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Title: Treatment outcomes of extensively-drug resistant tuberculosis (XDR-TB) patients in 20 countries

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Body: Background: tuberculosis patients who are resistant to rifampicin, isoniazid, fluoroquinolones and second-line injectable drugs present a serious challenge to TB treatment programmes. In 2006, the World Health Organization (WHO) started surveillance for this condition, defined as extensive drug resistance (XDR-TB). We describe outcomes of XDR-TB patients started on treatment in 2008. Methods: we used the latest data reported by countries to WHO by December 2011. Treatment regimens were known to differ between countries. Standardized definitions for outcomes were widely applied. Results: 20 countries reported outcomes for a total of 641 XDR-TB cases. Most cases were reported by South Africa (345), Peru (70), Romania (53), Georgia (49), Brazil (45) and Namibia (20), with other countries reporting a median of two cases each (range 1-19). Overall treatment success was 23%, 34% of cases died, 22% failed treatment, 12% defaulted and 9% were not evaluated. Success of 50% or more was only achieved by countries managing 1-3 cases. In countries with >20 cases, deaths were highest in Namibia (90%) and South Africa (40%), and failures peaked in Brazil (80%) and Romania (55%). More than half the cases in Peru were either not evaluated or defaulted. Conclusions: national data reported to WHO show less favourable outcomes for XDR-TB patients than have, to date, been published in the literature, and are similar to untreated tuberculosis. The high mortality in southern African countries may be associated with HIV co-morbidity and low access to anti-retroviral agents. Better optimization of regimens and support to potential defaulters is recommended.