

Tb043- Reported cases of multidrug-resistant tuberculosis and extensively drug-resistant tuberculosis in Salvador, Brazil

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The bacteria that cause tuberculosis (TB) can develop resistance to the antimicrobial drugs used to cure the disease. Multidrug-resistant tuberculosis (MDR-TB) is TB that does not respond to at least the two most powerful antituberculosis drugs. There were about 650,000 cases of MDR-TB present in the world in 2010. It is estimated that about 9% of these cases were XDR-TB. Reporting of suspected cases of Tuberculosis is mandatory in Brazil. In 2011 Salvador ranked third among the Brazilian cities in number of new cases of tuberculosis (2,500 cases/year) and MDR-TB (30 cases/year) with an estimated incidence of 70.1/100,000 inhab. We study the distribution of MDR-TB and XDR-TB in period of years (2004-2011). **Material and Methods:** Confirmed cases are reported by public health facilities to municipal and state health departments using standardized case report forms for entry of data into the national Notifiable Diseases Information System [*Sistema de Informação de Agravos de Notificação* (SINAN)] and also into the TBMR system. Case report forms include patient identification, age, gender, clinical signs and symptoms, samples collected, diagnostic tests performed and antibiotic susceptibility evaluation. Prevalence and incidences were calculated using population estimates for Salvador from the 2010 census obtained from the Brazilian Institute of Geography and Statistics (IBGE), the Brazilian census bureau. **Results:** the first reported cases (03) of MDR-TB and XDR-TB (10) in Salvador were in 1998 and 2011, respectively. Most of the XDR-TB cases are men (70%) and the mortality rate is 30%. From 2004 to 2011, of 244 MDR-TB cases were reported, 213 were confirmed: 18.8% stayed in failure treatment, 34.3% cure, 14.3% abandoned 7.5% death (TB and death for other causes) and 2.8% have no information of treatment. 66% were men and 34% women. 15% were unemployed and 10.7% were housewives. Most of them (60.5%) had other occupation. The prevalence by age group was 28.3% (45-54 yrs), 23.8% (25-34 yrs), 17.6% (15-24 and 35-44 yrs), 7.8% (55-64 yrs) and 4.9% (65 + yrs). According to schooling years: 41.8% had 4 to 7 years, 23.4% had 8-11 yrs, 7.8% either had none or 12+ years, and 3.3% were unknown. The cases were spread out in the city and no clusters were identified. **Conclusions:** Despite the numbers of cures, abandonment of treatment still is a problem. The most severe forms of TB (M/XDR-TB) are the result of consecutive treatment abandonment. This gives resistance to *M. tuberculosis* to conventional drugs and all second and third line medications to control the disease. M/XDR-TB is a major challenge to be addressed as part of the Stop TB strategy and the response to MDR-TB must be built across health systems, especially by investment in primary care. **E-mail:** criswcardoso@yahoo.com.br