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Rate of sputum culture conversion on extensive drug resistance treatment TB patients with the backbone regimen of bedaquiline in National tuberculosis hospital, Swaziland.

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Tuberculosis is one of the most common transmittable infectious diseases worldwide. Drug resistant tuberculosis (DR TB) is a major public health problem and Swaziland is amongst the high burden countries. XDR TB is newly emerged in the country according to reports from health facilities and it is difficult to treat due to lack of effective drugs. This study will provide analysis of culture conversion rate of XDR TB patients on the new FDA approved TB drugs.

Method: This is a retrospective study done in NTBH on all bacteriologically conformed pre-XDR and XDR TB patients who are initiated on BDQ based regimen from July.2015 to January 2016 and sputum culture followed for six months.

Results: Data analysis done by using SPSS statistics data analyzer. A total of 27 confirmed pre-XDR or XDR TB patients who are on individualized BDQ backbone regimen according to the resistance pattern and/or history of drug exposure. All of the patients were culture positive at baseline and followed for 6 months with sputum culture result at 2nd, 4th and 6th months. From 27(100%) patients; 19(70.37%) sputum culture converted within 2 months, 5(18.5%) at 4th month and 1(3.7%) at 6month and 1(3.7%) not converted and 1(3.7%) died before 6 months. In total the culture conversion rate is 25(92.59%).

Conclusions: BDQ backbone XDR TB regimen is promotable for better outcome on the management of XDR TB. Result from interim sputum culture conversion is high when it is compared to WHO conventional XDR TB treatment regimen, which has a cure rate of 20%.

Key Words: Drug resistance tuberculosis (DR TB), Extensive drug resistance tuberculosis (XDR TB), Bedaquilin (BDQ), Swaziland, National tuberculosis hospital (NTBH)

Biography

I am Dr Faiza Alewi Hassen, a graduate of masters of medical science in infectious disease at the Guyana Asuniversity and have bachlor degree in medical doctor at the addis ababa university. My experience for the past 11 years mostly focused on infectious disease especially in DS-TB, DR-TB and TB/HIV and consultant national wide and working in collaboration with the national TB program to combat DR-TB. Contribute as a front line health professional at the national DR TB referral hospital, consulting the baby facilities national wide, construction group and individualized regimen on the national DR-TB treatment success from 54% to 82%. Managing the data base system at the national TB nospital and analyses data. Have also experience in community based prevention, sensitization and identification of TB cases in the country. Member of the national TB research team and participate in research work. Participate in implementing national TB guideline 2019.