

Previously treated cases no longer neglected

Second MDR-TB Consultant Course
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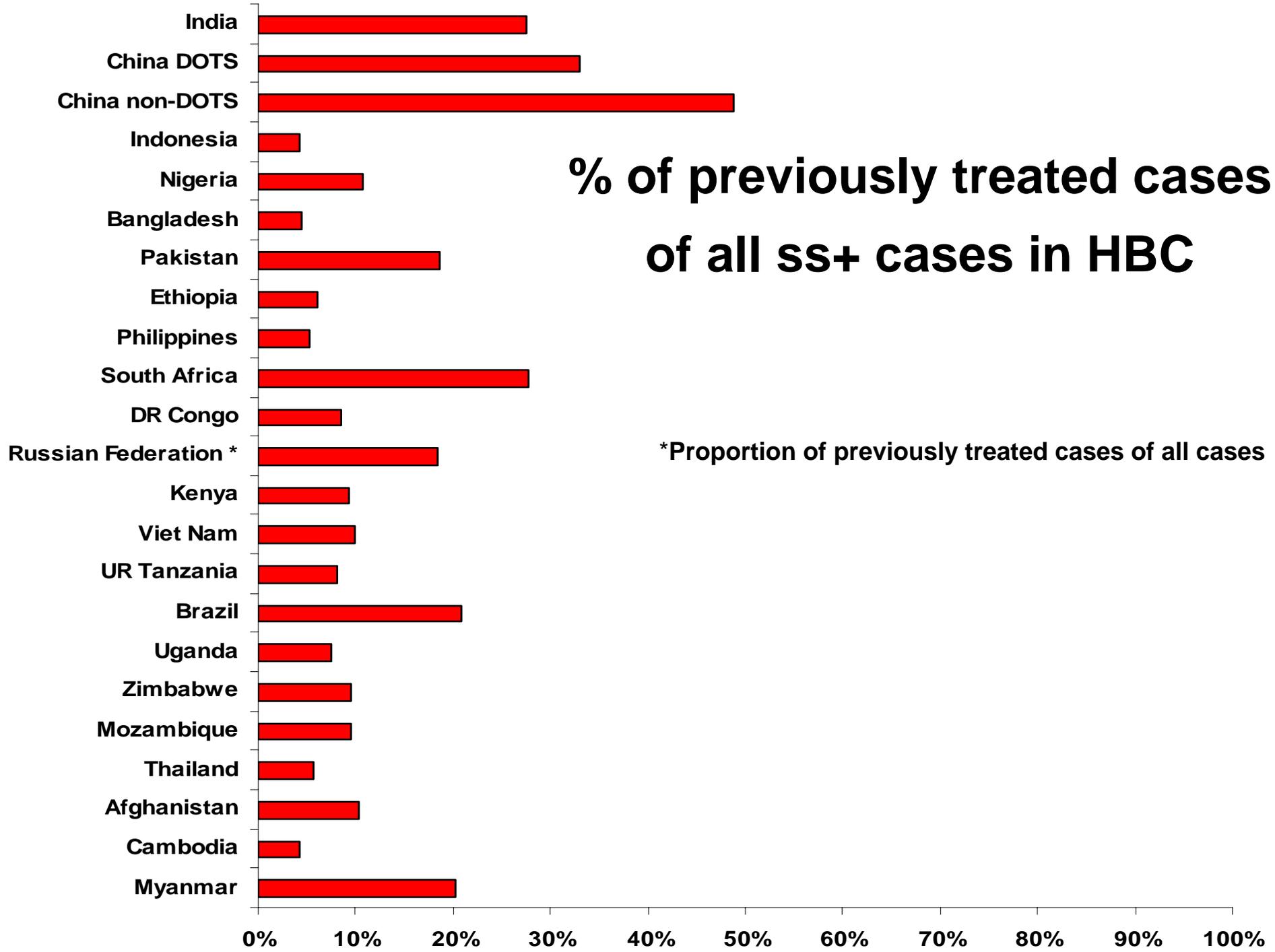
Background

- Monitoring and evaluation of DOTS programmes mainly focus on notification and treatment outcomes of new smear positive cases
- Less importance given to previously treated cases because:
 - heterogeneous group of patients
 - treatment history difficult to ascertain (risk of misclassification)
 - poorer treatment outcomes

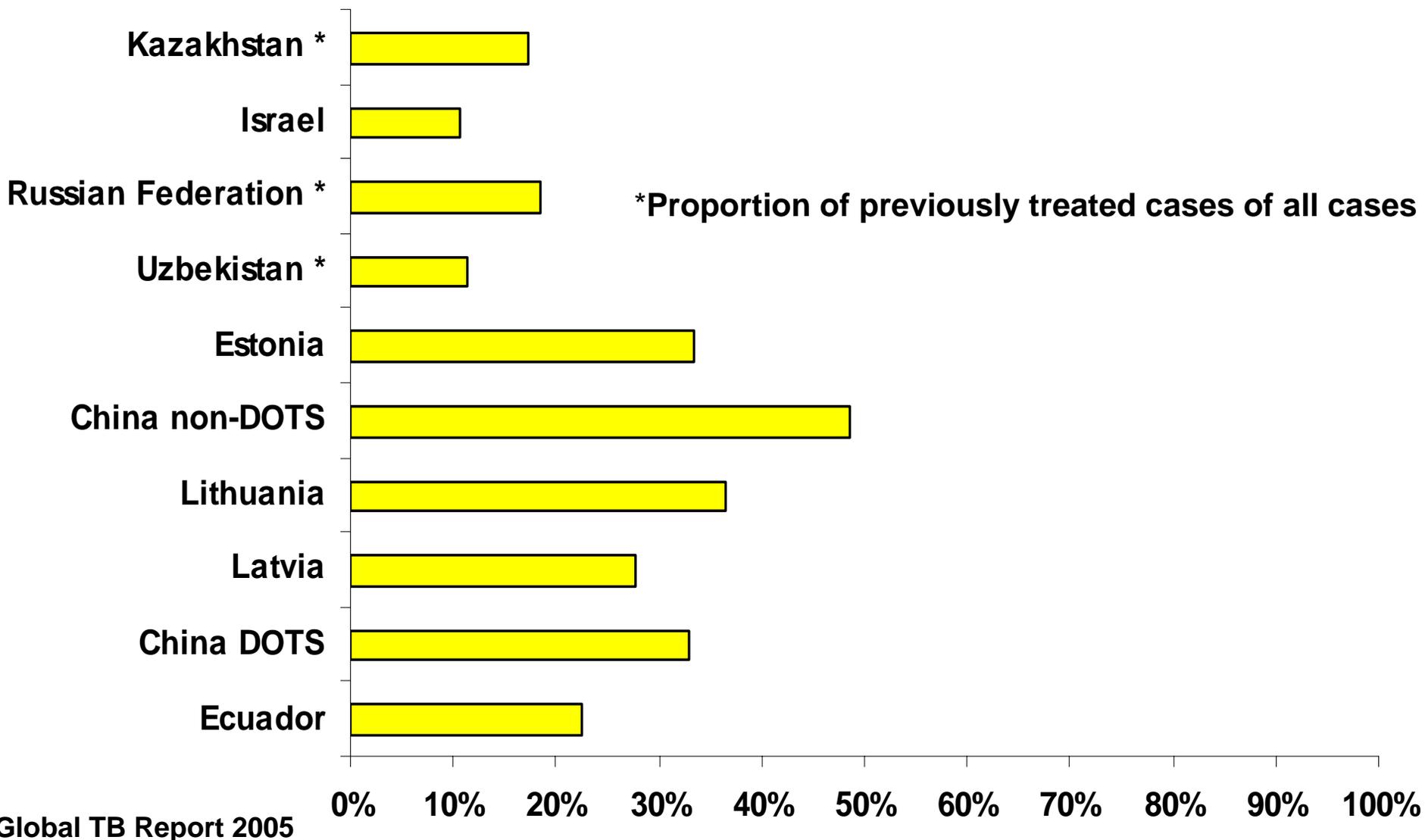
Available data on previously treated cases

- several countries don't report previously treated cases disaggregated by sub-categories (relapse, after failures, after default, others)
- some countries have high number of cases notified as "others" (neither new nor re-treatment)
- data on retreatment cases less consistent between years

% of previously treated cases of all ss+ cases in HBC



% of previously treated cases of all ss+ cases in high MDR-TB prevalence countries

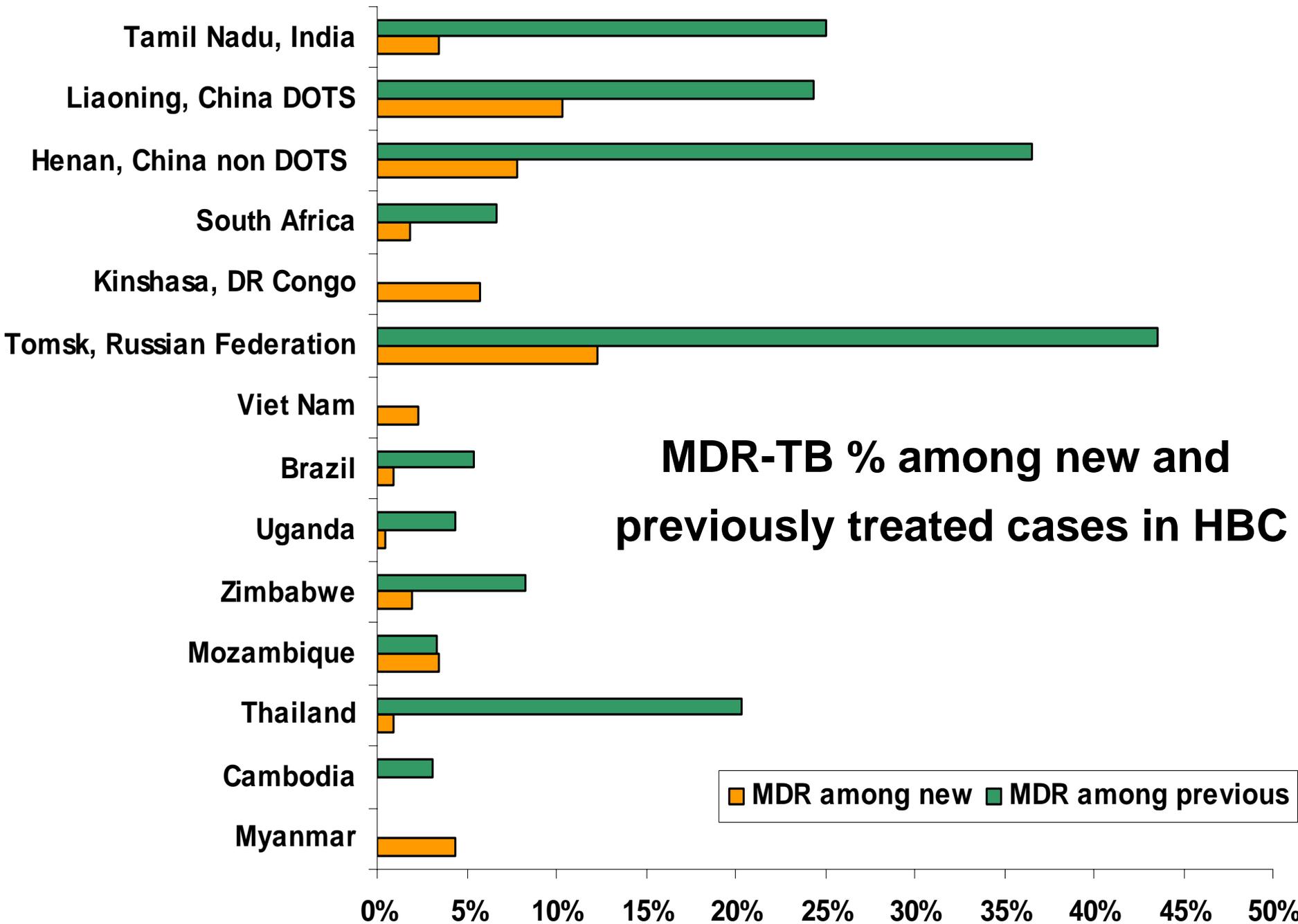


MDR-TB burden among previously treated cases

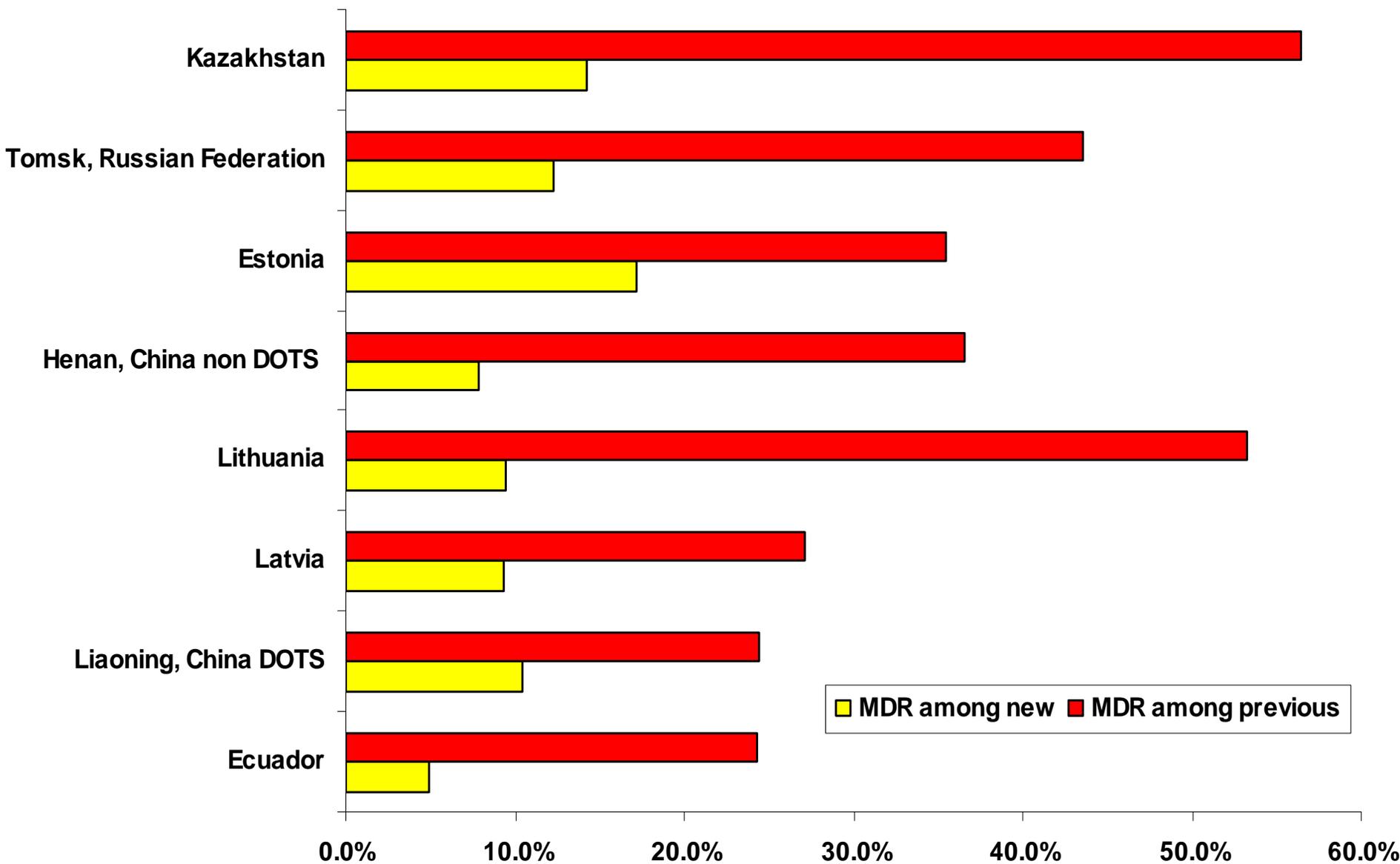
- Poorly known
- WHO/IUATLD global project on drug resistance historically focuses on new cases
 - accurate sampling of retreatment cases considered too challenging for many countries
 - retreatment cases presenting at diagnostic units during the intake period are tested
- Despite the limitations of inadequate sample sizes:
 - higher prevalence of (M)DR-TB among retreatment cases
 - positive correlation between MDR-TB among new and retreatment cases
 - association between proportion of retreatment cases and MDR-TB

Proportion of susceptible and resistant cases

	New	Previous
Susceptible	87.1%	67.3%
1 drug	7.9%	11.4%
2 drug	3.2%	8.2%
3 drug	1.1%	6.7%
4 drug	0.7%	6.4%
Total	100.0%	100.0%



High MDR-TB prevalence countries: MDR-TB % among new and previously treated cases



Serious challenges for DOTS

- proportion of previously treated cases $\geq 20\%$:
 - 5 HBC (India, China, Pakistan, South Africa, Russian Federation, Brazil, Myanmar)
 - 8 out of 10 high MDR-TB prevalence countries
- higher proportion of MDR-TB among previously treated cases (7.2 times of that of new cases)

Future work I

- better recording and reporting of previously treated cases disaggregated by sub-categories (relapse, after failures, after default, others)
- these data will be very valuable to evaluate programme's performance

Future work II

- DRS among previously treated cases should be conducted in all countries with high % of retreatments
- in countries with good resources and capacities → continuous surveillance of DR
- in countries with low proportion of previously treated cases → DST to defined high risk groups (i.e. failures)
- accurate DRS among retreatment cases useful to calculate combined resistance