

**Auer, C, Lagahid, J, Roa, C, Ang, C, Montejo, L, Van Deun, A, Weiss, MG and Tanner, M, "Re-treatment TB patients treated in a public DOTS programme: who among them is likely to have poor treatment outcome?," *The International Journal of Tuberculosis and Lung Disease*, Vol. 9, No. 11, (November) 2005, Supplement 1: S306.**

**Methodology:** The records of 162 smear positive re-treatment cases treated in a public DOTS programme of a municipality of Manila, Philippines were reviewed to identify factors associated with poor treatment outcome and with multidrug-resistant TB (MDR TB). Drug sensitivity tests were done as part of a study.

**Results:** The number of previous courses of anti-TB treatment was found to be a significant risk factor for poor treatment outcome. Among the 20 patients with at least two previous treatment episodes, 5(25%) got cured. Five (25%) defaulted from treatment, 4 (20%) died, 4 (20%) failed treatment and 2 (10%) relapsed. Ten of these 20 patients underwent drug susceptibility tests: 60% (6/10) harboured MDR TB, whereas 20% (13/65) of those with only one previous treatment harboured MDR TB ( $P=0.01$ ). MDR TB was more common among those whose last previous treatment was at a public health center compared to those whose last previous treatment was at other health facilities (39 vs. 16%;  $P=0.02$ ). Length and date of latest previous treatment, degree of smear positivity at treatment start, age, and body weight were not significant risk factors.

**Conclusion:** Patients presenting to DOTS programmes with at least two previous courses of anti- TB treatment should be referred to DOTS-Plus.