

Improving diagnosis and follow up of Multi-drug Resistant Tuberculosis at Primary Health Care level: the experience from Khayelitsha, Cape Town

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Background: In Khayelitsha (population 400,000) TB incidence is currently more than 1,500/100,000, and the antenatal HIV prevalence rate is 33%. DOTS was implemented in July 1996. Access to diagnostic sputa examination (smear, culture and susceptibility testing), fixed-dose combinations for TB treatment, as well as antiretroviral therapy is available free of charge. However, good TB case-finding has not been matched by good TB treatment outcomes and attempts to fully integrate TB and HIV care has had only varying success.

Methods: In order to improve the diagnosis and follow up of MDR-TB cases, an MDR paper register was recently introduced at each of the 9 health facilities capturing all known MDR-TB cases. Data is electronically reported at sub-district level on a monthly basis.

Results: Demographic characteristics of 129 MDR cases are presented, including type of TB, HIV co-infection rates, CD4 counts, ARV enrolment, sputa status at diagnosis, six, twelve and eighteen months of follow-up and MDR treatment outcomes. Very poor contact tracing of both children and adults has been identified.

Conclusion: The increasing numbers of drug resistant TB cases being identified calls for particular attention to these cases. Enhanced measures towards improvement of diagnosis and follow-up of MDR TB cases, as well as a renewed emphasis on contact tracing and adherence counseling is needed.