

3rd Euro-Global Conference on Infectious Diseases

September 05-06, 2016 Frankfurt, Germany

Effect of interruption on treatment outcome of drug resistant tuberculosis patients at the Indus Hospital

Rabab Batool, A Malik, H Hussain, Z Barry, S Butt, S Adnan, S Khan and N Salahuddin
The Indus Hospital, Pakistan

The treatment of drug resistant TB (DR TB) is complicated and lengthy. Sometimes patients fail to appear on each month follow up and the treatment is interrupted. We explored whether the number of months patient has missed follow up during duration of treatment has any impact on the treatment outcomes. We conducted a retrospective data analysis of the patients enrolled on drug resistance tuberculosis (DR TB) from 2009 to February, 2016 at the Indus Hospital, Karachi. The number of enrolled patients till the time of analysis was 895. Still under treatment and transferred out patients were excluded. Hence 623 patients were included in the analysis. The treatment interruption was defined as the discontinuation of treatment for at least for 30 consecutive days. Median age of the patients was 27 years (6 months to 85 years) 298 (46%) were females. 489 (79%) were MDR, 31 (5%) were XDR, 36 (6%) were PDR, 12 (2%) were resistant to Rifampicin only, 55 (9%) were reported to be Rifampicin resistant on GeneXpert. Number of patients who were declared as treatment failure was 51 (8%), 90 (15%) patients died. Overall success rate was 70% and default rate was 7%. Number of patients whose treatment was interrupted for at least 30 consecutive days was 110 (18%). Mean number of days treatment was interrupted was 15 days (0-6 months). Mean number of days treatment was interrupted in the patients who successfully completed the treatment was 16 days and for those with the poor outcomes it was 24 days. After controlling for age, SLD history, gender, presence of co morbid diseases and resistance patterns the multivariate logistic regression showed that the number of months treatment was interrupted was directly associated with poor treatment outcomes (OR 2, 95% CI 1.5-2.2). For this population overall compliance (% of patients who never miss drugs) is 71%.

rabab.jafri88@gmail.com

Situation of Crimean Congo hemorrhagic fever in last 15 years in Iran

Sadegh Chinikar
Pasteur Institute of Iran, Iran

Crimean Congo Hemorrhagic Fever (CCHF) is a zoonotic viral disease caused by infected tick bite, contact with blood or tissues of infected livestock and nosocomially. CCHF is a life-threatening virus with a 5-50% fatality rate. CCHF in Iran was reported by Chumakov in 1970. Since establishment of the Arboviruses and Viral Hemorrhagic Fevers Laboratory in Pasteur Institute of Iran in 2000 till now, 3104 human sera were submitted from different provinces and tested serologically and molecularly. Of 3104, we had 960 confirmed cases and 135 deaths. Males with 747 confirmed cases were the most affected gender. Geographically, Sistanva Baluchistan, Khorasan and Isfahan provinces had the highest rate of CCHF confirmed cases. Slaughterers (240 cases) and farmers (176 cases) were the most high-risk occupation. The results of our phylogenetic studies showed that Pakistani, Iraqi and Russian strains are the circulating in Iran. CCHF is one of the most important viral emerging zoonotic diseases in Iran. CCHF has been mainly seen in certain professions and regions, as it is mainly related to imported livestock from neighboring countries. Data with respect to the gender acquired infection shows that CCHF infection in male is more than female, which seems due to male implication in high risk professions. To establish preventive strategies for CCHF, firstly awareness and training programs for high risk professions and secondly conducting joint projects with neighboring countries on ticks can play a critical role in the control of disease.

sadeghchinikar@yahoo.com