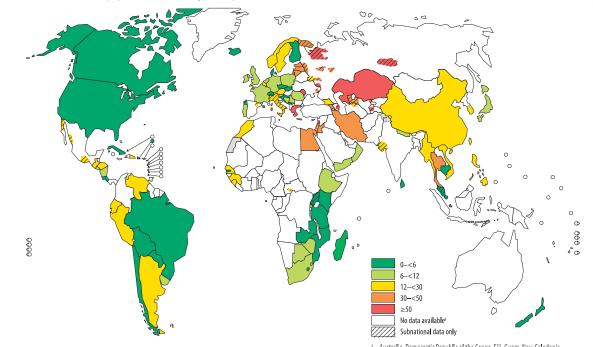
MAP 4 Distribution of proportion of MDR-TB among previously treated TB cases, 1994–2009



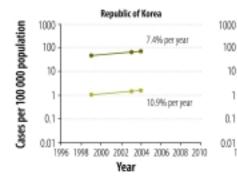
"Know Your Epidemic"

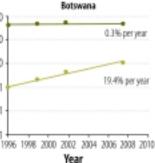
David Dowdy, MD PhD

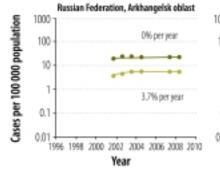
Johns Hopkins Bloomberg School of Public Health

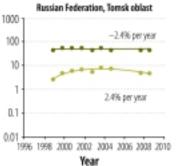
Center for Tuberculosis Research, Johns Hopkins University

In TB, "One Size Fits None"







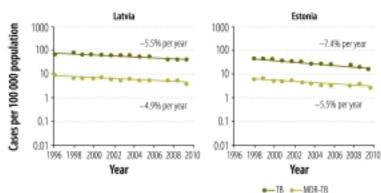


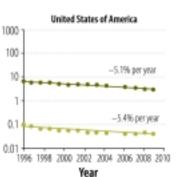
Estenia

Year

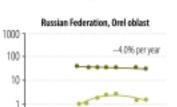
-7.4% per year

-5.5% per year





Zignol et al, **BWHO 2012**



1996 1998 2000 2002 2004 2006 2008 2010

Year

Peru

-3.3% per year

4.3% per year

6.6% per year

1000

100

10

0.1

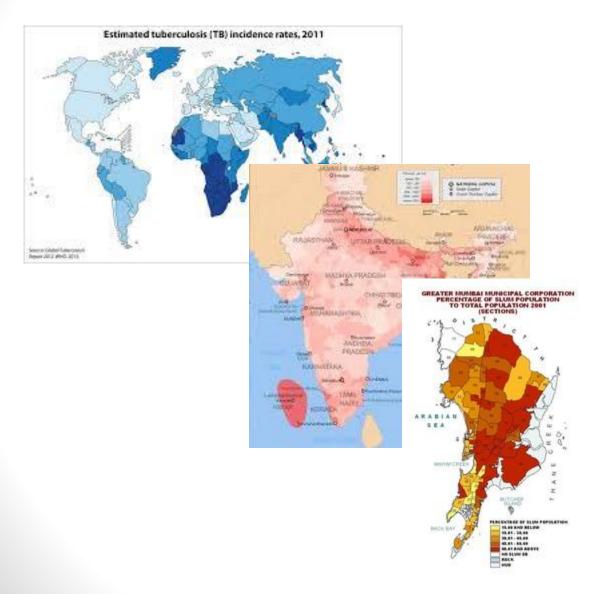
0.01

0.1

0.01

1996 1998 2000 2002 2004 2006 2008 2010 Year

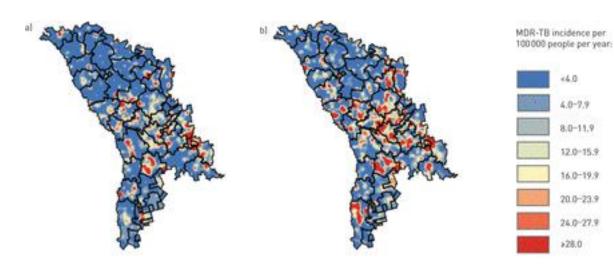
Where Is TB Transmitted?

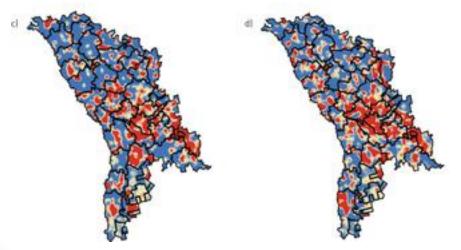






Heterogeneity in MDR-TB

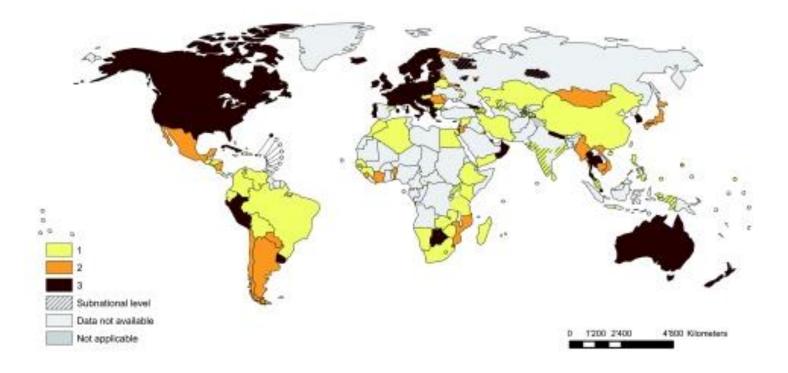




Jenkins et al, ERJ e-pub

Knowledge is Power... And We Are Weak.

Number of country-year data points on DR-TB, 1994-2010 (Zignol, BWHO 2012)



The Response

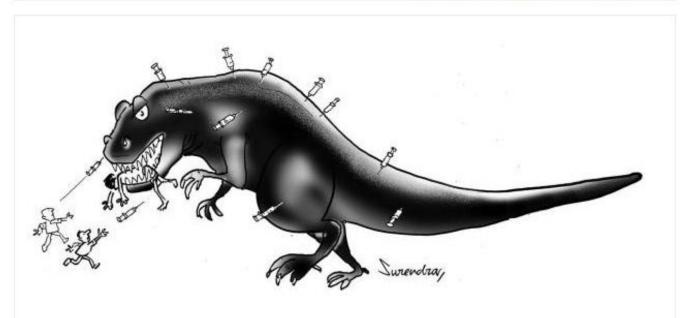
What went wrong with India's TB control

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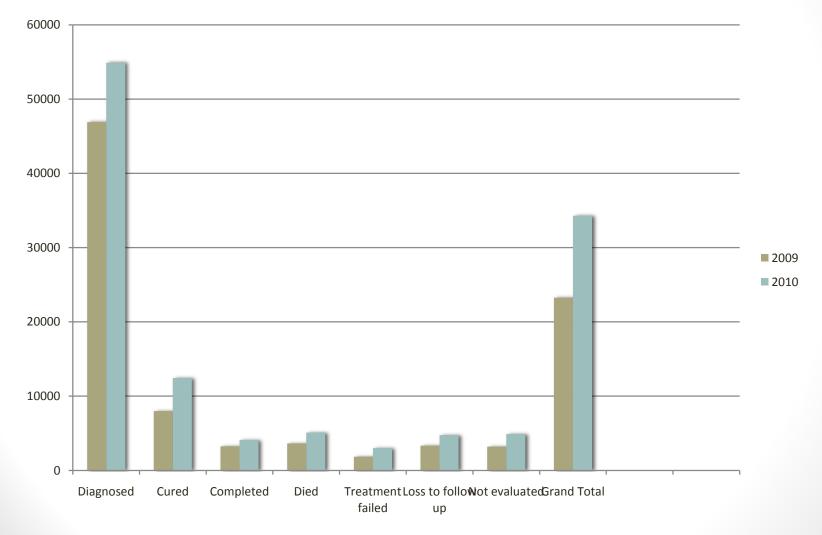
T. JACOB JOHN

SHARE · COMMENT (31) · PRINT · T+

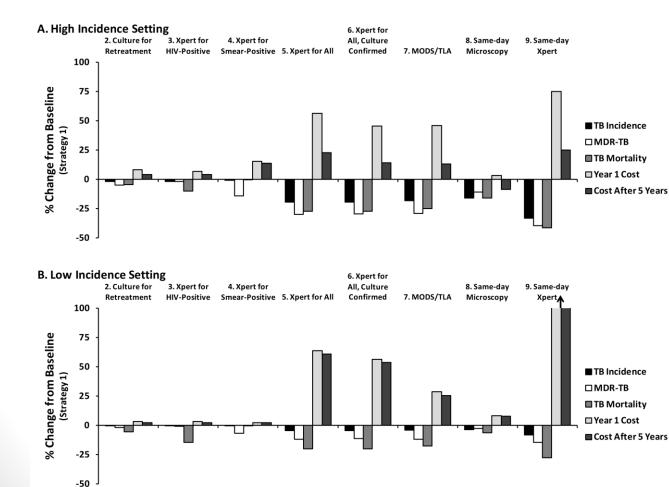


The Hindu Aug, 16, 2013

Different Epidemics: Different Cascades



Different Epidemics: Different Outcomes



MODEL INPUTS Single Strategy [Click for List] All Strategies Epidemiological Scenario Target TB incidence, per 100,000: 250 Target MDR-TB prevalence among new cases, %: 3.7 Target adult HIV prevalence, %: 0.83 Costs (please include ALL costs, including labor, infrastructure, supplies, etc.) Treatment of one patient with first-line drugs, \$: 500 Treatment of one patient with retreatment ("category 2") regimen, \$: 1000 Treatment of one patient with second-line (MDR) drugs, \$: 5000 One outpatient visit (e.g., for TB diagnosis), \$: 10 Full sputum smear evaluation (e..g, collection & evaluation of 2 smears), \$: 2 Full sputum smear, including extra costs to make results available same day, \$: 10 Single Xpert MTB/RIF test, \$: 15 Single Xpert, including extra costs to make results available same day, \$: 30 Single automated liquid-media culture (MGIT) without DST, \$: 20 Single automated liquid-media culture (MGIT) with DST, \$: 40 Single microcolony-based culture (MODS or thin-layer agar), \$: 5

Run Model Reset to baseline

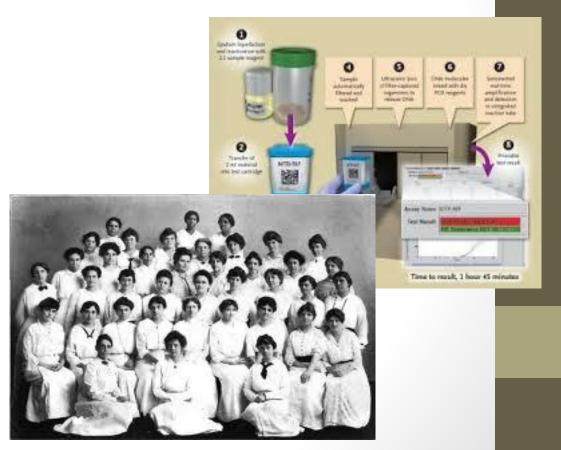
A Way Forward: 3 Steps

- Step 1: Know Your Epidemic
 - Surveillance
 - Sources (of TB)
 - Systems



A Way Forward: 3 Steps

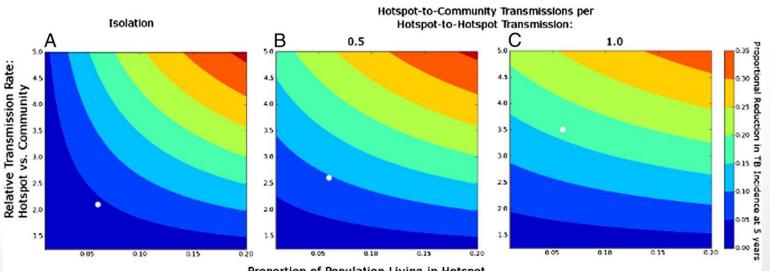
- Step 2: Know Your Local Options
 - Tools
 - Teams
 - Trust



A Way Forward: 3 Steps

Step 3: Make The Match

- Put your effort where your epidemic is.
- Use the "trusted teams and tools" to target the sources of transmission.
 - Normalize the hotspots.



Proportion of Population Living in Hotspot

Summary

- In TB control, one size fits none.
- Knowledge is power: we need more.
- 3 Steps Forward:
 - Know Your Epidemic
 - Know Your Local Options
 - Make The Match
- The global TB community must develop <u>flexible</u> tools to advance <u>local-level</u> knowledge & solutions, not aim for a global "one size fits all" policy package.