



# **Drug Resistance on the Horizon: Emerging DR-TB Trends, Nursing Practice, & Binational Outcomes**

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*Tuesday, March 24, 2026*

2026 World TB Day Webcast • March 24, 2026 • Webcast



# Rachel Muñoz, RN

Has the following disclosures to make:

- No conflict of interests
- No relevant financial relationships with any commercial companies pertaining to this activity



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# On the Horizon: Drug-Resistant Tuberculosis Care in Texas

World TB Day, 2026

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# Objectives

- Describe the epidemiology of drug-resistant TB (DR-TB) in Texas and along the Texas-Mexico border.
- Identify the components of managing DR-TB to prevent emerging resistance.
- Outline DR-TB diagnostics and care.
- Discuss the Binational TB Program and collaborations with Heartland National TB Center (HNTC) for supporting DR-TB care.



# Epidemiology of DR-TB



# The Impact of DR-TB Worldwide

## Global DR-TB Data, 2023

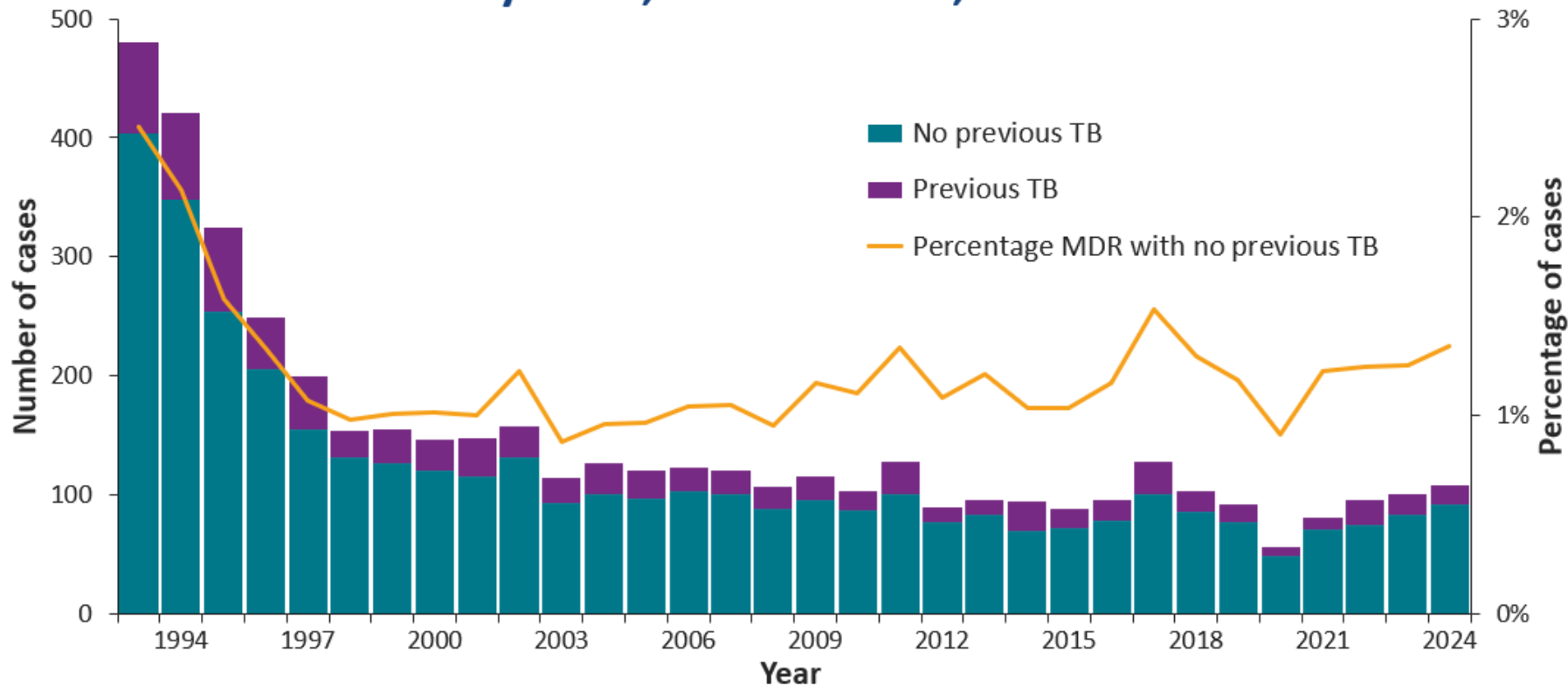
- 400,000 people developed rifampin-resistant (RR) or multidrug-resistant (MDR) TB globally
- 68 percent of those who started treatment were successfully treated
- Approximately 150,000 mortalities
- Over 100 countries have reported extensively drug-resistant TB (XDR-TB)

[https://www.cdc.gov/global-hiv-tb/media/pdfs/2025/03/2025\\_DGHT\\_DR-TB\\_Factsheet.pdf](https://www.cdc.gov/global-hiv-tb/media/pdfs/2025/03/2025_DGHT_DR-TB_Factsheet.pdf)



# DR-TB in the United States

## Number and Percentage of Multidrug-Resistant (MDR)\* TB Cases† by History of TB, United States, 1993–2024



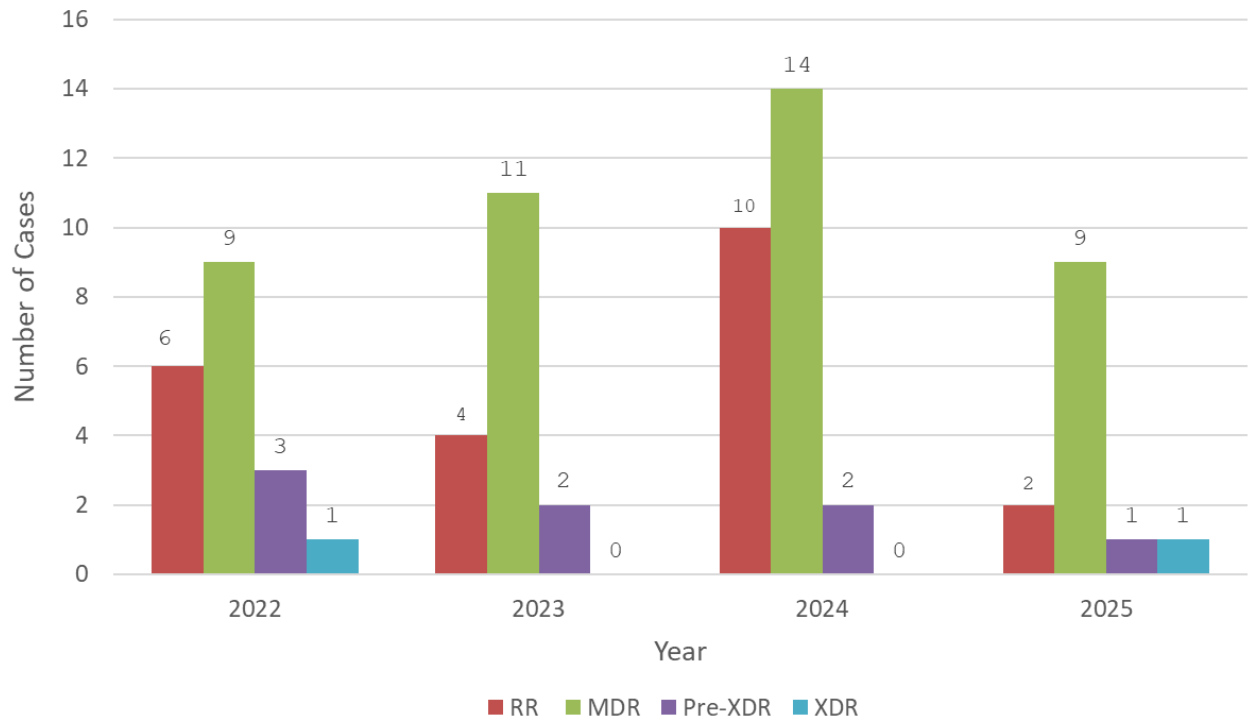
115 TB cases were reported as MDR-TB in 2024

\*Starting in 2023, information on drug resistance included results of molecular drug susceptibility testing in addition to growth-based susceptibility testing for isoniazid and rifampin. An isolate is considered resistant to isoniazid or rifampin if either the growth-based test or molecular test detects resistance.

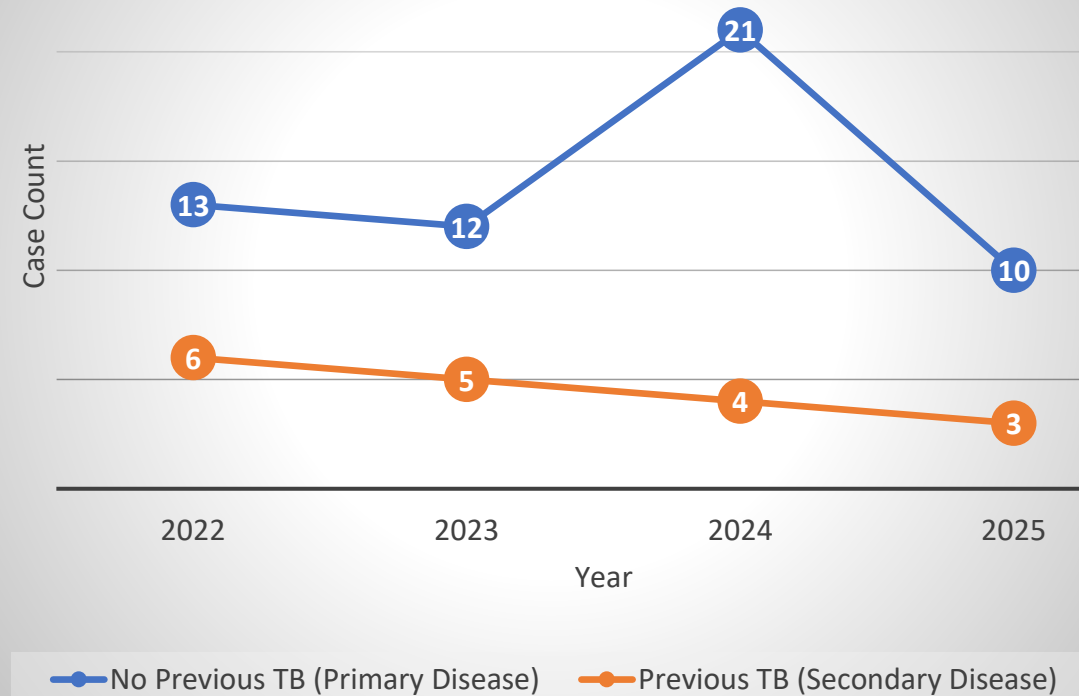
†Excludes persons with unknown origin of birth.

# DR-TB in Texas

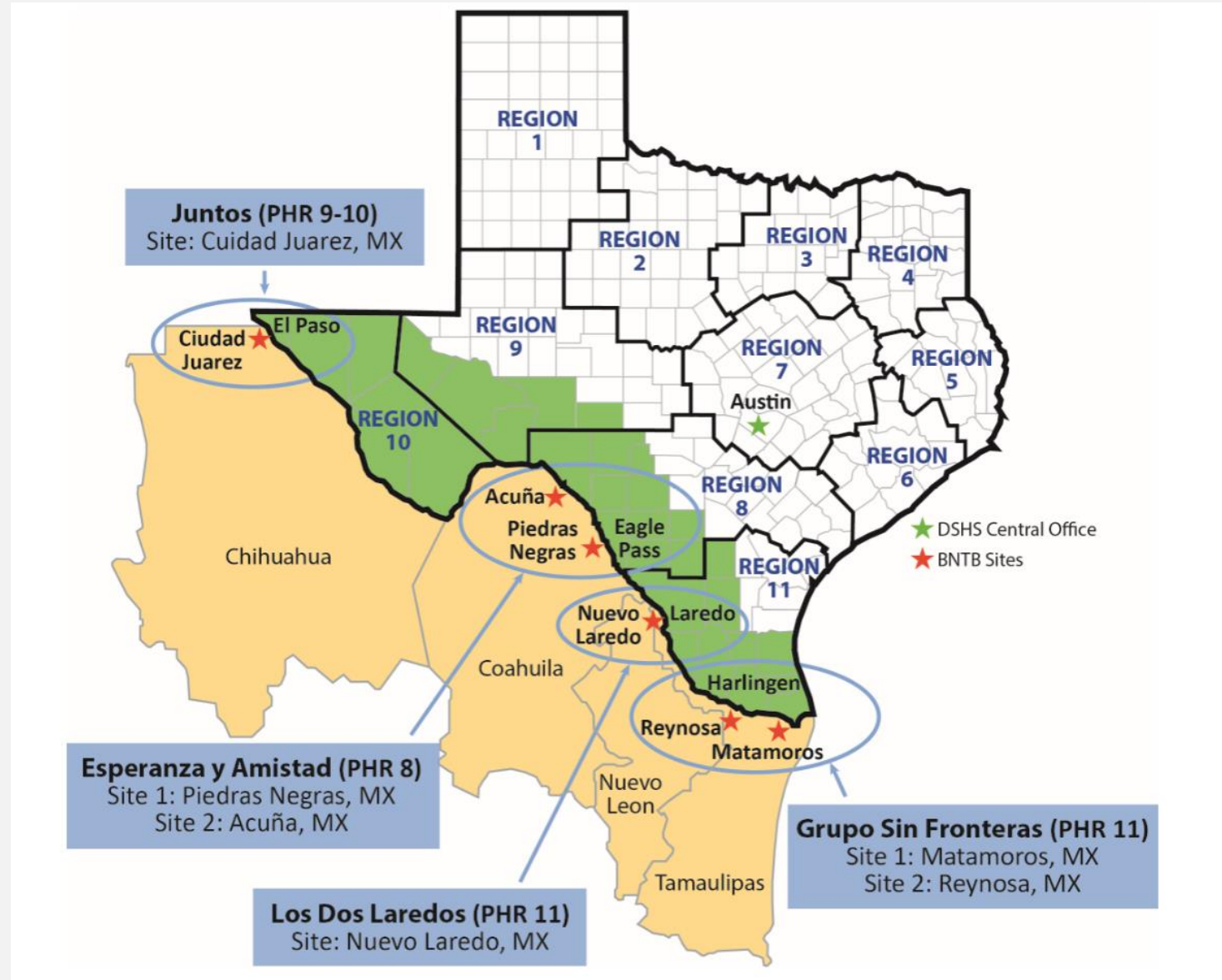
### Drug Resistant TB in Texas , 2022-2025



### Primary vs. Secondary Disease



# DR-TB Along the Texas – Mexico Border



# Emerging DR-TB

Challenges in Diagnostics and Care



# How is DR-TB Diagnosed

- Nucleic acid amplification (NAA) using – GeneXpert
- Can identify mutations associated with RR
- Results within 24-48 hours

## Rapid Genetic Testing



- Drug Susceptibility Testing (DST) for first-line drugs and fluoroquinolones (FQN)
- Results in 11-14 days after positive culture (isoniazid and rifampin)

## Susceptibility Testing



- Targeted next-generation sequencing (tNGS) for Molecular Detection of Drug Resistance (MDDR)
- Can detect mutations to drugs in the Bedaquiline, Clofazimine, Linezolid (BPaL) regimen
- Whole Genome Sequencing (WGS)

## Molecular Testing



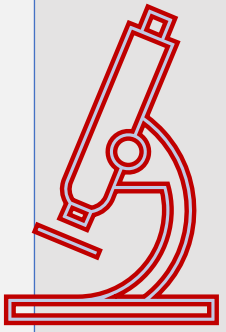
# Emerging Bedaquiline Resistance



- Ten percent of MDR-TB cases in South Africa now have BDQ resistance (Hu et al., 2025).
  - ▶ Texas has reported one case with mutations to BDQ, other drugs.
- Complexities in identifying true resistance with phenotypic and molecular discordance.
- Need to learn more about mutations associated with resistance (Sonnenkalb et al., 2023).

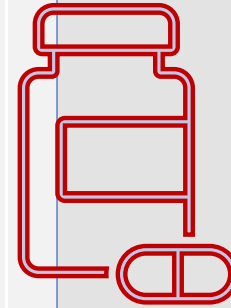
**Extensively drug-resistant TB (XDR TB):** resistance to isoniazid (INH), rifampin (RIF), FQN, *and* a second-line injectable (amikacin, capreomycin, and kanamycin) **OR** resistance to INH, RIF, a FQN, *and* BDQ or linezolid.

# Challenges in Managing DR-TB



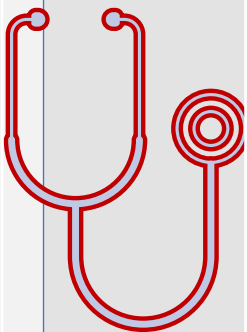
## Understanding Diagnostics

- Prompt identification of resistance
- Lack of BDQ DSTs
- Coordination of routine and specialized testing between DSHS laboratory and external laboratories
- Interpreting results often requires expertise



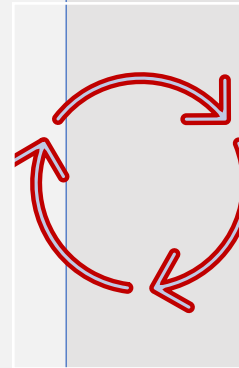
## Building an Effective Regimen

- Access to medications
  - ▶ Utilizing patient assistance programs (BDQ)
  - ▶ Drug availability for compassionate use limited in the U.S. (ethionamide, PAS)
  - ▶ Cost of drugs (tedizolid, BDQ)
- Medication adjustments often necessary



## Managing Toxicity Assessments

- Staff trained in performing assessments and promptly identifying interventions (e.g., neuropathy screening in the field)
- Monitoring needs with limited resources (e.g., ECGs)
- Therapeutic drug levels, dosage adjustments



## Providing Patient-Centered Care

- Managing side effects
- Adherence strategies (e.g., directly observed therapy [DOT])
- Mental health issues – depression associated with DR-TB, medications
- Stigma and fear

# Heartland National TB Center





# **Binational TB (BNTB) Program**

**Strengthening DR-TB Care through Collaboration**

Catalina Navarro, BSN, RN

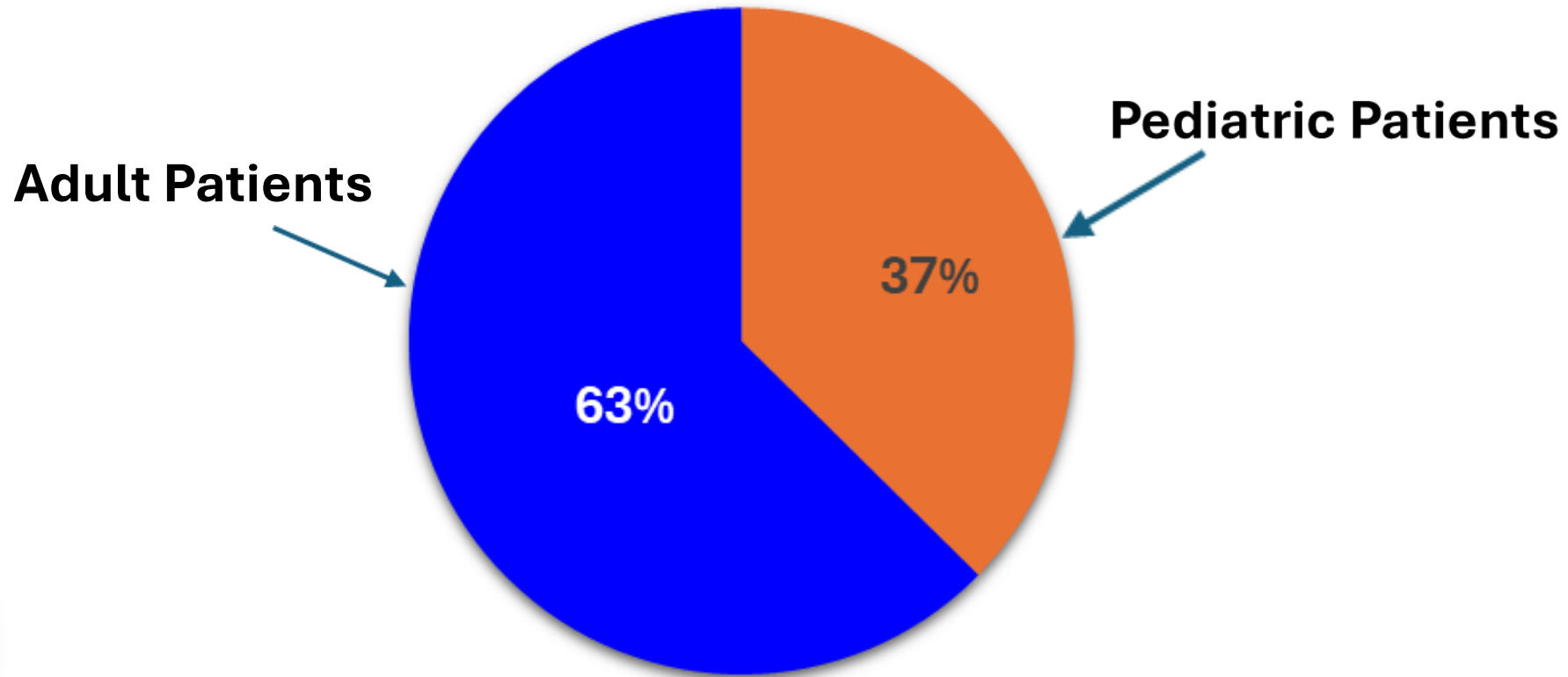
Heartland National TB Center (HNTC) Nurse Consultant



# Three-Year Overview of Binational Consultations

Total Consultations: 410

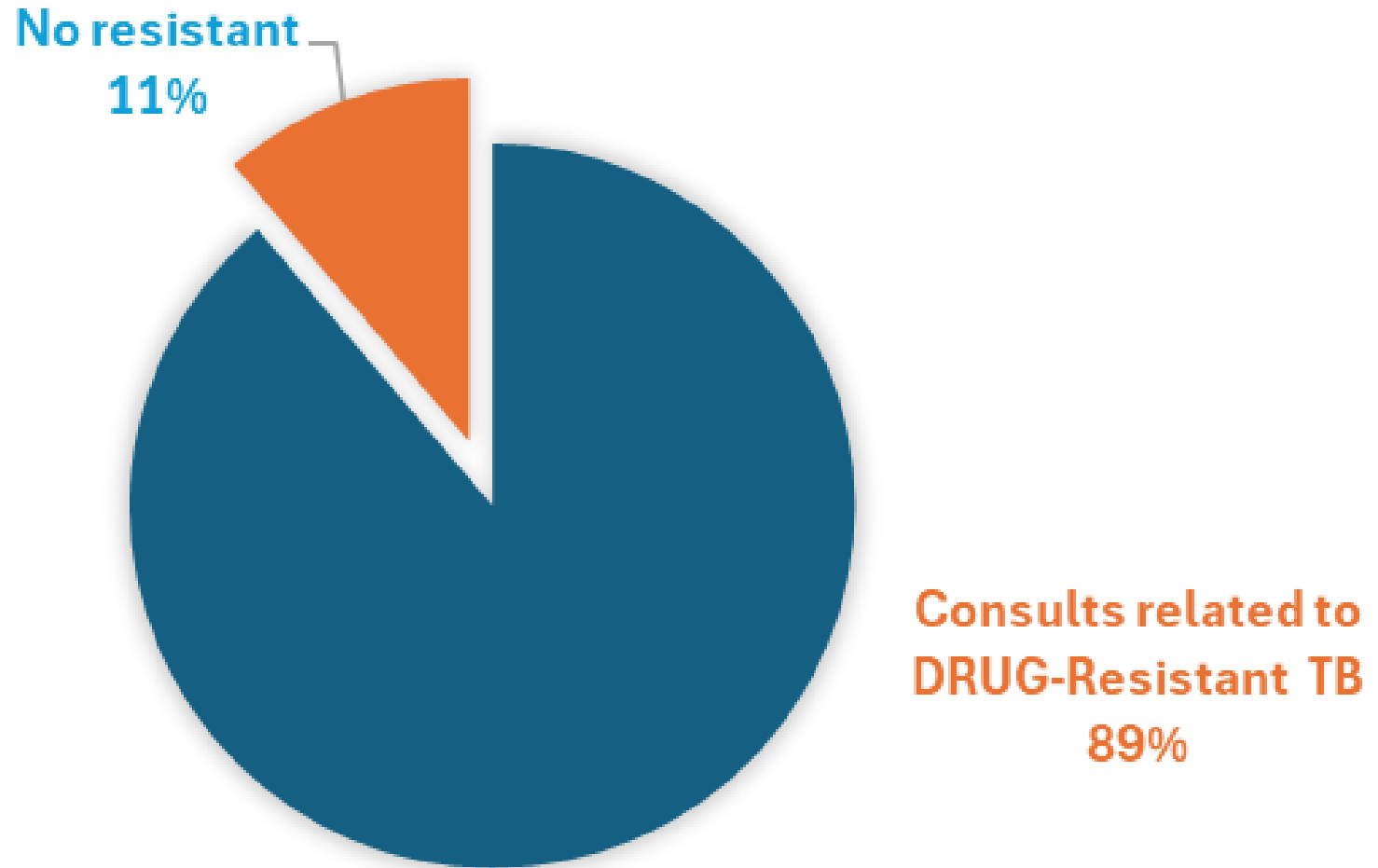
## Consultation by Patient Population



Source: Heartland National TB Center data, January 2023 – January 2026



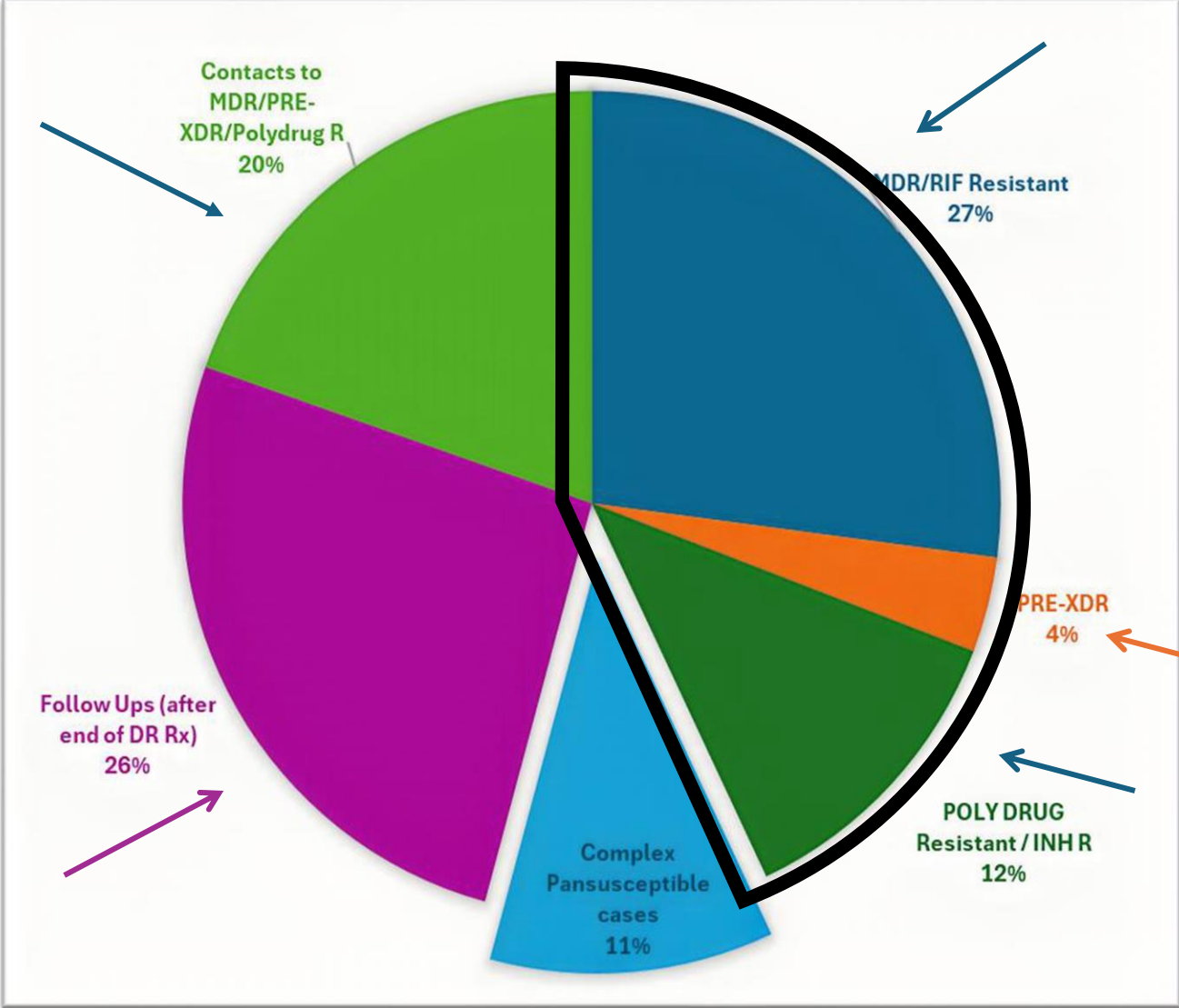
# Consults Related to Drug Resistant TB



Source: Heartland National TB Center data, January 2023 – January 2026



# Spectrum of Drug-Resistant TB Consultations



Source: Heartland National TB Center data, January 2023 – January 2026

# Challenges in Managing TB along the Texas-Mexico Border

- Inadequate prior treatment with non-standard regimens
- Variations in clinical practices:
  - Unsupervised regimens
  - Poor adherence or treatment abandonment with challenges to implement enforcement
- Limited diagnostic infrastructure for drug resistance in specific regions in Mexico
- Knowledge and training gaps among healthcare providers in Mexico when managing DR-TB



# Impact of Collaboration for Improved Outcomes

## Key Program Advances

- Adoption of shorter U.S. endorsed regimens (e.g., BPaLM)
- Significant reduction in injectable use
  - ▶ Improved patient tolerance and adherence

## Clinical Outcomes

- No treatment failures
- No relapses in recent years
- Improved 24-month post-treatment follow-up monitoring

## Binational Collaboration

- Strengthened coordination between Texas DSHS and BNTB programs
- High-quality patient management and continuity of care



# Tuberculosis Has No Borders

- Ensure continuity of care for mobile populations along the Texas–Mexico border.
- Establish global, national, and local partnerships to ensure comprehensive and patient-centered care.
- Focus on social determinants of health, e.g., access to care, housing, and economic stability.



# New Drugs and Diagnostics on the Horizon

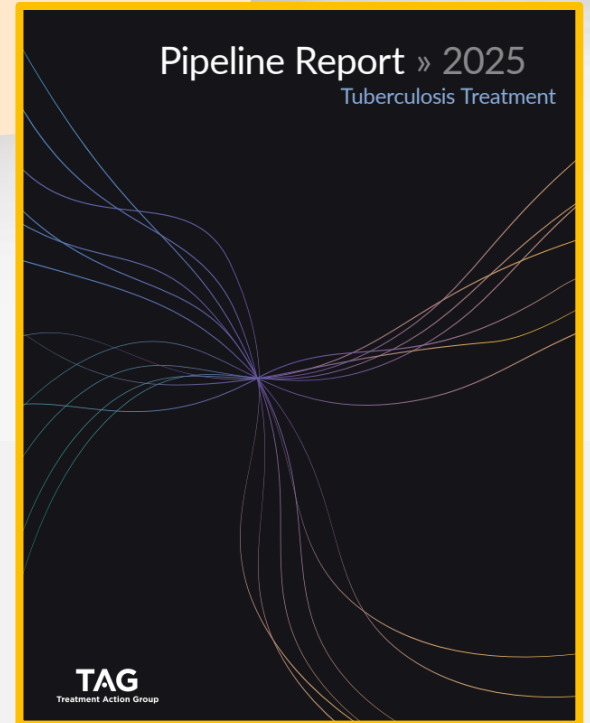
**1952** – INH first used for TB

**2019** – Pretomanid approved for use in BPaL

**2023** – CDC initiated tNGS for BDQ, other drugs

**2025** – Texas reported the first BDQ resistant patient (additional mutations noted)

**2025-** Pipeline report for clinical development of novel drugs



# References

- Black TA, Buchwald UK. The pipeline of new molecules and regimens against drug-resistant tuberculosis. J Clin Tuberc Other Mycobact Dis. 2021 Nov 5;25:100285. doi: 10.1016/j.jctube.2021.100285. PMID: 34816020; PMCID: PMC8593651. [The pipeline of new molecules and regimens against drug-resistant tuberculosis - PMC](#)
- Hu X, Wu Z, Lei J, Zhu Y, Gao J. Prevalence of bedaquiline resistance in patients with drug-resistant tuberculosis: a systematic review and meta-analysis. BMC Infect Dis. 2025 May 12;25(1):689. doi: 10.1186/s12879-025-11067-2. PMID: 40355818; PMCID: PMC12067902. <https://pubmed.ncbi.nlm.nih.gov/40355818/>
- Sonnenkalb, Lindsay Barilar, Ivan et al. Bedaquiline and clofazimine resistance in *Mycobacterium tuberculosis*: an in-vitro and in-silico data analysis. The Lancet Microbe, Volume 4, Issue 5, e358 - e368 <https://www.thelancet.com/action/showCitFormats?doi=10.1016%2FS2666-5247%2823%2900002-2&pii=S2666-5247%2823%2900002-2>
- Treatment Action Group (2025). Pipeline Report 2025, Tuberculosis Treatment. [https://www.treatmentactiongroup.org/wp-content/uploads/2025/08/pipeline\\_TB\\_Treatment\\_2025\\_final.pdf](https://www.treatmentactiongroup.org/wp-content/uploads/2025/08/pipeline_TB_Treatment_2025_final.pdf)



# Thank you

Drug-Resistant TB Care in Texas

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