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Title: Culture conversion rates of multi-drug resistant (MDR-TB) patients treated in the community versus an inpatient setting in a rural area of the Western Cape (WC) of South Africa

Prof. Martha 27947 Van der Walt vdwalt@mrc.ac.za , Mrs. Karen 28025 Shean karen.shean@gmail.com , Mr. Devesh 28026 Upadhy devesh.upadhy@gmail.com and Mrs. Sweetnes 28322 Siwendu SSiewendu@pgwc.gov.za . ¹ TB Epidemiology and Intervention Research Unit, South African Medical Research Council, Pretoria, Gauteng, South Africa, 0001 ; ² TB Epidemiology and Intervention Research Unit, South African Medical Research Council, Pretoria, Gauteng, South Africa, 0001 and ³ Medical Student, Jefferson Medical College, Philadelphia, PA, United States, 19107 .

Body: Introduction: The MDR programme to the West Coast Winelands area consists of inpatient treatment centres and an outreach programme, for treatment of patients in the community. Objective: To compare baseline demographic and culture conversion rates among patients initiating MDR-TB treatment in the community versus those initiated as inpatients. Methods: We retrospectively reviewed clinical records at the inpatient Centre of patients diagnosed between 2000 – 2006 with a first episode of MDR-TB. Patients were included if started on a regimen with 3 or more second-line anti-TB drugs (SLD), came from this area and had a bacteriological confirmed diagnosis. Time from diagnosis to treatment initiation and from initiation to culture conversion were determined, and demographic and clinical indicators at baseline. Results: 502 patients were diagnosed with new MDR-TB, among which 324 (64.5%) started on SLD. Median age was 34, with 105 females (32%). 145/324 (45%) started in the community vs. 179 (55%) as inpatients. Inpatients and community-based were similar in baseline age and AFB result; but inpatients were more likely to be female (40% v. 23%; $p < 0.01$), and had lower weights (47.3kg v. 53.3kg; $p < 0.01$). Inpatients had a longer time to treatment initiation (76 v. 64 days; $p < 0.01$). Of 172/324 (53.1%) who converted, 96 (54%) were inpatients and 76/145 (52%) community-based. Days to conversion were also similar between the two groups: community 121 (IQR 61-206.5) and inpatient 105 (IQR 64.5-164). Conclusion: Algorithms are needed for identifying patients suitable for treatment in the community.