

O246

1-hour Oral Session

Clinical aspects of mycobacterial infections

Treatment outcome for M/XDR tuberculosis under optimal circumstances

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World Health Organization estimates that 480,000 cases of multidrug-resistant tuberculosis (MDR-TB) occurred in 2013 leading to 210,000 deaths. Despite concerted efforts, treatment outcomes are discouraging with a recent study on patients with MDR-TB from the European Union/EEA reporting successful outcomes in only a third of patients (van der Werf et al. Euro Surveill, 2014).

Objective: To describe the characteristics and outcomes of patients with pulmonary MDR-TB from the Otto Wagner Hospital in Vienna, Austria, where optimal management for patients with M/XDR-TB is procured.

Methods:

All patients with pulmonary MDR-TB admitted for treatment between 01/2003-12/2012 at the Otto Wagner Hospital, representing more than half of the patients diagnosed with MDR-TB in Austria, were enrolled. The Otto Wagner Hospital is recognized as a leading treatment center for MDR-TB by the Austrian TB-Program.

Patient records were reviewed and epidemiological, clinical, microbiology and outcome data were retrospectively collected and analysed. MDR-TB was defined as resistance to isoniazid and rifampicin, while patients had XDR-TB if additional resistance to second-line injectable drugs and a fluoroquinolone was present. Outcome was assessed using the revised WHO definitions for MDR-TB from 2013.

Results:

A total of 90 consecutive patients with MDR-TB were identified. Median patient age was 30 years (IQR 26-37). Male to female ratio was 1.5:1. All patients were of non-Austrian origin. Most patients originated from Russia 55 (61.1%) followed by Georgia 11 (12.2%), Romania 11 (12.2%), other 13 (14.4%). Sixty-one (68%) of the patients had detectable acid-fast bacilli in sputum smears on admission and 48 (53%) had received previous TB treatment. Thirty-nine (43%) patients had MDR-TB, 28 (31%) MDR plus resistance to second-line injectables, 9 (10%) had MDR plus fluoroquinolone resistance, while 14 (16%) had XDR-TB. Median time to culture conversion was 52 days for MDR-only and 110 days for XDR-TB.

Six patients were still on treatment when the data were evaluated and were excluded from the outcome analysis. Successful treatment (cured and completed treatment) was recorded in 65 (77%) of all patients and in 9/10 patients with XDR-TB. Eight (9.5%) patients defaulted, 3 (4%) died and 8 (9.5%) could not be evaluated because of transfer to another facility. One patient with XDR-TB died during treatment. If just patients with a definite known outcome are considered, successful outcome was attained by 85.5%.

A multidisciplinary team, including healthcare workers, social-worker, physiotherapist and interpreters, was involved in patient care in this setting.

Conclusions:

In contrast to the limited prognosis for patients with M/XDR-TB in Europe in general, high rates of treatment success can be achieved under optimal circumstances of clinical care.