WHO Treatment Guidelines for Drug-Resistant Tuberculosis, 2016 Update


Available from https://www.ncbi.nlm.nih.gov/books/NBK390455/

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The WHO treatment guidelines for drug-resistant tuberculosis (2016 update) contains policy recommendations on priority areas in the treatment of drug-resistant tuberculosis. The revision is in accordance with the WHO requirements for the formulation of evidence-informed policy.

The main novelties of the 2016 WHO guidelines are:

- a shortened MDR-TB treatment regimen is recommended under specific conditions;
- medicines used in the design of conventional MDR-TB treatment regimens are now classified to reflect updates in the evidence on their effectiveness and safety
- Specific recommendations are made on the treatment of children with rifampicin-resistant or MDR-TB based on a first ever individual patient data meta-analysis;
- Recommendations of the role of surgery in MDR-TB case management are included.

Baseline Predictors of Treatment Outcomes in Children with Multidrug-Resistant Tuberculosis: A Retrospective Cohort Study.

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Abstract

Background

Globally, >30,000 children fall sick with multidrug-resistant (MDR) tuberculosis every year. Without robust pediatric data, clinical management follows international guidelines that are based on studies in adults and expert opinion. We aimed to identify baseline predictors of death, treatment failure, and loss to follow-up among children with MDR tuberculosis disease treated with regimens tailored to their drug susceptibility test (DST) result or to the DST result of a source case.

Methods

This retrospective cohort study included all children ≤15 years old with confirmed and probable MDR tuberculosis disease who began tailored regimens in Lima, Peru, between 2005 and 2009. Using logistic regression, we examined associations between baseline patient and treatment characteristics and (1) death or treatment failure and (2) loss to follow-up.

Results

Two hundred eleven of 232 (90.9%) children had known treatment outcomes, of whom 163 (77.2%) achieved cure or probable cure, 29 (13.7%) were lost to follow-up, 10 (4.7%) experienced treatment failure, and 9 (4.3%) died. Independent baseline predictors of death or treatment failure were the presence of severe disease (adjusted odds ratio [aOR], 4.96; 95% confidence interval [CI], 1.61-15.26) and z score ≤-1 (aOR, 3.39; 95% CI, 1.20-9.54). We did not identify any independent predictors of loss to follow-up.

Conclusions

High cure rates can be achieved in children with MDR tuberculosis using tailored regimens containing second-line drugs. However, children faced significantly higher risk of death or treatment failure if they had severe disease or were underweight. These findings highlight the need for early interventions that can improve treatment outcomes for children with MDR tuberculosis.

Full article can be located at: http://cid.oxfordjournals.org/content/63/8/1063.full.pdf+html
Abstract Presentation

HNTC, the Texas Department of State Health Services, the Tuberculosis and Refugee Health Services Branch, the City of San Antonio Metropolitan Health District and the San Antonio City Chest Clinic were pleased to present the abstract below at the 2016 TB Education and Training Network (TB-ETN) Conference hosted September 19 - 22, 2016 by the Centers for Disease Control and Prevention in Atlanta, Georgia. For an 11 x 17 printable poster, please contact Alysia Wayne (Alysia.wayne@uthct.edu).

TB Education and Training Network
http://www.cdc.gov/tb/education/Tbetn/default.htm

National TB Controllers Association
http://www.tbcontrollers.org

Find TB Resources
www.findtbresources.org

Tuberculosis Epidemiologic Studies Consortium (TBESC)
http://www.cdc.gov/tb/topic/research/TBESC/default.htm

Regional Training and Medical Consultation Centers’ TB Training and Education Products
https://sntc.medicine.ufl.edu/rtmccproducts.aspx

Program Collaboration and Service Integration (PCSI)
http://www.cdc.gov/nchhstp/programintegration/Default.htm

Centers for Disease Control and Prevention, Division of Tuberculosis Elimination
http://cdc.gov/tb/

****If your organization has any additional links for TB resources you would like published, please send them to Alysia.Wayne@uthct.edu****
2017 HNTC Training Calendar

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**The calendar will be updated in every newsletter as well as on the website to show trainings that have been confirmed**

Please visit our website: [http://www.heartlandntbc.org/training/calendar.php](http://www.heartlandntbc.org/training/calendar.php) to find detailed information concerning registration and participation.

Proposed topics are subject to change; check website for the latest updates.

Products from the Heartland National TB Center are available for download at [http://www.heartlandntbc.org/products/](http://www.heartlandntbc.org/products/)

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**Reported Tuberculosis in the United States, 2015**
Produced by the Centers for Disease Control and Prevention, Division of Tuberculosis Elimination, US Department of Health and Human Services, Atlanta, Georgia

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Tuberculosis (TB) is one of the world’s deadliest diseases:

A total of 9,557 TB cases (a rate of 3.0 cases per 100,000) were reported in the United States in 2015. The overall number of TB cases in the United States increased over the previous year in 2015 after having declined yearly during 1993-2014. Despite a slight increase in case count, the TB incidence rate per 100,000 persons has remained relatively stable at approximately 3.0 since 2013.

The MISSION of the Heartland National TB Center is to build capacity with our partners. We will share expertise in the treatment and prevention of tuberculosis by: developing and implementing cutting-edge trainings, delivering expert medical consultation, providing technical assistance, and designing innovative educational and consultative products.

The VISION of Heartland National TB Center is to provide excellence, expertise, innovation in training, medical consultation, and product development to reduce the impact of tuberculosis in our region.