
ISID 2022 - Poster Acceptance - Registration Deadline Extended

4 messages

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To: Nadia Atiya <nadia.atiya@ummc.edu.my>

Fri, Oct 7, 2022 at 4:16 PM



Dear Dr. Nadia Atiya,

We thank you for your interest in the forthcoming **International Congress on Infectious Diseases (ISID 2022)** to be held **17-20 November in Kuala Lumpur, Malaysia**.

On behalf of the Scientific Program Committee, we are delighted to confirm that your abstract has been selected for a **Poster**.

Please see your details:

Abstract Number: 504

Abstract Title: PATTERNS AND TRENDS IN FIRST-LINE ANTI-TUBERCULOSIS DRUG RESISTANCE IN A MAJOR MALAYSIAN TERTIARY TEACHING HOSPITAL OVER A 4-YEAR PERIOD (2017-2020)

Presenting Author: Charles Li Qi Gunn

Further information on how to prepare your Poster will be sent to you in due course.

Please note that the program is a subject to change. We recommend visiting the Congress [website](#) regularly for any updates or changes to the scientific program.

CONFIRMATION OF ATTENDANCE AND REGISTRATION TO THE CONGRESS

The presenting author must confirm his/her attendance by registering for the Congress by [Saturday, October 15, 2022](#).

In case you are unable to present the abstract, please indicate which co-author will do so. This person will have to register for the Congress.

If you have not already registered and paid your registration fee, you are requested to do so online via this [link](#). **Please note:** Only abstracts of presenters who have registered and paid their fees by the above deadline will be included in the final congress program.

Please disregard the above step if you have an existing registration or have paid a registration fee. Your registration has been automatically renewed.

In case you are registering for the Congress as part of a group, please let us know the group name and organiser, so that we may update our records and avoid deleting your abstract from the program.

Please visit the [Congress website](#) to learn more.

Yours Sincerely,

ISID 2022 Kuala Lumpur Congress Secretariat

Abstract 504

PATTERNS AND TRENDS IN FIRST-LINE ANTI-TUBERCULOSIS DRUG RESISTANCE IN A MAJOR MALAYSIAN TERTIARY TEACHING HOSPITAL OVER A 4-YEAR PERIOD (2017-2020)

Type: Abstract Submission

Topic: AS47 Tuberculosis & Other Mycobacterial Infections

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Intro

Drug-resistant tuberculosis is a significant contributor to antimicrobial resistance globally. Despite tuberculosis (TB) being endemic in Malaysia, there is limited published data from Malaysia on anti-TB drug resistance. This study aims to determine the patterns and trends in first-line anti-TB drug resistance in a major Malaysian tertiary teaching hospital.

Methods

A retrospective observational study was conducted on all patients who were diagnosed with culture-confirmed tuberculosis at the University of Malaya Medical Centre, Kuala Lumpur, Malaysia, between 1 January 2017 – 31 December 2020. Patients were identified from the microbiology laboratory database. The medical records of the patients were reviewed, and the following data were collected using a standardised data collection form: demographic data and first-line anti-TB drug resistance patterns.

Findings

Over the 4-year study period, a total of 675 non-duplicate *Mycobacterium tuberculosis* isolates were identified from the clinical specimens of 675 patients, of whom the majority were men (64.3%) and between 18-40 years of age (39.9%). Only 8.3% of the isolates were resistant to at least one of the first-line anti-TB drugs tested. The most common form of first-line anti-TB drug resistance was resistance to streptomycin (4.0%), followed by resistance to isoniazid (3.6%), resistance to ethambutol (2.7%) and resistance to rifampicin (1.5%). Multidrug-resistant TB (MDR-TB) accounted for only 0.9% of the isolates. Between 2017 and 2020, there was an overall increase in the prevalence of resistance to at least one of the first-line anti-TB drugs (7.4% to 12.0%), rifampicin-resistant TB (RR-TB) (1.3% to 3.3%) and isoniazid-resistant TB (Hr-TB) (3.9% to 4.3%). However, there was no increase in the prevalence of MDR-TB (1.3%).

Discussion**Conclusion**

The prevalence of MDR-TB in our study cohort remained low and stable over the 4-year study period. However, given the increase in RR-TB and Hr-TB rates, active and continuous surveillance of trends in anti-TB drug resistance is warranted.

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