DOTS
Pura course | Pakka ilaaj

Dr. K S SACHDEVA
Dy. Director General
Head, Central TB Division
Project Director, RNTCP

सत्यमेव जयते

Tel. : 011-2306 3226
011-2306 2980
E-mail : ddgtb@rntcp.org

भारत सरकार
Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
निर्माण भवन, नई दिल्ली-110108
Nirman Bhavan, New Delhi-110108

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As per the recommendations of NTEG on treatment of TB, following changes have been incorporated with immediate effect in management protocol for all oral H mono/poly regimen (6 LfxREZ).

- **Pre-treatment evaluation:** No additional investigations other than random blood sugar (RBS), X-ray and HIV testing, are required for H mono/poly DR TB patients unless clinically indicated.
- **Treatment initiation** may be decentralized to the PHI level; however, treatment initiation details need to be updated in Nikshay and same should be updated in the PMDT notification register maintained at District and DR TBC level.
- **Sequence of using replacement drug** for all oral H mono/poly regimen is as follows.
    - If Lfx cannot be used - Replace Lfx with Mfx(h) if SL LPA pattern suggests. Do LC DST for detection of resistance to Mfx(h) and Z* (*applicable whenever made available under the programme).
    - If Mfx(h) or Z can't be used – Replace with Lzd. If Lzd cannot be given, replace with Cfz + Cs.
    - If both Mfx(h) and Z can't be used – Add 2 drugs of the 3 - Lzd, Cfz, Cs (in the order of preference)
- **Duration of treatment** may be extended to 9 months when the regimen needs to be modified due to detection of additional resistance or intolerability to drugs; extensive disease; uncontrolled comorbidity; extra-pulmonary TB and if smear is positive at the end of 4th month. Treatment may be extended till 12 months in case of CNS, skeletal and milliary TB.
- Patients remaining smear positive at the end of 5-month or later during treatment, the outcome is to be declared as treatment failure
- **Dosage** of R in H mono/poly regimen should be modified to 750 mg in >70 kg weight band and dosage for other drugs in all other weight bands to remain same.
- Once the episode for H mono/poly DR TB patients is created in Nikshay, no further episode needs to be created in case of any modification in H mono/poly regimen for any reasons except detection of resistance to Rifampicin.
- Patients not responding or failing in H mono/poly resistant regimen demonstrating no additional resistance to R, FQ and SLI, will be considered as 'probable MDR TB case' and should be further evaluated for shorter MDR TB regimen as per programme guidelines.

(Dr. K. S. Sachdeva)

To,
STO (All States & UTs)
DTO (All districts)

Copy of information to:
1. PPS to Jt. Secretary (Public Health), MOHFW, GOI
2. All NRLs, IRLs and C-DST labs