



НАЦИОНАЛЬНЫЙ ЦЕНТР ФТИЗИАТРИИ
ПРИ МИНИСТЕРСТВЕ ЗДРАВООХРАНЕНИЯ
КЫРГЫЗСКОЙ РЕСПУБЛИКИ

Introduction of Shorter Regimen and New Anti-TB Drugs in the Kyrgyz Republic

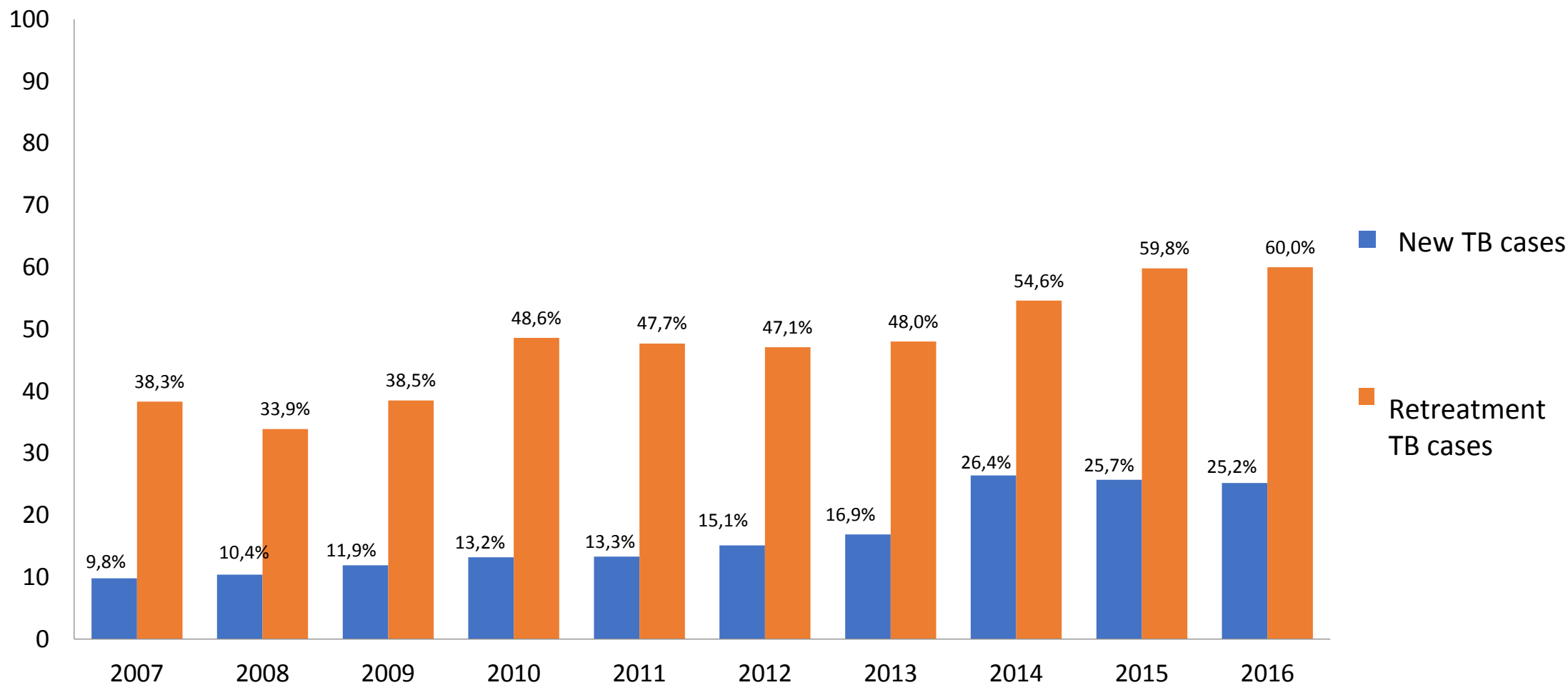
Director of the National Center for Tuberculosis

Doctor of medical science Kadyrov A.S.

Wolfheze meetings, 29 May 2017



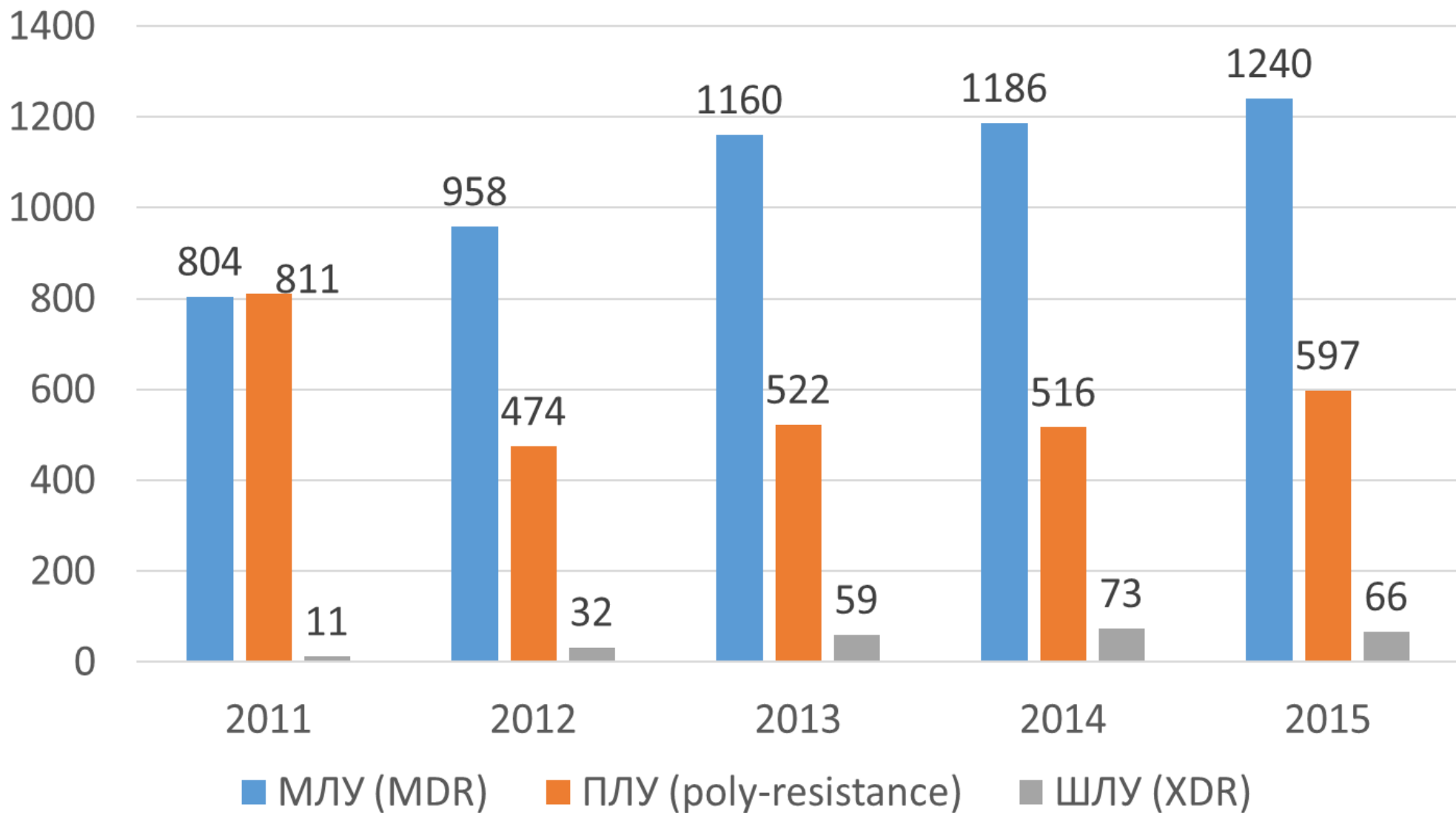
Percentage of RR/MDR-TB Cases Among All TB Cases, 2007-2015*



*Source up till 2015: Republican reference-laboratory



Доля ЛУ ТБ в Кыргызстане Rates of DR TB in Kyrgyzstan



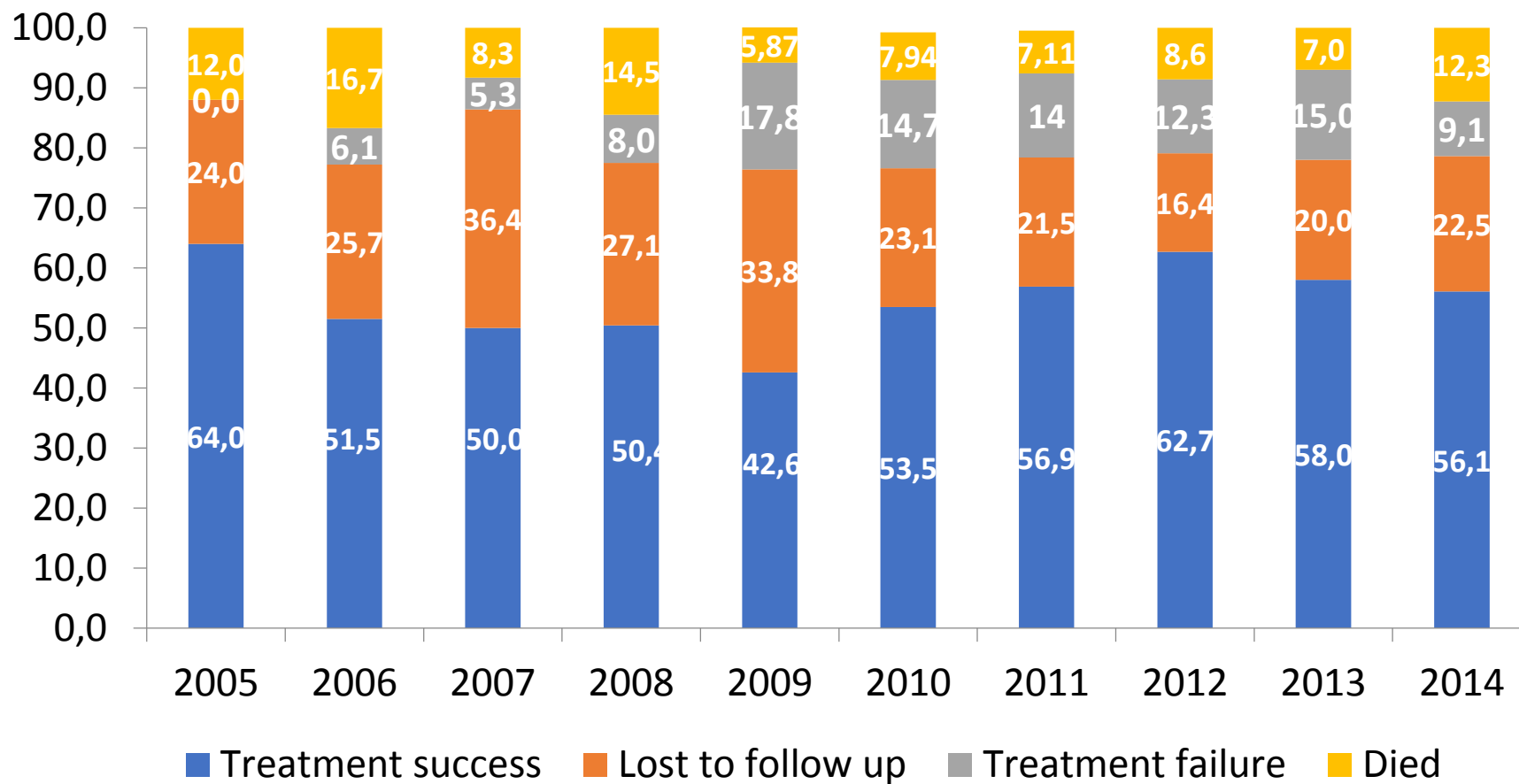


Number of RR/MDR-TB Cases and Their Treatment Coverage, Kyrgyz Republic, 2009-2016 (target – 90%)

| Year | Laboratory confirmed MDR-TB | Laboratory confirmed XDR-TB | MDR/XDR-TB cases started on treatment with SLD | MDR/XDR-TB Treatment coverage (%) |
|-------------|--|--|---|--|
| 2009 | 835 | - | 545 | 65.3 |
| 2010 | 566 | - | 441 | 77.9 |
| 2011 | 804 | 11 | 492 | 61.2 |
| 2012 | 958 | 32 | 775 | 80.9 |
| 2013 | 1160 | 59 | 1060 | 91.4 |
| 2014 | 1186 | 73 | 1125 | 94.6 |
| 2015 | 1240 | 66 | 1200 | 97.0 |
| 2016 | 1244 | 59 | 1163 | 93.5 |



DR-TB Treatment Outcomes 2005-2014 (%)





Laboratory Diagnostic Techniques Used in the Kyrgyz Republic

- Gene Xpert
- MGIT FLD/SLD
- HAIN FLD/SLD
- Lowenstein-Jensen FLD/SLD



Key Messages

- Introduction of shorter and individualized treatment regimens is performed within the USAID Challenge TB project implemented by the KNCV branch office in the Kyrgyz Republic.
- In 2016, a National plan for implementation of a shorter MDR-TB regimen and individualized regimens using new anti-TB drugs was adopted.



Patient Enrollment Started in 2017

- Implementation of shorter treatment regimens started in 2 pilot sites (Bishkek, Chuisk region)
 - ✓ As of 15.05.2017, a total of 58 patients have been enrolled, including 3 children and 7 adolescents
- Individualized regimen containing new and repurposed drugs is prescribed to patients from all around the country
 - ✓ As of 15.05.2017, a total of 58 patients have been enrolled, the majority of them were from the waiting list. The majority of patients had severe TB at the moment of enrollment.



Active Monitoring of Adverse Reactions/Events in Patients on Treatment with Shorter and Individualized Regimens

- Due to the specificity of TB management, a separate yellow reporting card has been developed for TB.
- Improved coordination between TB services and Pharmacovigilance Unit of the Department for Drug Procurement and Medical Technology (DDP and MT) of the Ministry of Health which submits data to the International Monitoring Center in Uppsala, Sweden



Active Monitoring of Adverse Reactions/Events in Patients on Treatment with Shorter and Individualized Regimens

- Capacity building (NTP, DDP and MT, physicians)
- SOPs on adverse events have been developed
- Over the 1st quarter of 2017, a total of 12 adverse reactions reporting forms have been submitted (yellow cards). In April, 17 reporting cards were submitted.

Challenges and Issues with the Implementation of Shorter and Individualized Regimens

1. PHC workers and TB staff need intensive training and support prior to and during introduction of new regimens into routine practice
2. Frequent screening for adverse reactions requires a lot of lab reagents and medical products
3. Due to the lack of HAIN tests for SLDs, first patients were enrolled based on clinical and diagnostic data which sometimes differed from SLD DST results.
4. Migration of patients is an important cause of poor treatment adherence



SOLUTIONS TO OVERCOME THE CHALLENGES AND BARRIERS

1. Training (including on-site training) and supervision of PHC workers and staff in TB facilities
2. Planning and procurement of lab reagents and medical products by health care facilities
3. Using HAIN SLD for the further enrollment of patients
4. Strengthening work to improve treatment adherence
5. Expanding access to TB treatment in the country.



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Questions?



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THANK YOU FOR YOUR ATTENTION!

