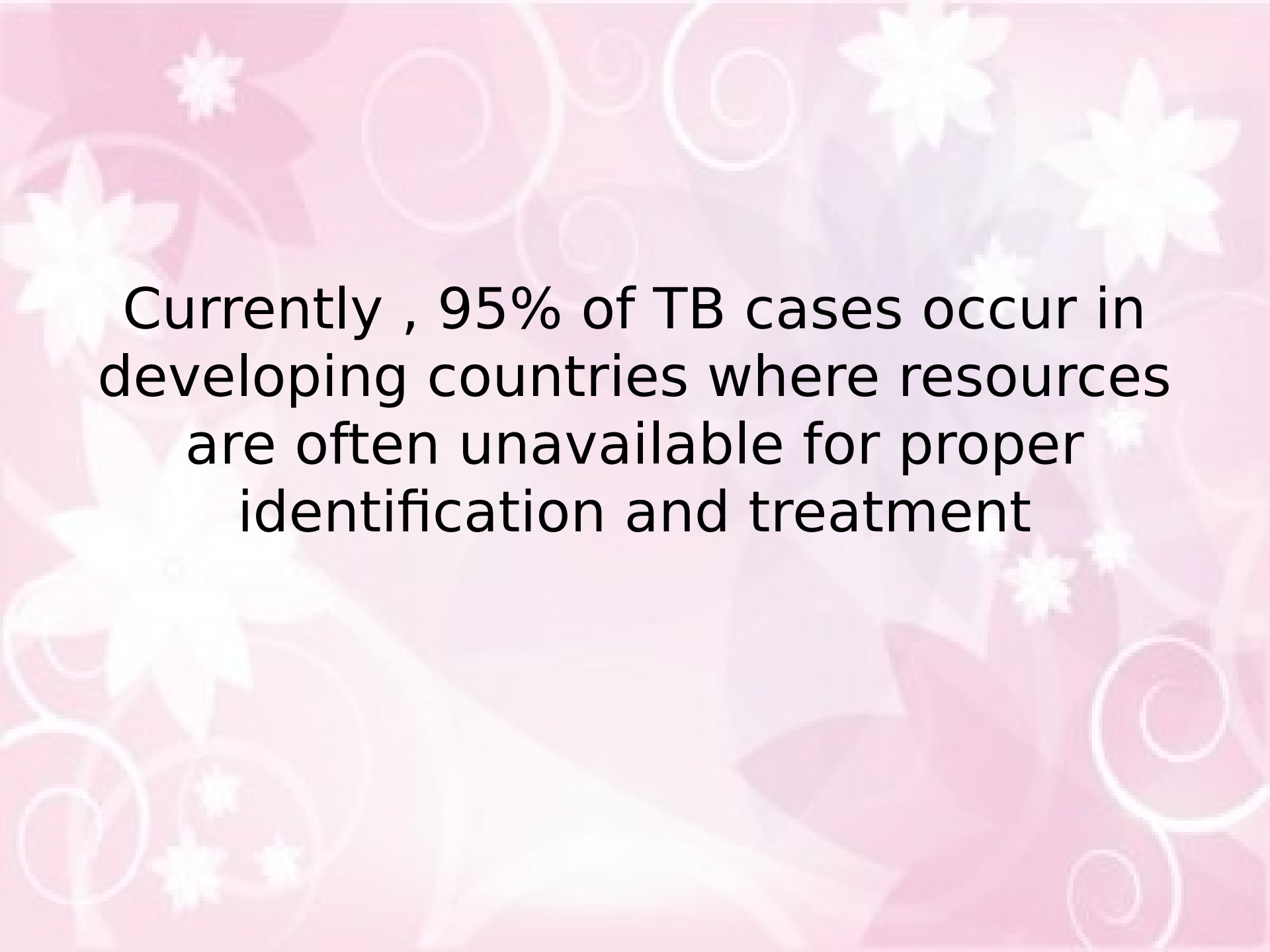


Tuberculosis

During the last decade of the 20th century
the number of new cases of TB increase world w



Currently , 95% of TB cases occur in developing countries where resources are often unavailable for proper identification and treatment

- WHO estimates that 30% of the world's population (about 2 billion) is infected with TB
- more than 80% of TB occur and that approximately 2 million people die of TB world wide each year.
- almost 1.3 million cases and 450,000 deaths occur in children each year

**The global burden of TB
continuous to grow owing to
several factors including:**

1. The impact of HIV epidemics
2. Population migration patterns
3. Increasing poverty
4. Crowded living condition
5. Inadequate health coverage and poor access to health services
6. Inefficient TB control programs

Classification of TB cases

1. New cases
2. Relapsing cases
3. Chronic cases
4. Failure cases

New cases

- Those patient who are newly diagnosed and *never* takes anti-TB drugs or use it for less than one month.

Relapsing cases

- Those patient who **successfully treated** by anti-TB drugs and then develop symptoms of TB, with positive sputum by stain or culture.

Chronic cases

- Patient who have **positive test after full course** of treatment

Categories of treatment

Treatment regimen		tuberculosis	category
2 nd state	1 st state		
4 RH	2 RHZE	All new cases for adults	Category I
4 RH	2 RHZ	All new cases for children	
5 RHE	2 RHZES / 1 RHZE	Relapse or failure cases of pulmonary TB	category II
6 EH	3 EHS	Extra-pulmonary	Category III

Selected regimens for treatment of TB meningitis in children

Reference	Continuation phase	Intensive phase
WHO guidelines	4 HR	2 HRZS
American Academy	7 - 10 HR	2 HRZ(S or E)

Multi-drug resistance TB (category IV)

- At least 3-5 previously not resistant drugs
- Levofloxacin, best suited long term and should be included in the regimen.
- Continue treatment for 18-24 months after sputum culture conversion.

Dose

- The dose is calculated according to body weight.
- Single dose before breakfast.
- The treatment should be taken under direct observation(DOTS)

Pregnancy and breast feeding

- The only contraindication is **streptomycin**

Anti-TB medication in liver disease

- **Isoniazid** is contraindicated in acute liver injury.
- **Pyrazinamide** is contraindicated in severe liver damage.

Anti-TB medication in renal impairment

- RHZ is safe for patient for renal impairment.
- Ethambutol & Streptomycin are nephrotoxic.

THANK YOU

