Background and Introduction

Monitoring of resistance to drugs is an important exercise to inform policy and national planning. WHO encourages countries to conduct periodic DRS. Routine surveillance for DR TB began in 2003. Between 2003 and 2013 only patients who failed first line TB treatment were targeted. DR TB surveillance expanded in 2011 to include high risk groups (PLWHIV, refugees, health care workers, contacts of DR TB, and presumptive TB patients on IPT) using GeneXpert. The overall goal of the survey was to assess TB drug resistance situation in Kenya.

Methods

The study used a cross-sectional study design, targeting all new and previously treated smear-positive TB patients in 50 clusters randomly selected. A representative sample size of 2,171 new smear-positive patients was calculated. Sputum specimen from previously treated TB patients in these clusters during the study period were also collected and evaluated for drug resistance (Figure 1).

Results

From 2,171 eligible participants recruited into the study, 1,910 were new cases, 258 previously treated while 3 participants could not be categorized (Figure 2). There were more male than female participants in a ratio of 2:1.

From culture results, 10 NTM’s bacteria were isolated, 7 from new and 3 from previously treated TB patients. A total of 15 MDR cases were identified, 11 from new cases (0.6%) and 4 from previously treated cases (2.0%).

Discussions

Low prevalence rates of drug resistance:

- A well performing national TB program
- Recent exposure of TB patients to Rifampicin
- Most medicines in FDC’s

20.6% (448) HIV infected - high rates of mortality amongst dually infected patients

Conclusion and Recommendations

- Low levels of Drug resistant TB
- TB is still prevalent among the economically active age group. More than 79.6% of the study participants fell within the age group 25yrs – 44yrs

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