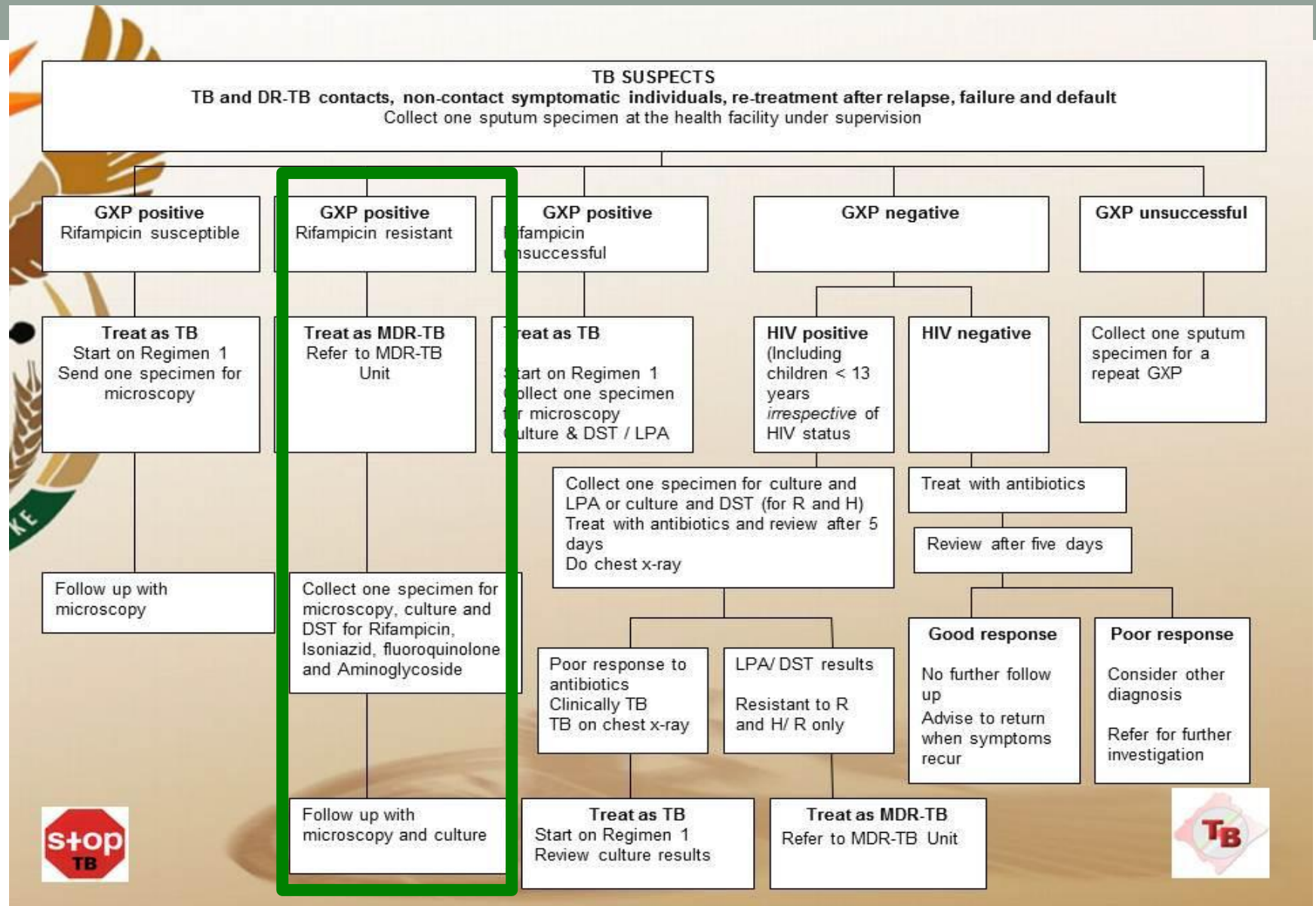


THE PREVALENCE AND MANAGEMENT OF RIFAMPICIN- RESISTANT TUBERCULOSIS AT CHRIS HANI BARAGWANATH ACADEMIC HOSPITAL

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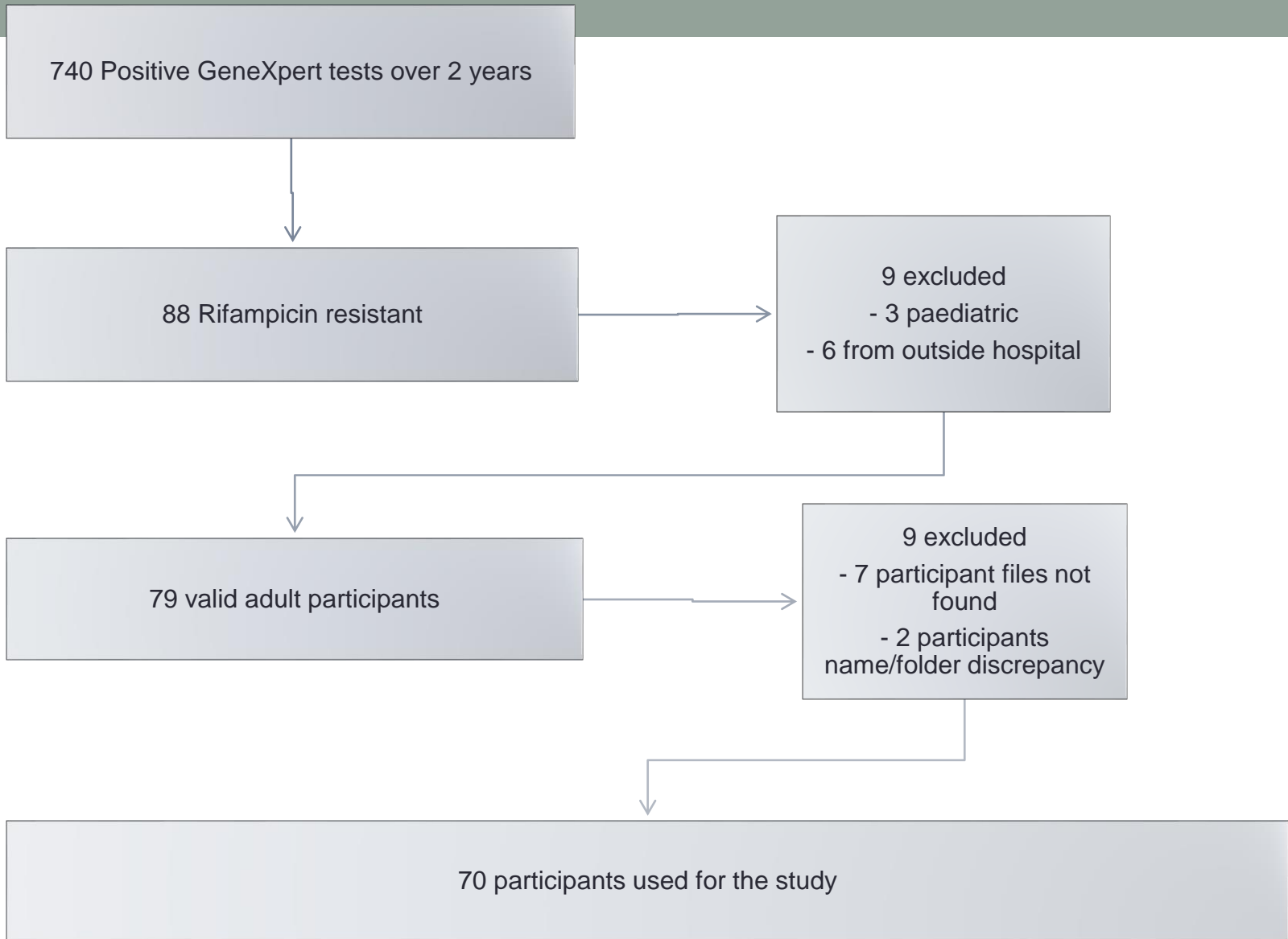


Aim

- To describe the prevalence of rifampicin-resistant pulmonary tuberculosis.
- To describe the inpatient management:
 - Drug therapy
 - Confirmatory tests
 - Isolation
 - Appropriate referral
 - Mortality

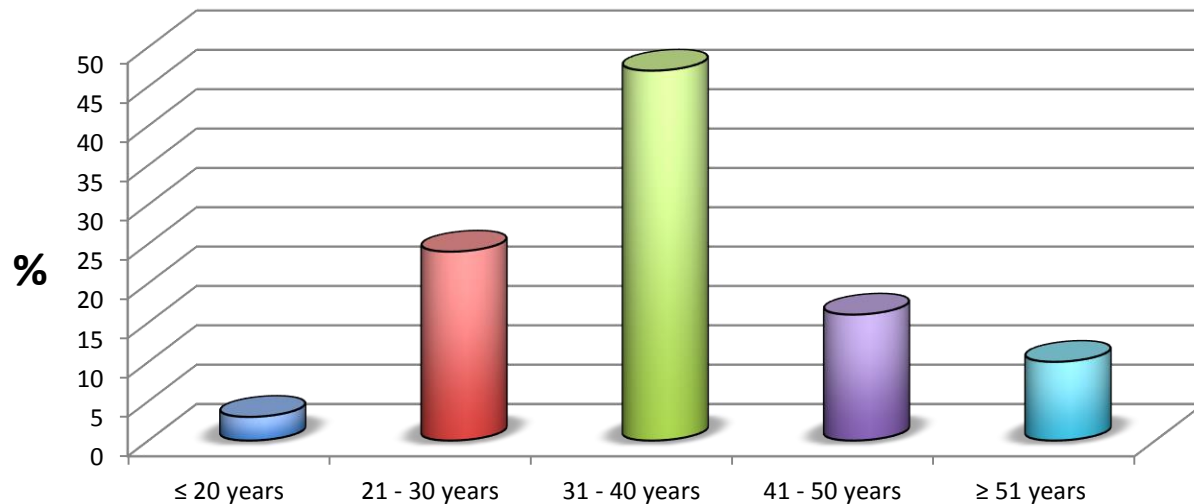
Methods

- Retrospective descriptive analysis
- 01 March 2011 – 28 February 2013
- NHLS database – all positive GeneXpert test performed over the 2 year period
- Confirmation of participants and inpatient record review



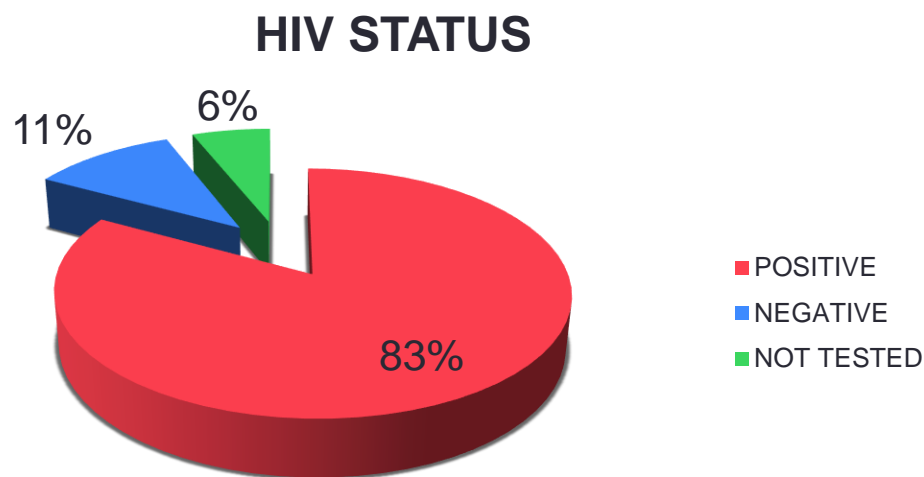
Results – Demographics

- Mean age 36 years old
- Gender 51% male (n=36)
- History of previous TB 59% (n=41)
- Previous treatment incomplete 9.8% (n=4)



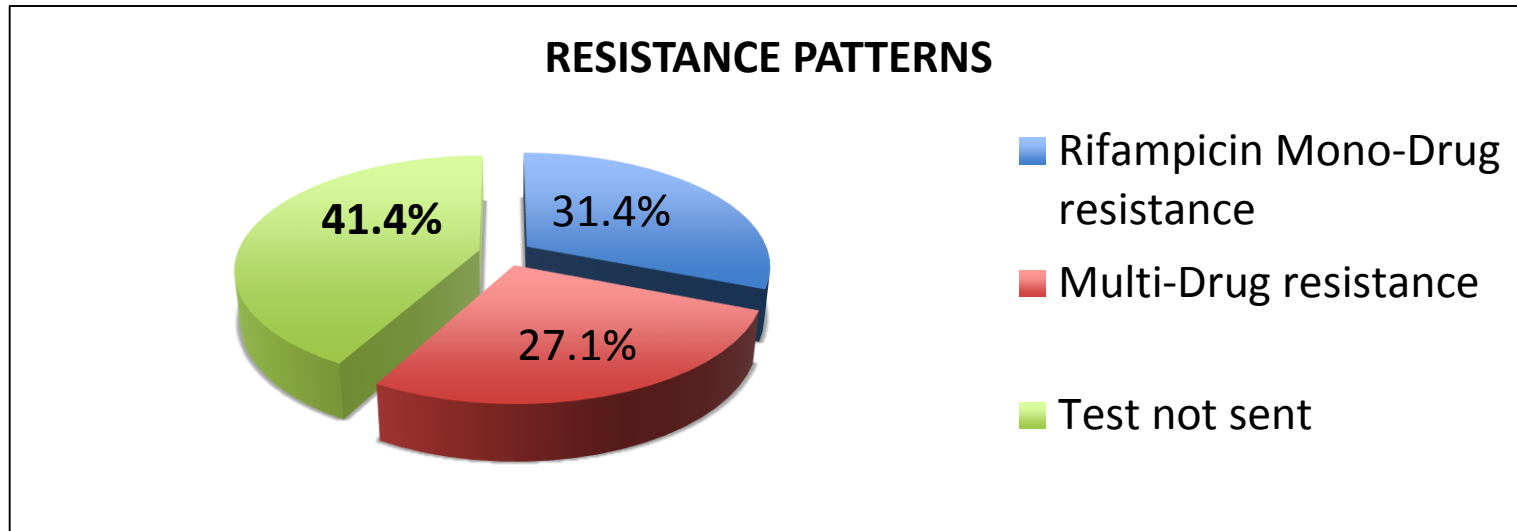
Results – HIV co-infection

- HIV co-infection 83% (n=58)
- Mean CD4 count 91
- CD4 count < 100 72.5% (n=37)



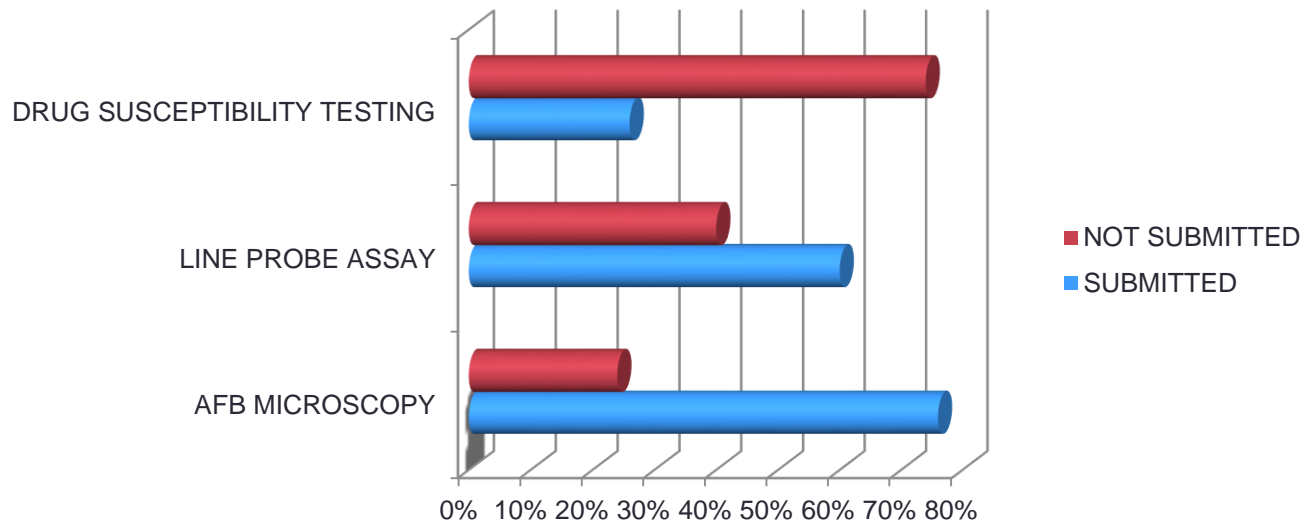
Results - Prevalence

- Rifampicin resistant tuberculosis 9.7%
- Rifampicin mono-resistance 3.05% (n=22)
- MDR-TB 2.63% (n=19)
- Not categorized 4.02% (n=29)



Results - Confirmatory tests

	SUBMITTED
AFB microscopy	76%
Line probe assay	60%
Drug susceptibility testing	26%



Results - Drug usage

- 37% adequate drug therapy

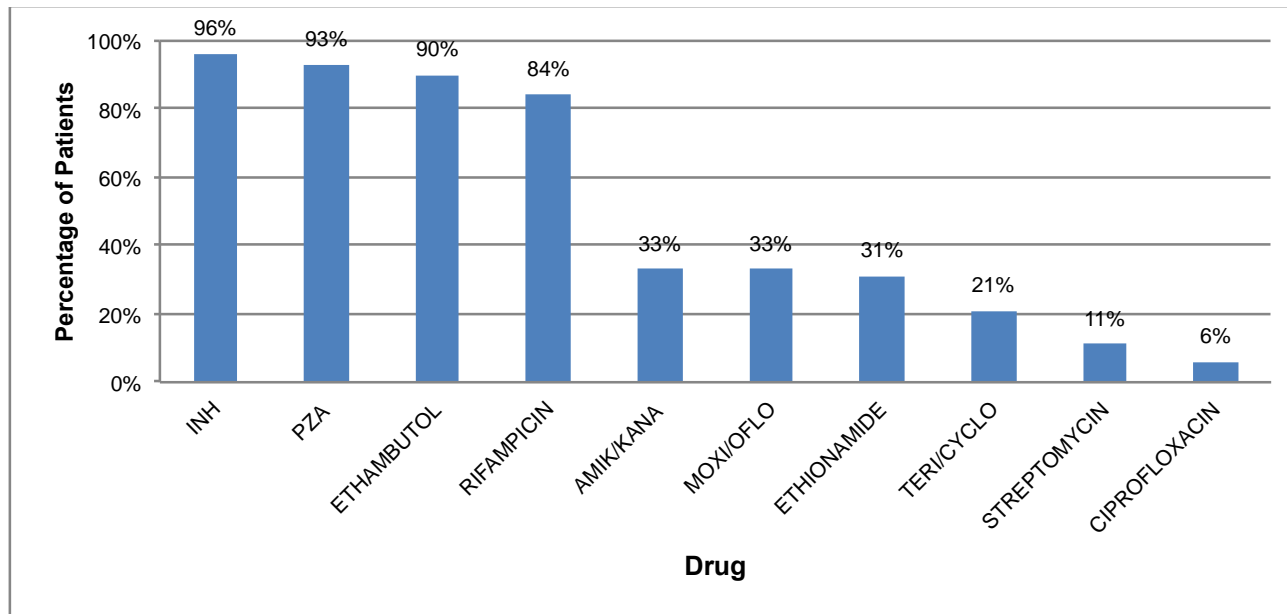


Figure 4.7: Drug Usage for patients after confirmation of diagnosis

Results – Isolation and referral

- 17% of participants discharged before result available
- 50% of participants were isolated whilst awaiting confirmation of diagnosis
- 4 days before being isolated
- Average hospital stay –14 days
- 31.4% of participants were not appropriately referred
- Mortality rate - 18.6%

Summary

Prevalence of RMR, MDR-TB, uncategorized	3.05%, 2.63%, 4.02%
HIV co-infection	83%
Average CD4	91
1 st presentation as drug resistant TB	41%
Line Probe Assay	60%
Drug susceptibility testing	26%
Inadequate drug treatment	63%
Appropriately isolated	50%
Days before isolation	4 days
Not Appropriately referred	31.4%
Mortality	18.6%

DRUG-RESISTANT TB - SURVEILLANCE & RESPONSE SUPPLEMENT 2014

Five priority actions to address the global MDR-TB crisis

1. Prevent the development of drug resistance through quality treatment of drug-susceptible TB
2. Expand rapid testing and detection of cases
3. Provide immediate access to effective treatment and proper care
4. Prevent transmission through infection control
5. Increase political commitment and financing

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