

TB or no TB, new treatment for drug resistant strain

South Africa is one of three countries (together with India and Ukraine) with the largest increase in multidrug-resistant TB (MDR-TB), and with a treatment success rate of only 48% (according to a 2014 World Health Global TB report).



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With this in mind, Dr Norbert Ndjeka, Directorate - Drug Resistant TB, National Department of Health, brought together some of the country's top TB medical practitioners in a workshop funded by Janssen Pharmaceutica. A group of innovative pharmaceutical companies that has the overarching goal of addressing and solving some of the most important unmet medical needs of our time, to discuss the introduction of new medicines in the treatment regimen of drug-resistant tuberculosis.

"TB is one of the leading causes of death in the South Africa, about 3% of patients have TB that is resistant to the medication, rifampicin. The introduction of the GeneXpert has allowed rapid detection of this. For the first time in over five decades, we now have alternate drugs in the form Bedaquiline and Delamanid to add to our arsenal of effectively treating these patients," he said

As part of the Bedaquiline Clinical Access program, a group of patients with extensively resistant TB received Bedaquiline with an optimised background regimen. The result was an obvious improvement in two to six months. They also showed a lower mortality rate than previously published work. Access to Bedaquiline has expanded since the success of the Clinical Access program and management will come from a national level and implemented on a provincial and district level.

An additional problem facing about 30 % of MDR-TB patients is the possible loss of hearing due to the side effects of an aminoglycoside which is included as part of the standardised treatment. The National TB guideline requires all MDR-TB patients to have baseline and monthly hearing tests, but as there are currently over 10 000 MDR-TB patients receiving treatment and only 461 audiologists in government service, it is impossible for all patients to be monitored for hearing loss.

To combat this, the National Department of Health is rolling out a mobile audiometer, the eMoyo KUDUwave designed by Dr Dirk Koekemoer. This one of a kind audiometer can operate effectively without a sound booth or audiologist. A donation

from Janssen Pharmaceutica has helped a great deal making this programme possible.

One such hospital using the KUDUwave is the 100-bed Klerksdorp/Tshepong hospital complex MDR-TB Unit. Dr Hanneltjie Ferreira says the mobile, lightweight diagnostic audiometer is the best option for testing her patients. The KUDUwave enables patients to undergo accurate and comprehensive hearing tests and the risk of patient cross contamination is minimised. With the KUDUwave, patients too ill to be transported to a sound booth can be tested at their bedside, allowing more patients to be tested within the same period, at a lower cost.

"While TB and drug-resistant TB remain a major public health problem in South Africa, we are scaling up strategies to address it," concluded Dr Ndjeka.

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