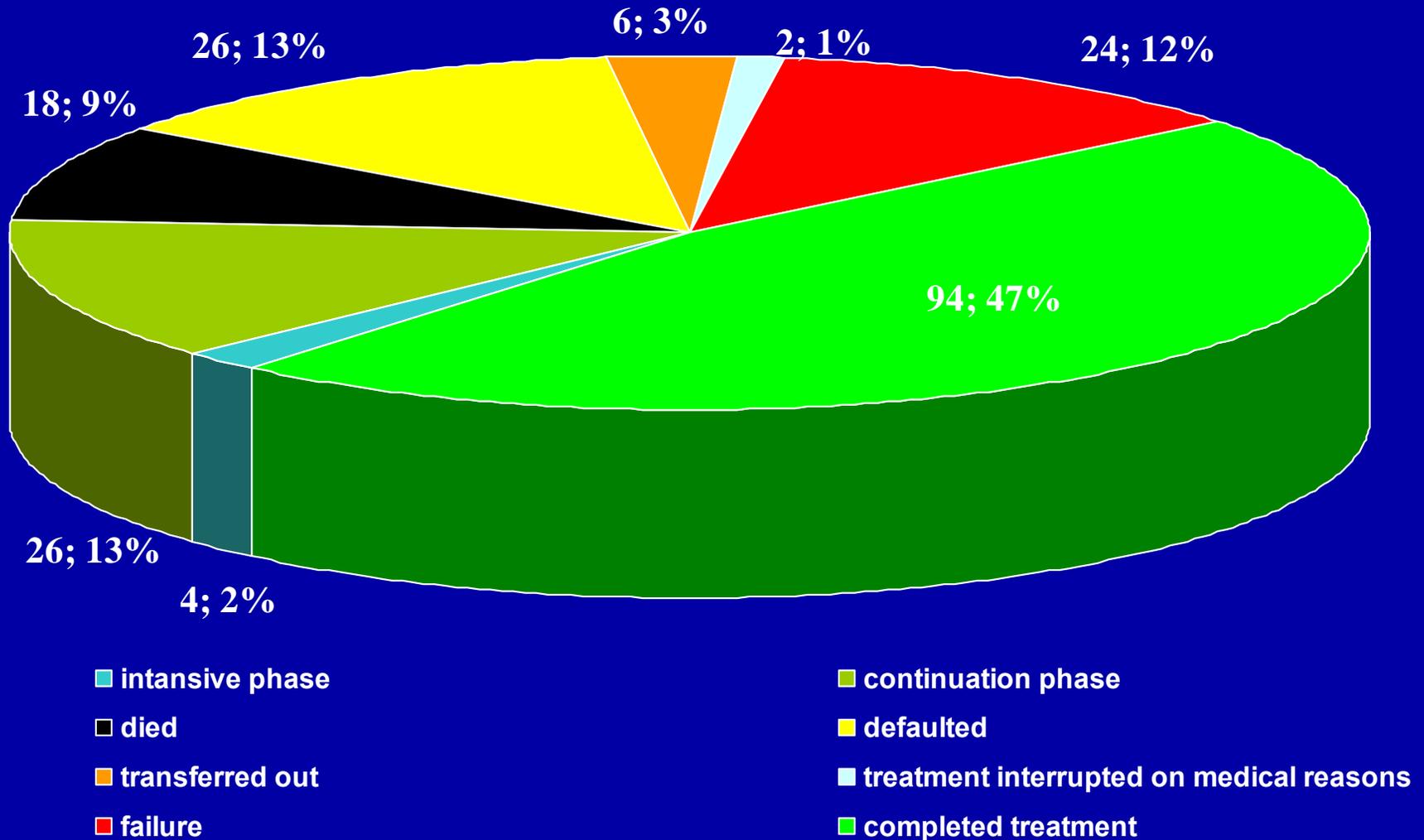
- 1 pack of milk;
- 1 pack of juice;
- 1 pack of cookies;
- 1 pack of tea;
- 1 kilogram of buckwheat



Effectiveness of MDR-TB treatment between 2000 to 2005 (Tomsk)

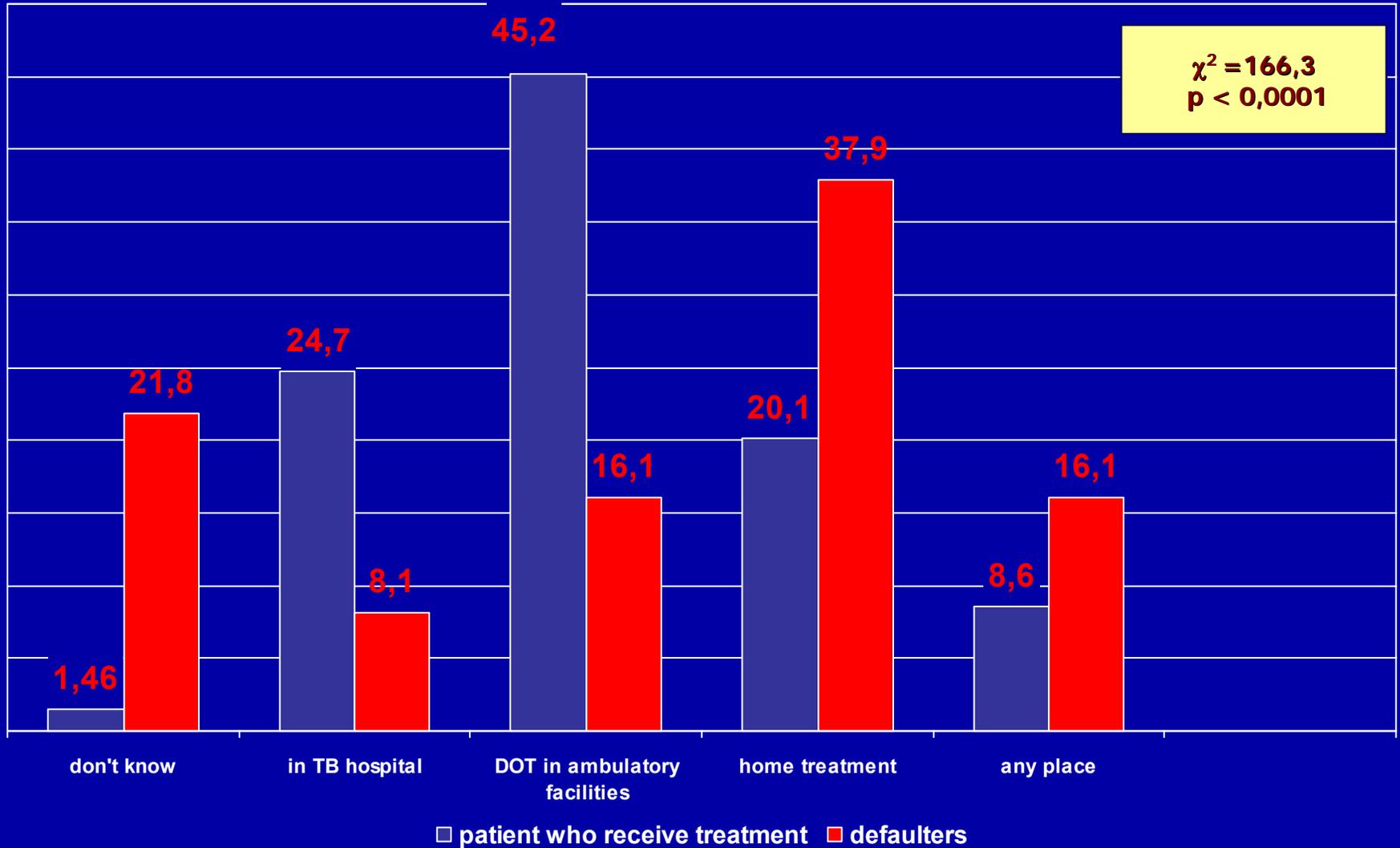
	Cohort I		Cohort II	
		%		%
Total	244	100	393	100
Cured	191	78,3	121	30%
Continue treatment	0		152	38,7%
Died	12	4,9	16	4,0%
Default	24	9,8	83	21,1%
Failure	16	6,6	21	5,3%
Transferred	1	0,4	1	0,9%

STATUS OF THE ENROLLED PATIENTS BY 01.10.2006 (abs number, 200 patients)



Where a patient wish to be treated?

(1391 patients were requested in 4 regions of Russia, 2005r)



**Thank you for
your attention!**