**Title:** XDR–TB – An Outcome of Programmatic Management of Tuberculosis in India

**Review Comments Authors’ Responses**

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| 1.The manuscript describes the plight of a TB patient who had developed XDR TB despite being on RNTCP programme for a long period. The authors raise a number of lacunae in the treatment regime and inadequate institutional mechanisms under RNTCP which they argue had led to extremely drug resistant Tuberculosis. |  |
| 2. Considering the recent reporting of XDR TB and escalation of MDR TB cases, the issue addressed here very important from public health point of view |  |
| 3**.** Yes, RNTCP being very large, strategic national level disease control programme, it is important to examine the ethical questions that may arise in its implementation. The paper could influence practice or policy. |  |
| 4. There have been several questions about the rationality of treatment regime under RNTCP, however this article approach the issue through a case-study and with relevant ethical questions |  |
| 5.The article has raised two major issues with the RNTCP; inadequate treatment and diagnostic regime and the rigidity of a vertically organized RNTCP system. While the first point is discussed well, the inflexibility of RNTCP to take care of individual patient needs is not explicitly discussed. The authors may consider strengthening this aspect by adding discussions on issues (linked to this case) of active contact tracing, addressing patient’s psycho-socio-economic needs (which is very important especially in the case of drug resistant cases) of MDR TB patients. |  |
| 6. While the authors have pointed out the delay in diagnosis of MDR or XDR TB as the main lacunae of the RNTCP, it has not discussed the latest guidelines and diagnostic options such Line Probe Assay, which is now available under RNTCP. |  |
| The issue of infection control is discussed only in the context of isolation of patient. It may also include issues such as housing, ventilation, educating family members etc. |  |
| 7. There is a caution on confidentiality in the introduction section when the details of the case are described. Avoid all details like Nagpur or first case etc. Consider complete masking of the identity of the case |  |
| 8. Under the subtitle description of the case, a box can be considered for showing salient features of the case. Similarly, RNTCP regime for various categories and MDR TB regime can also be converted to a separate table or box. |  |
| 9. Please substantiate with a reference or footnote (or avoid) the statement “this is a sad fact associated with many patients under the programmatic management of tuberculosis in India” under the section PMDT |  |
| 10.The authors may consider replacing the word ‘man-made’ with ‘iatrogenic’ or may be even ‘programme induced’ |  |