Infection control, genetic assessment of drug resistance and drug susceptibility testing in the current management of multidrug/extensively-resistant tuberculosis (M/XDR-TB) in Europe: A tuberculosis network European Trialsgroup (TBNET) study

BOTHAMLEY, Graham H, LANGE, Christoph & TBnet study

JANSSENS, Jean-Paul (Collab.)

Abstract

Europe has the highest documented caseload and greatest increase in multidrug and extensively drug-resistant tuberculosis (M/XDR-TB) of all World Health Organization (WHO) regions. This survey examines how recommendations for M/XDR-TB management are being implemented.

Reference

BOTHAMLEY, Graham H, LANGE, Christoph & TBnet study, JANSSENS, Jean-Paul (Collab.). Infection control, genetic assessment of drug resistance and drug susceptibility testing in the current management of multidrug/extensively-resistant tuberculosis (M/XDR-TB) in Europe: A tuberculosis network European Trialsgroup (TBNET) study. Respiratory Medicine, 2017, vol. 132, p. 68-75

DOI : 10.1016/j.rmed.2017.09.007
PMID : 29229108

Available at:
http://archive-ouverte.unige.ch/unige:127786

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Questionnaire

Personal Data
1. Name/Surname
2. Address (Institution)
3. Email
4. Do you consent to taking part in this survey?
5. What is your grade:
   a. Senior doctor (consultant or above)
   b. Junior or middle grade doctor
   c. Other (please specify)
6. What is your main area of work
   a. Adult pulmonology
   b. Adult infectious diseases
   c. Adult/general medicine
   d. General practitioner
   e. Obstetrician
   f. Midwife
   g. Paediatrician
7. Where do you mainly work
   a. Private practice
   b. Primary care
   c. Regional Hospital
   d. District/General Hospital
   e. University Hospital
8. In which country do you work?

General data
9. Did you treat any patients with M/XDR-TB in your institution in the last year?
   a. If yes, how many M/XDR-TB patients did you see last year? (number)

Inpatient facilities
10. Do you have any inpatient facilities for treating MDRTB?
11. How many beds can be used for treating MDRTB? (number)
12. How many rooms are for just one person (single occupancy)? (number)
13. How many rooms have negative pressure ventilation/>6 changes of room air per hour? (number)
14. How many negative pressure rooms have an antechamber i.e. an entrance hall and then a second door to the room? (number)
15. How many negative pressure rooms have UV light for disinfecting air drawn from the room (number)

Outpatient facilities
16. Do you have outpatient facilities for treating M/XDR TB?
17. Do you have negative pressure ventilation for your bronchoscopy suite?
18. Do you have negative pressure ventilation where sputum can be obtained in an outpatient setting?
Laboratory facilities
19. Are sputum smears examined in a containment level 3 laboratory?
20. Does your hospital have facilities for solid mycobacterial culture (Lowenstein-Jensen slopes)?
21. Does your hospital have facilities for liquid culture?
22. Can your hospital do a PCR for rifampicin resistance on a sputum smear?
23. Estimate the percentage of drug sensitivity test results you receive >2 months after the start of treatment
24. Do you have access to a regional laboratory for drug sensitivity testing?
25. Can your regional/national laboratory do a PCR for rifampicin resistance on a sputum smear?
   a. If yes, what is the average time to receiving the result? (number of days)
26. Can your regional/national laboratory test for resistance to other FIRST LINE drugs on a sputum smear using PCR?
   a. If yes, what is the average time to receiving the result? (number of days)
27. Can your hospital test for resistance to SECOND LINE drugs on a sputum smear using PCR?
   a. If yes, what is the average time to receiving the result? (number of days)
28. Once there has been a positive TB culture, do you have to specifically request drug sensitivity testing on the culture (if so, tick YES) or is DST done automatically and the result sent to you (If so, tick NO)?
29. How many times in the last year did you have to contact the national/regional/local laboratory to request (number):
   a. The result of drug sensitivity testing?
   b. The results of a rifampicin resistant PCR (rpoB mutation presence or absence)?
   c. The results of second line drug sensitivities?
   d. An urgent PCR for second line resistance?
30. Does your laboratory give the specific mutations (e.g. gyrA as Ser95Thr, rrs as A14101G, C1401T or rpoB as 431Leu etc.) and/or just the conclusion (fluoroquinolone resistant, aminoglycoside resistant or rifampicin respectively)?