



REPUBLIC OF NAMIBIA

MEDIA STATEMENT
X-DR TB
15 May 2008

On World TB day end of March, I shared information on the current burden of Tuberculosis (TB) in Namibia. I informed the nation that our numbers of TB cases relative to our population are among the highest in the world.

I also informed the nation that there were 291 multi drug resistant TB cases being treated country-wide and that our experts were further investigating all these multi-drug resistant tuberculosis (MDRTB) cases to find out if any of them had progressed further to extensively drug resistant tuberculosis, also known as XDR-TB.

During the past weeks, our experts have been working around the clock to verify and establish the true magnitude of XDR-TB in Namibia. After reviewing all MDR cases, the experts have further assessed all the relevant patient information regarding some of the suspect XDR-TB cases. In this elaborate task, our experts were assisted by expert missions from South Africa and the World Health Organization (WHO) respectively.

On the basis of all the expert advice we have received, the ministry is now in a position to share with the nation the exact number of XDR-TB cases we have in Namibia.

Before I provide the figures, let me first point out the following: XDR-TB is a severe form of multi-drug resistant TB. Whereas MDR TB is resistant against two of the standard TB drugs (namely rifampicin and isoniazid), XDR-TB is resistant to both these as well as to two more groups of drugs (namely flouoroquinolones and injectable aminoglycosides). This means that XDR-TB cases are very difficult to cure. But it is not completely impossible, since some very limited treatment options remain.

What is of the essence is that all XDR-TB cases must be treated in hospital in order that they can be carefully monitored on a daily basis. Also, to ensure that this highly resistant TB strain does not spread to our communities, it is the duty of my ministry to keep these patients in our health facilities and to make sure that they remain hospitalized in isolation from other patients and the general public.

Given the fact that XDR-TB poses an important threat to public health, my ministry has consulted widely with various experts including from the WHO, the US Centers for Disease Control (CDC) and the Department of Health in South Africa on how best to manage the situation.

We are now at various stages in the process of putting the following measures into place:

1. In order to prevent XDR-TB, we have to reduce the number of patients that develop MDR-TB. This requires that all TB patients must follow their treatment schedule fully and be regularly monitored by health workers. Treatment defaulting must be prevented as far as possible during the standard 6 months TB treatment. This is important since it is most often those who have defaulted or interrupted their treatment that develop drug resistance.
2. Directly observed treatment through treatment supporters or buddies at community level is a highly effective strategy to reduce defaulting. We intend to further strengthen and expand this strategy in all 13 regions and count on the close cooperation of various CBOs, NGOs and the community at large.
3. The MOHSS has revised the guidelines for the management of MDR-TB to reduce as far as possible the chances of failure of treatment and subsequent progression to XDR-TB.
4. Our Central Medical Stores is currently busy procuring specialized medicines to properly treat all MDR-TB cases as well as the XDR-TB cases we now have diagnosed. We will ensure that any medicines that need to be imported, are brought into the country without any unnecessary delays.
5. Our infection control measures in TB wards in our hospitals will be considerably strengthened over the coming months. Guidelines on TB infection control are currently being finalized. The public will also notice soon more stringent measures of infection control in our health institutions to prevent the spread of the more serious forms of TB.

6. The government will also be renovating and altering some of the main TB wards in the country, including at the Katutura and Oshakati hospitals, so that these facilities meet international standards for patient isolation and infection control. The architectural plans have been finalized and construction should start soon.

7. We have started training selected medical doctors on how to manage XDR-TB cases. Soon, some of them shall be sent to hospitals in the sub-region, which have good experience in managing XDR-TB.

The following is the current number of XDR-TB cases in Namibia:

Total:	8 (5 females and 3 males; with ages ranging between 29-45 year)
Oshakati	2
Walvis Bay	2
Katima Mulilo	1
Okahao	1
Onandjokwe	1
Outapi	1

Persons with symptoms of TB, especially those with a continuous cough for more than 3 weeks, should be sent for a medical check-up at a clinic or hospital.

All families and communities living with patients on treatment for TB should support these patients fully and whole heartedly to make sure that they complete their TB treatment without any interruptions and that they go to their health facility regularly for follow-up care until the time that they are cured.

I hereby want to appeal to the nation to remain calm and to cooperate with our health officials. The Ministry of Health and Social Services will continuously monitor the situation and ensure that all measures are put in place to contain the spread of TB.

I thank you.