

WHO/Europe TB and M/XDR-TB quarterly newsletter – July 2013

FEATURES

Finally a new drug with potential to treat multidrug-resistant TB

For the first time in over 40 years, a new TB drug with a novel mechanism of action – bedaquiline – is available, and was granted accelerated approval by the United States Food and Drug Administration in December 2012.

While its potential to treat MDR-TB has generated great interest, information about this new drug remains limited, and it has so far been tested for safety and efficacy in only two Phase IIb trials.

WHO has issued interim policy guidance related to this new drug, which will be reviewed, revised or updated as additional information on efficacy and safety becomes available. In addition, WHO is developing an operational document to facilitate bedaquiline implementation and is working with partners to help ensure rational introduction.

[WHO issues interim guidance on new drug bedaquiline to treat MDR-TB](#)

13 June 2013

Call for submission of best practices in M/XDR-TB prevention, control and care in European Region

In the nearly two years since all 53 Member States of the WHO European Region endorsed the "Consolidated Action Plan to Prevent and Combat Multidrug- and Extensively Drug-Resistant Tuberculosis in the WHO European Region, 2011–2015", much progress has been made. However, critical challenges also remain. For example, the treatment success rate of multidrug-resistant tuberculosis (MDR-TB) is still far below the Plan's target.

To improve the transfer of knowledge on practices that have been successful in addressing the targets of the Action Plan, the Tuberculosis and M/XDR-TB Programme (TBM) is developing "A compendium of best practices in M/XDR-TB prevention, control and care in the European Region". A web survey has been launched to collect examples of best practices. We enthusiastically invite submissions on projects or initiatives that may be applicable in other countries or settings in the European Region.

For more information on this initiative, please contact TBM at tuberculosis@euro.who.int

Submit your examples or suggestions using the web survey form in [English](#), [French](#), [German](#) or [Russian](#).

NEWS

[Changes to TB policy in Belarus](#)

12 June 2013

Belarus has made significant changes to childhood tuberculosis (TB) prevention policies. Among the

changes announced on 31 May 2013, re-vaccination will no longer take place at the age of 14 and, in accordance with international regulations, the first vaccination at the age of 6 or 7 years has been discontinued. From 2012 the annual tuberculin skin test screening in 1–16 Year olds has been replaced by a focused tuberculin skin test screening restricted to risk groups.

[WHO assists Ukraine conduct the first nationwide anti-TB drug resistance survey](#)

5 June 2013

In a landmark event and after several months of intensive work including preparation and approval of a national drug resistance survey protocol, the first group of national experts were trained to implement a pilot anti-TB drug resistant survey (DRS) in Kharkov, Ukraine, from 22 to 24 June 2013.

[European Parliament launches written declaration on drug-resistant tuberculosis and Global Fund against Aids, Tuberculosis and Malaria](#)

22 April 2013

Launched on 15 April 2013, this declaration calls on the European Commission and Council to financially and politically support WHO/Europe's "Roadmap to prevent and combat drug-resistant tuberculosis" and the replenishment of the Global Fund against Aids, Tuberculosis and Malaria 2013.

COUNTRY IN FOCUS: SLOVAKIA

Slovakia has successfully reduced TB incidence in recent years, and moved in January 2012 to stop obligatory Bacille Calmette Guerin (BCG) vaccinations. At the request of the Minister of Health, WHO/Europe conducted the first external review of Slovakia's policies and plans to eliminate TB, from 11 to 14 March 2013. Based on interviews with health care staff and a review of technical reports, surveillance data, national reports and epidemiological data, WHO recommended among other steps that:

- the Ministry of Health regularly review and update (at least every two years) national policies and guidelines on TB control;
- outreach models of care be refined and expanded;
- feasible strategies be developed to reduce the stigma of TB in Slovakia.

A full report on the mission will be available soon on the WHO/europe web site.

[Slovakia moves towards TB elimination](#)

[WHO tuberculosis country profile: Slovakia](#)

UPCOMING EVENTS

Meeting of the [Regional Green Light Committee](#)
3–4 September 2013, Copenhagen, Denmark

The regional Green Light Committee for Europe (European GLC) works to enhance and boost support to countries in preventing and combating M/XDR-TB in line with the Regional Action Plan to Prevent and Combat M/XDR-TB in the WHO European Region. Topics of this meeting will include optimizing the impact in provision of country support and formulation of recommendations.

RECENT EVENTS

[Expert consultation: public health aspects of migration in Europe](#)
28–29 May 2013, Rome, Italy

[Regional TBTEAM workshop](#)
27–28 May 2013, The Hague, Netherlands

[Workshop: Moving towards an ambulatory TB treatment and care model in Turkmenistan](#)
2–3 May 2013, Turkmenistan

[Green Light Committee mission to Belarus](#)

25–29 March 2013, Belarus

QUICK FACT

A TB patient is classified as cured if treatment is completed as recommended by the national policy without evidence of failure AND three or more consecutive cultures taken at least 30 days apart are negative after the intensive phase.

Source: [Definitions and reporting framework for tuberculosis – 2013 revision](#)
Geneva, WHO, 2013.

FOLLOW US ON TWITTER

WHO/Europe and the European Centre for Disease Prevention and Control (ECDC) TB experts answered questions on tuberculosis (TB) during a live Twitter chat organized as part of regional activities to mark World TB Day on 24 March. Join the ongoing conversation @WHO_Europe_TB.

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