

FIRST NATIONAL SURVEY OF DRUG-RESISTANT TUBERCULOSIS

War is ninety percent information. It has been obvious that our war against tuberculosis (TB) lacks teeth, if we don't have adequate and accurate information about the prevalence of drug resistance in the country. The Union Health Ministry recently released The First National Anti-TB Drug Resistance Survey Report.

The nationwide study was conducted under the aegis of the Revised National Tuberculosis Control Program (RNTCP), and samples from tuberculosis patients were collected from Tuberculosis Units (TU's) across the country. A customized web-based application was designed, developed and hosted at National Tuberculosis Institute to cater to both the data collection and real time interaction with the 120 TUs in the study.

In the survey, among all TB patients tested, MDR-TB rate was 6.2%. In new patients, multi-drug resistance was 2.84% and in among previously treated TB patients, it was 11.1%. Resistance to isoniazid (INH) was substantial, with 11% of new patients and 25.1% of previously treated patients being resistant. Rifampicin mono-resistance was negligible and was always associated with INH resistance. Pyrazinamide resistance was 7% among new patients and 8.8% among previously treated TB patients. Among multidrug-resistant tuberculosis (MDR-TB) patients, additional resistance to any fluoroquinolone was 21%. Among MDR-TB patients, extensively drug resistant tuberculosis (XDR-TB) rate was 1.3%.

Of the global burden of 10 million patients with tuberculosis, India accounted for 2.8 million cases in 2017. Collecting data on drug resistance will help us plan our strategy to fight tuberculosis better. The price of light is less than the cost of darkness. (*The Hindu 25 March 2018*)

THE AMENDMENTS IN NMC BILL

The impasse between the Union Government and the Indian Medical Association seemed to have thawed atleast temporarily. The Union Cabinet has approved six of the various changes suggested by the Parliamentary Standing Committee to the National Medical Commission (NMC) Bill. There will be a common final examination for all students across the country, which would serve as an exit exam termed NEXT (National Exit Test).

Thus, the students would not have to appear in a separate examination after MBBS to get license to practice. NEXT would also serve as the screening test for doctors with foreign medical qualifications in order to practice in India.

The provision to allow a bridge course for traditional medicine practitioners (AYSUH doctors) to practice allopathic medicine has been removed. However, the choice of implementing an AYUSH bridge has been left to the state governments if they so desire.

Fees for 50% of the seats in private medical colleges will be regulated, up from the previously proposed 40%. Further the number of nominees from the States and Union territories has been increased from three to six. At least 21 of the 25 members of the NMC will be doctors.

Another concern had been the large number of monetary penalties to be imposed if the colleges were non-compliant of various norms. The penalties have been changed to different options for warning, reasonable monetary penalty, reducing intake, stoppage of admission leading up to withdrawal of recognition.

Stringent punishment for unqualified professionals, including imprisonment upto 1 year and fines upto 5 lakh rupees have been recommended. A prodigious shake up in the practice of medicine in the country seems imminent. (*The Hindu 31 March 2018*)

COMPULSORY NOTIFICATION OF TUBERCULOSIS

Tuberculosis (TB) was declared a notifiable disease in 2012. However in a recent notification, the Union Health Ministry has said that clinical establishments that fail to notify patients of tuberculosis to the nodal officer and local public health staff can be punished with a jail term of six months to two years.

A secure web portal (*nikshay.gov.in*) is being made available by the Central Tuberculosis Division to all practitioners, clinical establishments, pharmacies, chemists, druggists and patients for online submission of information. Self notification by patient has also been allowed. For TB patients notified from medical laboratory, chemist and self-notification by tuberculosis patients, staff of public health system will gather information to complete notification, which include basis of diagnosis, site of disease, history of anti-tubercular treatment and classify type of TB patient.

Most new proposals have to be presented before a mission steering group that includes health and other allied ministries, state health ministers and 10 health professionals. The last group was disbanded in 2017, and a new group has not been formed. The penalties appear unnecessarily harsh. It is being suggested that three levels of penalties with two initial warnings or fines followed by harsher punishments may be more appropriate. Jailing doctors will achieve little except stoke a sense of schadenfreude in the already estranged public. (*Indian Express 21 March 2018*)

SUGAR – NOT SO SWEET AFTER ALL

A new sugar tax has been introduced into Britain as of 6th April 2018. The new levy is being put on drinks companies, who will be taxed according to how much sugar is in their beverages. All drinks with total sugar content more than 5 g/100 mL will be taxed. Pure fruit juices and sugar-free drinks are exempt from the tax.

This tax has come into place after several recommendations from the British Medical Association. Scientists from the Queen Mary University in London concluded that reducing sugar in soft drinks by 40 per cent over five years could prevent 300,000 cases of type-2 diabetes and 1.5 million cases of obesity in the UK.

The tax is estimated to raise around £520 million, which will be used to fund sports in primary schools. Other countries who have used this innovative technique include Mexico where sugary drinks are taxed, and Norway, which has a chocolate tax. (*www.bbc.com 6 April 2018*)

GOURI RAO PASSI
gouripassi@gmail.com