

**Gler, MTG, Orillaza, RB, Macalintal, LM, Belen, VA, Raymond, L, Mira, NR, Quelapio, MID and Tupasi, TE, "Detection of MDR-TB in chronic cases of pulmonary tuberculosis in Makati, Philippines," *The International Journal of Tuberculosis and Lung Disease*, Vol. 9, No. 11, (November) 2005, Supplement 1: S261.**

**Setting:** DOTS- Plus pilot project in high burden country.

**Objective:** To detect MDR TB in patients referred with chronic tuberculosis.

**Materials and Methods:** This is a descriptive study of 431 MDR TB suspects. The characteristics of these patients, cultures and DST were studied.

**Results:** Two hundred forty-three (57.4%) had bacillary disease. Of these, DST was available in 219 isolates; 193 (88.1%) were MDR TB, 11 (5%) were drug resistant TB other than MDR, and 15 (6.8%) were pansusceptible. The average number of previous treatment was 3, 2.4 and 2 times, respectively. None of these patients were treated under DOTS. The average time from consultation to start of treatment was 5.51 months. Sixty-nine (35.7%) of the MDR TB were enrolled on DOTS-Plus, 21 (10.8%) died while awaiting treatment, 90 (46.6%) are still awaiting treatment and 14 (7.5%) were lost or refused treatment. Among pansusceptible cases, 5 (30%) died while awaiting DST and the remaining 10 are ongoing treatment.

**Conclusion:** A rapid detection of MDR TB is essential to make timely treatment decisions so that those with pansusceptible strains could be identified and first line drugs could be given. An enhanced absorptive capacity to treat these highly infectious cases of MDR TB is urgently needed.