WHO RECOMMENDS AGAINST ANTIBODY TESTS FOR TUBERCULOSIS

Currently available serological tests for tuberculosis lead to misdiagnosis, mistreatment and potential harm to public health - says a recent WHO policy recommendation. This is for the first time that the WHO has issued a negative policy recommendation. WHO is urging countries to ban the inaccurate and unapproved blood tests and instead rely on accurate microbiological or molecular tests. India’s Revised National Tuberculosis Control Program (RNTCP) has endorsed WHO’s advice. The new recommendation comes after 12 months of rigorous analysis of evidence by WHO and global experts. Ninety-four studies were evaluated-67 for pulmonary tuberculosis (TB in the lungs) and 27 for extra pulmonary tuberculosis (TB elsewhere in other organs). Overwhelming evidence showed that the blood tests produced an unacceptable level of wrong results - false-positives or false-negatives - relative to tests endorsed by WHO. Results of several meta-analyses have indicated poor performance of these tests, and in 2008, an assessment of 19 commercial assays by TDR—the UN special program for research and training in tropical diseases—found that none of the assays were good enough to replace sputum microscopy or as an add-on test to rule out tuberculosis.

While the effect of bad drugs and vaccines are obvious to all, the wasted resources and negative impact of bad diagnostics are less apparent. Madhukar Pai, co-chair of the STOP-TB Partnership’s new diagnostics working group estimates that serodiagnostic kits are used on at least 1.5 million people with suspected tuberculosis every year in India with costs amounting to over USD15 million in India alone, compared with USD5 million for the entire RNTCP.A 2006 WHO report found that in Tamil Nadu and Delhi, less than one-third of patients underwent sputum examination despite multiple visits while doctors based in west India relied solely on chest X-rays for diagnosis. “Blood tests for TB are often targeted at countries with weak regulatory mechanisms for diagnostics, where questionable marketing incentives can override the welfare of patients,” said Dr Karin Weyer, Coordinator of TB Diagnostics and Laboratory Strengthening for the WHO Stop TB Department. “It’s a multi-million dollar business centered on selling substandard tests with unreliable results.” (www.who.int/mediacentre/news/releases/2011/tb_20110720/en/index.html, The Hindu 29 July)

JOURNALISTIC BLUNDER

The National Committee for Protection of Childs Rights (NCPCR) has found that the news story that scores of girls were being converted into boys by a surgical procedure called genitoplasty in Indore was a figment of the journalists’ imagination. The investigative team sent by the NCPCR included Dr Dinesh Laroia and V K Tikoo , Dr M Bajpai, senior pediatric surgeon from AIIMS, Dr Kiran Kucheria, retired head of the department of anatomy and genetics, AIIMS, and Amit Karkhanis, medico-legal expert from Mumbai. The NCPCR team also visited Indore hospitals and spoke to doctors, surgeons, as well as technical staff, pharmacists, nurses and ward boys. It collected operation theatre records, case files, pharmacy records – to check the supply of testosterone – and chromosomal studies, but found absolutely no evidence for the newspaper story. In an indictment of the newspapers’ editorial review process, the NCPCR has recommended that “the print media should have a set of protocols in publishing such sensitive stories and should undertake internal verification before making them public so as to avoid any kind of sensation.”

It also recommended that the Indian Council of Medical Research should work with other apex bodies to develop a framework for holistic management of sex development disorders which have significant social, psychological and scientific implications. (The Times of India 27 July).

Gouri Rao Passi
gouripassi@hotmail.com