

India has 25% of the total TB patients in the world

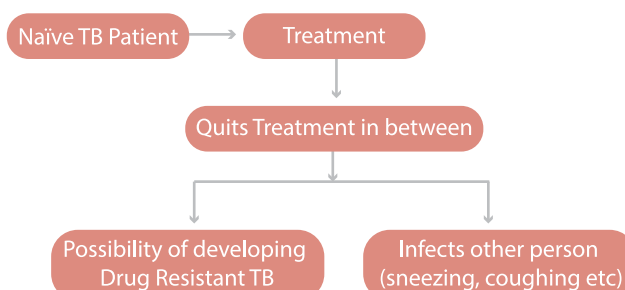
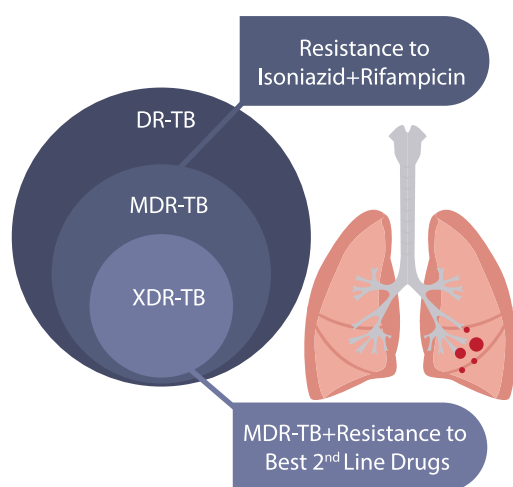


DIAGNOSIS: TUBERCULOSIS

WHAT IS TB?

Tuberculosis (TB) is an infectious disease caused by *Mycobacterium tuberculosis*. TB commonly affects the lungs. It spreads from person to person through air, when people who are infected with TB cough or sneeze. TB may also affect other parts of the body. It is a disease that can be cured with proper treatment. As per World Health Organization (WHO) Report for 2016, India has 2.8 million cases of active TB. This constitutes approximately 27% of Global TB burden.

MULTI-DRUG RESISTANT TB



TYPES

Multi-Drug Resistant (MDR)	Extensively Drug Resistant (XDR)
Resistance to Rifampicin and Isoniazid	Resistance to Rifampicin, Isoniazid, one of the fluoroquinolones and at least one of second line injectables

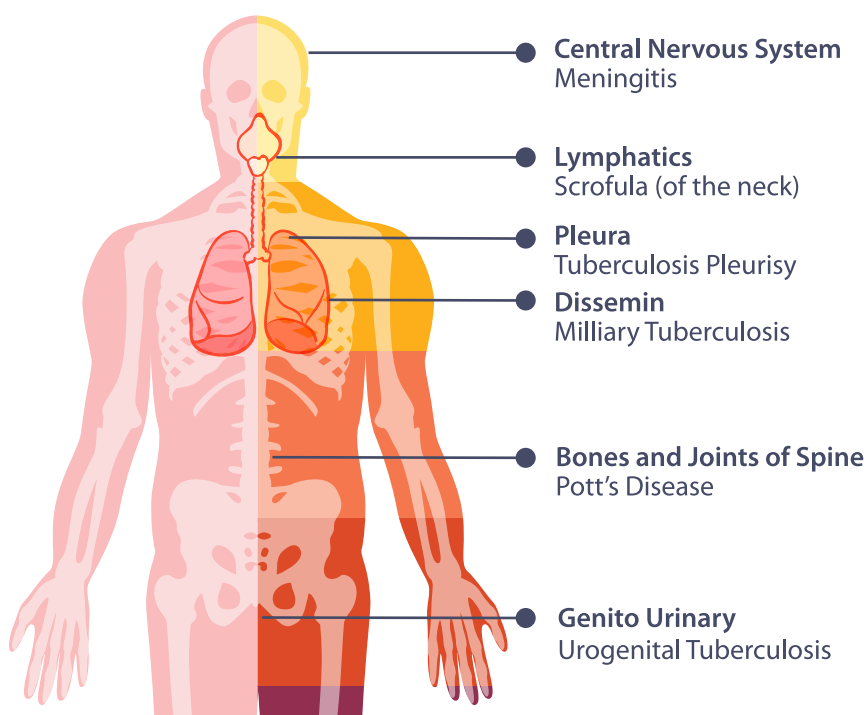
CAUSES

TB is caused by the bacteria *Mycobacterium tuberculosis* that spreads from person to person through microscopic droplets released into the air. TB is spread when a person with active TB disease in their lungs coughs or sneezes and someone else inhales the expelled droplets (which contain TB bacteria).

SYMPTOMS OF ACTIVE TB

- Coughing that lasts three or more weeks
- Coughing up sputum, blood
- Chest pain
- Fatigue
- Fever
- Night sweats
- Chills
- Loss of appetite
- Weight loss

MAIN SITES OF EXTRAPULMONARY TB





TB EXCELLENCE CENTRE

Aspira has built a state-of-art laboratory that is compliant with WHO guidelines. We have installed the most advanced instruments for culture, susceptibility testing and molecular testing. The qualified and experienced staff in tandem with a cloud based IT system ensures that the right diagnosis is delivered to you expeditiously.



Diagnosis of TB- ASPIRA Test list

Name	Specimen required	Turnaround Time
The GeneXpert MTB detection and Rifampicin resistance	Pulmonary / extra pulmonary specimens	Same Day
AFB rapid culture By bactec MGIT	Pulmonary / extra pulmonary specimens	Up to 6 weeks
Antibiogram MTB panel 1 st line (4 drugs) SIRE (2 drugs) IR (5 drugs) SIRE+PZA	Pure culture / Isolate	Up to 3 weeks
Antibiogram MTB panel 2 nd line (4 drugs) KEPO 1st &2nd line panel (9 drugs) SIRE, PZA, KEPO	Pure culture / Isolate	Up to 3 weeks
Antibiogram MTB panel Additional Drug- MACC Antibiogram -MOTT For Rapid Growers upto 11 drugs	Pure culture / Isolate	Up to 3 weeks
LPA-AFB NTM speciation LPA-AFB MDR LPA-AFB XDR	LPA ID : pure culture LPA MDR: Specimens (Smear 1 + above) / pure culture LPA XDR: Specimens (Smear 1 + above) / pure culture	Next Day

Managing TB

Tuberculosis is a treatable and curable disease. WHO-recommended DOTS strategy was launched under RNTCP in India. In DOTS during the intensive phase of treatment a health care provider or health worker watches as the patient swallow the medicine. During continuation phase, one week medicine in a multiblister combipack is issued to the patient. The consumption of medicine in continuation phase is also checked by health worker. The recommended treatment includes a six months treatment of a combination of antibiotics containing Rifampicin, Isoniazid, Pyrazinamide and Ethambutol for the first two months and only Rifampicin and Isoniazid for the last four months. In MDR-TB cases with mixed patterns of resistance any FLD/ Inj SLD/ FQ/ Ethionamide, PAS, LZ, CF, Standardised Treatment Regimen (STR) is followed.

Prevention of TB

Prevention of TB is through vaccination. The only currently available vaccine as of 2011 is bacillus Calmette–Guérin (BCG), while it is effective against disseminated disease in childhood, confers inconsistent protection against contracting pulmonary TB. Isolation of patient can greatly reduce spread of disease .

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