

## Urgent Call to Action: Addressing Drug-Resistant Tuberculosis in Indian Paediatrics

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**Citation:** Shazia Naaz, Lakshmi Jyothi. *Urgent Call to Action: Addressing Drug-Resistant Tuberculosis in Indian Paediatrics. Ann Case Rep Clin Stud. 2023;2(2):1-3.*

**Received Date:** 05 December, 2023; **Accepted Date:** 07 December, 2023; **Published Date:** 08 December, 2023

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### The Situation

India is grappling with one of the highest burdens of tuberculosis (TB) in the world, and children are not exempt from this health crisis. DR-TB in paediatric patients is a growing concern. As stated in a study published in the Indian Journal of Paediatrics (Singh et al., 2020), there has been a significant rise in drug-resistant TB cases among children in recent years, with limited treatment options available. This poses a substantial threat to our youngest citizens' health and well-being.

### The Urgent Need

- 1. Early Detection:** It is crucial to diagnose DR-TB in children as soon as possible and accurately. Molecular diagnostic tests, such as the GeneXpert MTB/RIF assay, have proven effective in identifying drug resistance in paediatric cases (Sachdeva et al., 2015). Widespread access to these tests is crucial.
- 2. Access to Appropriate Medications:** It is imperative to provide children with DR-TB with appropriate treatment by making paediatric-friendly formulations of second-line anti-TB medications available (Deshpande et al., 2019). It is critical to close the access gap for these speciality drugs.
- 3. Child-Centric Approach:** The management of DR-TB in children requires a multidisciplinary approach involving paediatricians, pulmonologists, infectious disease specialists, and social workers (Kumar et al., 2018). Collaboration among

healthcare professionals is essential to providing comprehensive care to affected children.

### **Advocacy and Awareness:**

Raising awareness about DR-TB in Indian paediatrics is crucial. As healthcare providers and advocates, it is our collective responsibility to advocate for:

- More money and resources for programmes that treat paediatric tuberculosis.
- Improved instruction to help medical professionals identify and treat DR-TB in children.
- Increased compliance with infection control protocols in medical environments.
- Education in the community to lessen stigma and promote early care-seeking behaviour.

## **CONCLUSION**

### **A Call to Unite for Our Children's Health**

As we navigate the complex landscape of drug-resistant tuberculosis (DR-TB) in Indian paediatrics, it is evident that our collective response is both an ethical imperative and a public health necessity. The situation demands not only our immediate attention but also a resolute commitment to action.

In conclusion, we must underscore several critical points:

- 1. The Stakes are High:** The rising incidence of DR-TB among children in India is a stark reminder of the potential human cost of inaction. Each child affected by this disease represents not just a medical challenge but a human story with profound implications for families, communities, and our nation's future.
- 2. Multidisciplinary Collaboration:** Managing DR-TB in children necessitates a united front. Collaboration among healthcare professionals, government agencies, non-governmental organizations, and communities is non-negotiable. Our ability to harness the collective expertise and resources available to us is key to tackling this crisis effectively.
- 3. Investment in Early Detection and Treatment:** Early diagnosis and appropriate treatment are cornerstones of success in combating DR-TB in pediatric cases. We must

advocate for increased funding and equitable access to diagnostic tools, including pediatric-friendly molecular tests. Additionally, the availability of age-appropriate anti-TB medications is a pressing need that we must address.

**4. Advocacy and Education:** Advocacy for paediatric TB programs and awareness campaigns cannot be underestimated. Reducing the stigma associated with TB and educating communities on the importance of timely care-seeking behavior are essential components of our strategy.

**5. Holistic Care:** Finally, we must emphasize the need for holistic care. DR-TB management in children extends beyond medical treatment. It encompasses psychosocial support, nutritional interventions, and a nurturing environment that promotes recovery and well-being.

In closing, the fight against DR-TB in Indian pediatrics is not a challenge we can afford to defer. It is a call to action, a call to unite, and a call to prioritize the health and well-being of our children. By working together with unwavering determination, we can create a future where no child has to suffer the devastating consequences of drug-resistant tuberculosis.

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