

L. Todoriko, G. Popescu, M. Dumitru, I. Semianiv, E. Lesnic, I. Ieremenchuk HIGH-RISK GROUPS FOR DRUG-RESISTANT TUBERCULOSIS FROM CHISINAU CITY, IASI COUNTY AND CHERNIVTSI REGION

*Higher State Educational Establishment of Ukraine "Bukovinian State Medical University", Chernivtsi, Ukraine
Romania TB Patients Association, Bucharest, Romania
"Marius Nasta" Pneumology Institute, Bucharest, Romania
State University of Medicine and Pharmacy Nicolae Testemițanu, Chisinau, Republic of Moldova*

The burden of TB is measured in terms of incidence, prevalence and mortality. Multiple causes are contributing to this rapid decline of recorded values: low rate of high risks groups investigated in the frame of active t screening (annual chest radiological examination), high rate of migrant population inaccessible for screening procedures, low health care seeking behavior of the population, high rate of citizens without health insurance and low accessibility to health care services.

The aim of the study was the costing in comparative assessment of pulmonary tuberculosis cases diagnosed through microbiological Chisinau city, Iasi county and Chernivtsi.

Material and method

It was performed a retrospective, selective, randomized, and descriptive study of risk factors for development of drug-resistant TB.

Results

Hierarchy of risk groups according to the widest rate of patients identified that the biggest impact on the developing of active pulmonary drug-resistant TB determines: vulnerable economical state (unemployed, students, retired and disabled were three quarter of both groups), living in poor conditions (one half of CG and one third of IG), associated diseases (one

third of both groups), extreme poverty (homelessness), migration and alcohol abuse (the fifth part). The stratification of pulmonary drug-resistant TB patients established the primary target groups in frame of which must be performed awareness, education, and improvement of health behavior are: social and economical vulnerable groups, comorbid, migrants and alcohol abusers.

In the frame of those groups screening methods for TB are most efficient. In this context it is important to note a very low rate of family TB clusters affiliated to each investigated patient probably due to a low quality epidemiological cross-examination, rather than to the lack of closed (family) contacts. In a lower proportion were identified groups of patients with history of detention, chronic alcoholism, illicit drug use and psychiatric diseases. It is important to underline that from the total number of 28 patients with comorbidities, 12 (42,86 %) were HIV infected cases, and 4 (14,28 %) had diabetes mellitus.

Conclusions

Target groups including social risk groups, epidemiological endangered and specific groups of tuberculosis morbidity must receive community support in awareness, screening and adherence measures.

Table.

High-risk groups for drug-resistant tuberculosis

Risk groups	Chisinau group	Iasi group	Chernivtsi group
	n = 99 (M ± m %)	n = 100 (M ± m %)	n = 568 (M ± m)
Social groups			
Unemployed	57 (57,57 ± 4,36)	46 (46,00 ± 4,98)	277 (277 ± 21,14)
Low financial income	18 (18,18 ± 3,87)	25 (25 ± 4,33)	493 (493 ± 32,16)
Poor living conditions	40 (40,41 ± 4,92)	37 (37 ± 4,93)	312 (312 ± 16,9)
Homelessness	12 (12,12 ± 3,28)	5 (5 ± 2,18)	9 (9 ± 0,08)
Migrants	13 (13,13 ± 3,39)	3 (3 ± 1,76)	4 (4 ± 0,01)
History of detention	5 (5,05 ± 2,21)	0	0
Epidem. group			
Closed contacts	6 (6,06 ± 2,39)	15 (15 ± 3,57)	17 (17 ± 0,16)
Associated diseases, incl.	28 (28,28 ± 5,46)	29 (29 ± 4,53)	324 (324 ± 21,8)
HIV positive status	12 (42,86 ± 9,32)	1 (3,45 ± 3,38)	55 (55 ± 4,3)
Chronic alcoholism	7 (25,0 ± 8,18)	20 (68,97 ± 8,59)	66 (66 ± 8,6)
Psychiatric diseases	2 (7,14 ± 4,86)	4 (13,79 ± 6,41)	3 (3 ± 0,001)
Injection drug use	3 (10,71 ± 5,84)	0	7 (7 ± 0,02)
Diabetes mellitus	4 (14,28 ± 6,61)	4 (13,79 ± 6,41)	25 (25 ± 0,11)