

REPUBLIC OF KENYA



MINISTRY OF HEALTH



SHORTER TERM REGIMEN FOR THE TREATMENT OF DRUG RESISTANT TUBERCULOSIS



BACKGROUND

Kenya notified 577 Drug Resistant TB cases in 2017

Drug-resistant tuberculosis (DR-TB) is a public health crisis and a global health security risk. In 2016, there were 600,000 new cases with resistance to Rifampicin (RR TB), the most effective first-line TB drug, of which 490,000 had multidrug resistant TB (MDR-TB).

A total of 129,689 people were started on treatment for drug-resistant TB, a small increase from 125,629 in 2015 but only 22% of the estimated incidence. Treatment success remains low at 54% globally (*WHO Global Report 2017*).

DR-TB cannot be treated with the standard six-month course of first-line medication which is effective for most TB patients. Patients with RR-TB or MDR-TB are treated with a different combination of second-line drugs, usually for 20 months or more. The treatment journey for these patients is not only difficult with a high-pill burden and significant side effects, but it also brings with it high treatment related costs to the patient and the household.

Following successful studies, a shorter standardized treatment regimen has shown promising results and based on data from these studies, the World Health Organisation (WHO) recently updated its treatment guidelines for drug-resistant TB, recommending the use of the shorter MDR-TB regimen under specific conditions. If used appropriately, this shorter-term regimen is expected to greatly benefit majority of the MDR-TB patients.

WHO IS AT RISK OF DR-TB?

1. Contacts of a known DR-TB case
2. All previously treated cases
3. Treatment failure cases
4. High risk patients:
 - Health care workers
 - Prisoners
 - The homeless
 - Refugees
5. People living with HIV

COMPARATIVE CHARACTERISTICS

SHORTER TERM REGIMEN	CONVENTIONAL REGIMEN
9 - 12 months treatment duration	20+ months treatment duration
Low incidence of side effects	High gastrointestinal toxicity and ototoxicity
High treatment success rates >85%	Treatment success rate ~ 60%
Cheaper	Costlier
Decision to move to continuation phase based on smear	Decision to move to continuation phase based on culture

WHO QUALIFIES FOR THE SHORTER TERM REGIMEN

- Patients with Rifampicin-Resistant/Multidrug-Resistant TB (RR/MDR-TB)
- Patients not previously treated with second-line drugs (New)
- Patients with no resistance to fluoroquinolones and second-line injectable agents

EXCLUSIONS FOR THE SHORTER-TERM REGIMEN

- Patients with extra-pulmonary TB
- Patients with confirmed resistance to drugs in the shorter-term regimen except resistance to Isoniazid (INH)
- Patients on second line drugs in the shorter MDR-TB regimen for a period of more than one month
- Patients with intolerance to one or more drugs in the shorter-term regimen
- Patients with known potential for drug-drug interactions
- Close contacts of pre-XDR/XDR TB patients who present with signs and symptoms of TB
- Pregnant women

TREATMENT MONITORING OF PATIENTS ON THE MDR-TB SHORTER TERM REGIMEN

