Summary

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The symposium 'Update Treatment of Multidrug-Resistant Tuberculosis' provided an excellent opportunity for all attending the 29th World Conference of the International Union against Tuberculosis and Lung Diseases (IUATLD/UICTMR) to hear results from international studies updating the current situation of multidrug-resistant tuberculosis (MDR-TB) worldwide. Recent reports detailing the rise of MDR-TB around the globe are frightening in their depiction of a disease that has the potential of affecting so many, and costing so much. One person in three throughout the world has been infected with the tubercle bacillus and is at risk of developing the disease at some future time. Each year, around 100 million people are infected, and of these, 10 million will actually develop the disease. Three million a year will die. Our complacency about this disease has certainly been unjustified, and we now have to live with the alarming fact that more people died from TB last year than in any previous year in history. This symposium, therefore, represents an emerging appreciation for the questions and problems posed by MDR-TB.

We were fortunate to listen to data from the WHO/IUATLD survey which helped set the scene for what we are now facing, and what is likely to develop. The causes for this situation were discussed and we realize that physicians need to take responsibility for ensuring compliance by initiating directly observed therapy (DOT) wherever possible. This was emphasized strongly in the paper from Dr Yew, who drew on his wide experience to provide an informative and successful look at DOT, short course (DOTS), which he described as the best way to prevent MDR-TB from developing.

New therapeutic regimens were then presented, with data from both Thailand, presented by Dr Maranetra, and Indonesia, from Dr Hadiarto outlining the latest clinical results using the fluoroquinolone ofloxacin. Both of these trials were successful, with ofloxacin proving it has a clear role in helping to manage MDR-TB. The Thailand trial used a dose of 600 mg/day combined with other standard agents, while 400 mg daily was utilized in Indonesia. Further results from these trials are keenly anticipated which I am sure

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0009-3157/99/0458-0044\$17.50/0

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will help further clarify the optimum dosage and duration of treatment of ofloxacin in this setting.

I personally was extremely pleased to see the very thoughtful research going on, and can only echo Dr Espinal's comments, from the WHO, that we need more hard data about this disease. I do not want to be in the situation of causing undue alarm about the possible problems with MDR-TB; but, on the other hand, we need to be alert to the potential implications this poses for us all. These implications include the possibility that your community could be caught up in a New-York-City-style outbreak but without the ability of having the federal government coming to your rescue with one billion dollars of aid. Without such large injections of cash, which are simply out of the question in most developing countries,

we could have incredibly large outbreaks of MDR-TB fueled by HIV infections and AIDS in the community. I commend all of the speakers for their work, and thank the WHO and IUATLD who initiated this survey. In the future, I hope more areas will be covered.

We need to ensure that patients presenting with initial TB are treated effectively and adequately to stop them from developing MDR-TB in the first place. Prevention through standardized practice guidelines cannot be highlighted enough, as the cost of treating a patient with TB is incomparably cheaper than the problems and costs involved in treating a case of MDR-TB. Therefore, please take from these proceedings not only information of how to best handle your MDR-TB patients, but also the will to ensure that such disease is prevented in the first place.