

Xpert MTB/RIF ® implementation in MSF projects

First results

Francis Varaine, Elisa Ardizzone MSF

GLI meeting

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Projects overview

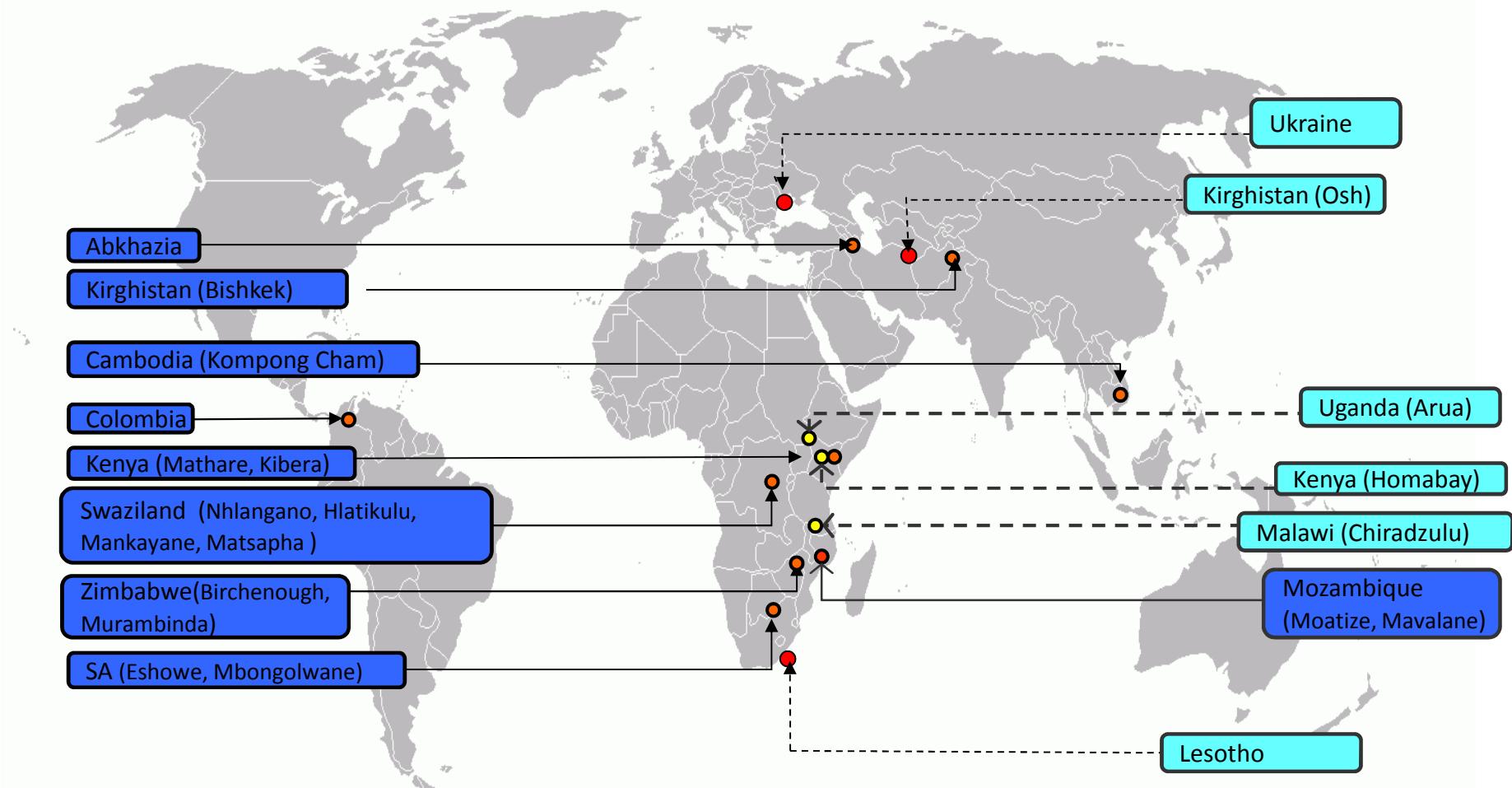
- First introduced in April 2011
- Routine clinical use in 16 projects, in 9 countries by end 2011
- Distribution by epidemiological situation

	High HIV	Low HIV	Total
High MDR	7	2	9
Low MDR	6	1	7
Total	13	3	

- Distribution by health facility level

- Regional	2
- District	7
- Sub-district	7

Xpert MTB/RIF® introduction



Objectives

- **Xpert MTB+/RIF results in routine MSF projects conditions**
 - Gain in specimens confirmation with Xpert compared to microscopy
 - Description of inconclusive results
- **Practical considerations and lessons learnt**

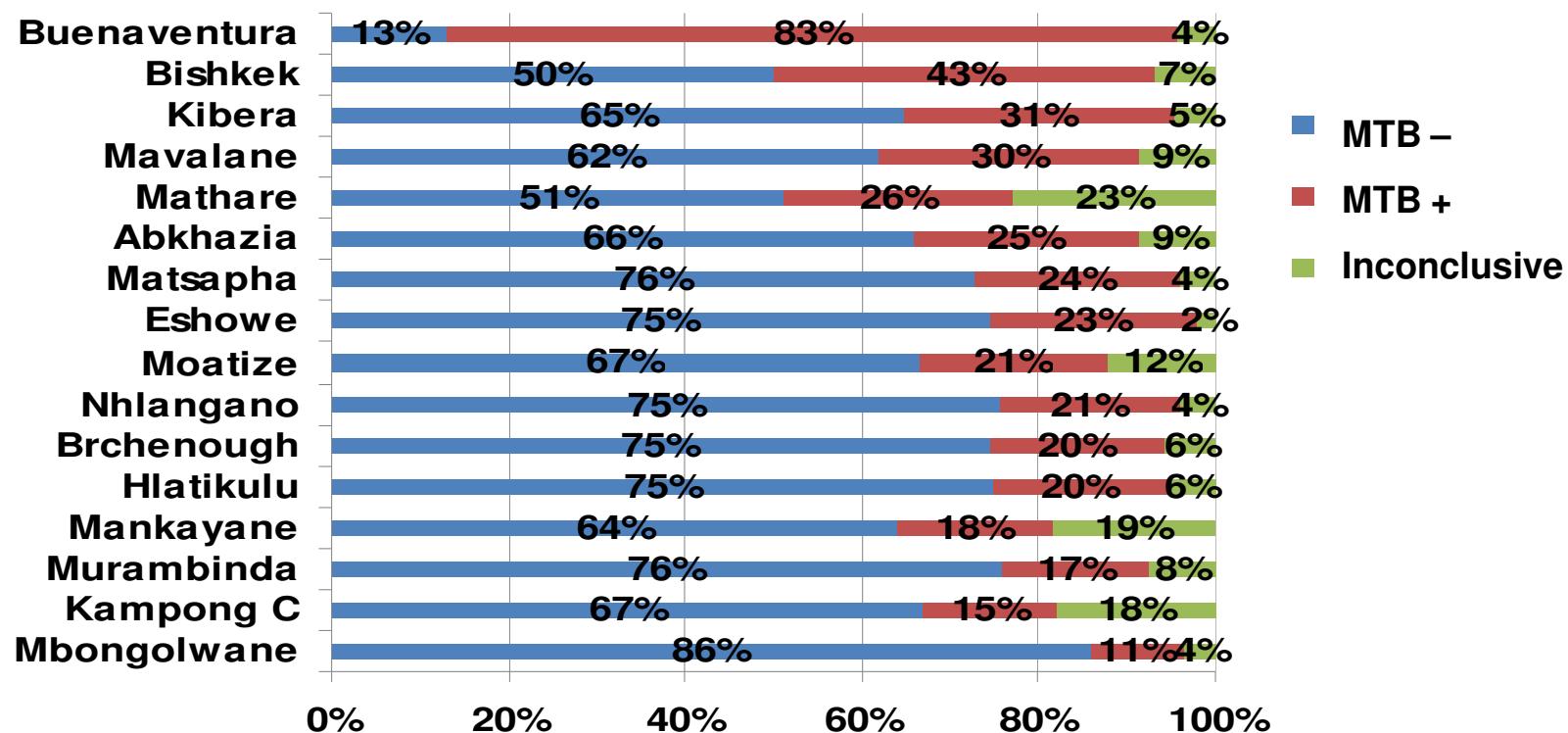
Methods

- **Data from laboratory registers and data system**
- **Sputum smear microscopy (SSM)**
 - Parallel testing in 14 projects
 - Fluorescence in 7 projects
 - Ziehl Neelsen in 7 projects
- **Two periods**
 - Initial period: April-August 2011
 - 2nd period: September-December 2011
- **Definitions**
 - **Positive SSM according to WHO recommendation (≥ 1 AFB)**
 - **Relative gain (%)**: additional number of laboratory confirmed samples by Xpert/number of samples confirmed by SSM
 - **Proportion of inconclusive Xpert results** : number of errors, invalid and no results/total number of samples tested by Xpert

Results

Xpert MTB results

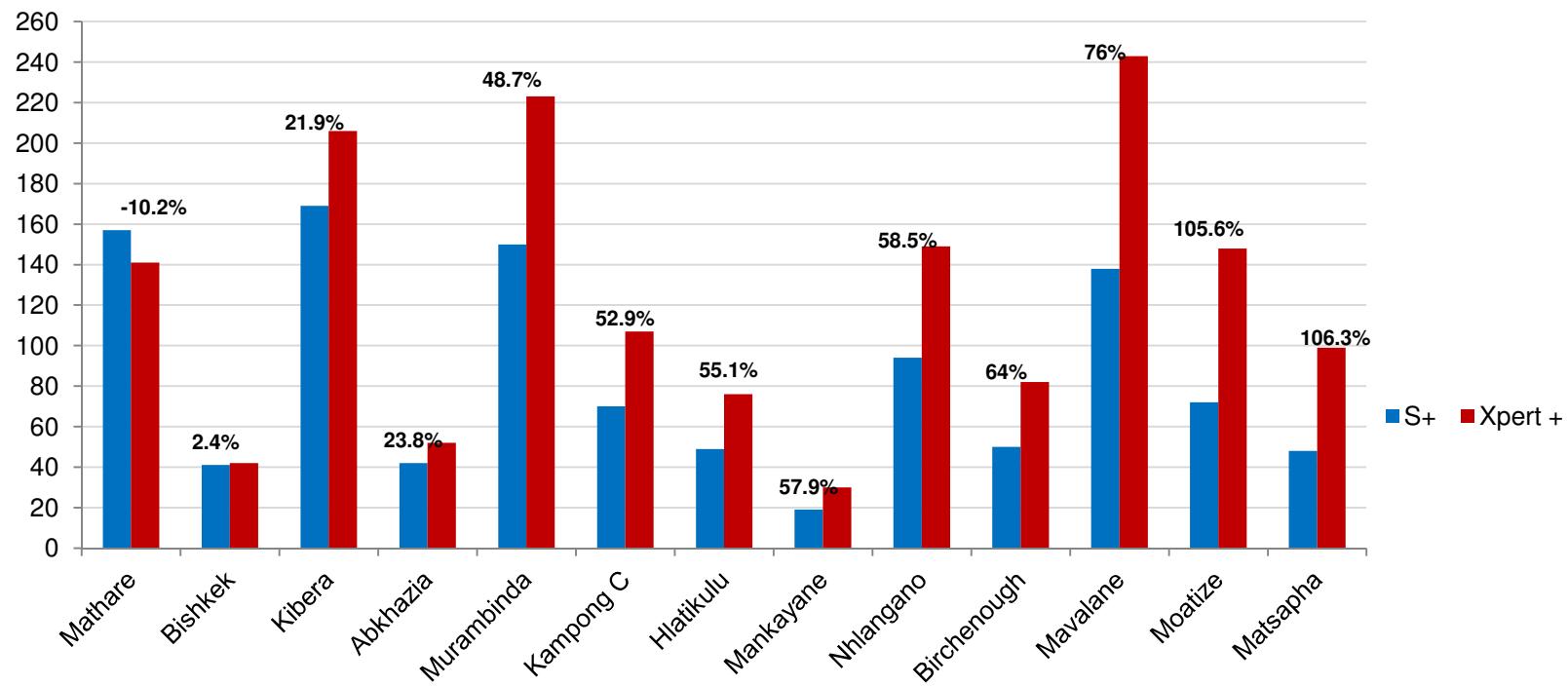
10,960 specimens in 16 projects (Apr-Dec. 2011)



- Different detection strategies
- Average Xpert MTB positivity rate 21% (11 to 43%) MTB+ results (Buenaventura exc.)

Relative gain vs SSM

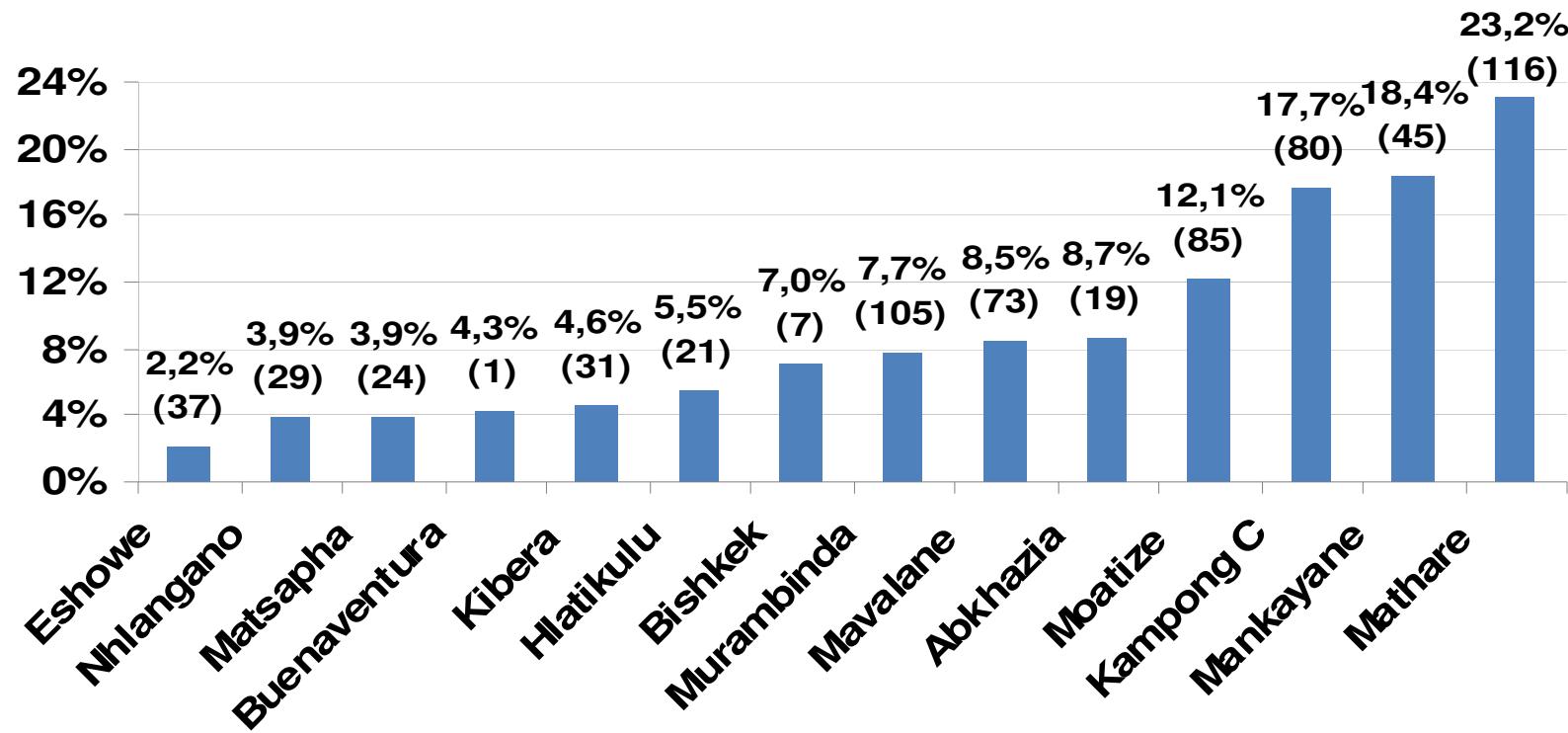
6,981 specimens in 13 projects (Apr-Dec. 2011)



- From 2 to 106% relative gain except for Mathare (-10%)
- 48 % average relative gain (27% vs. FM, 54% vs. ZN)
- Time to result: 1-3 days

Proportion of inconclusive results by projects

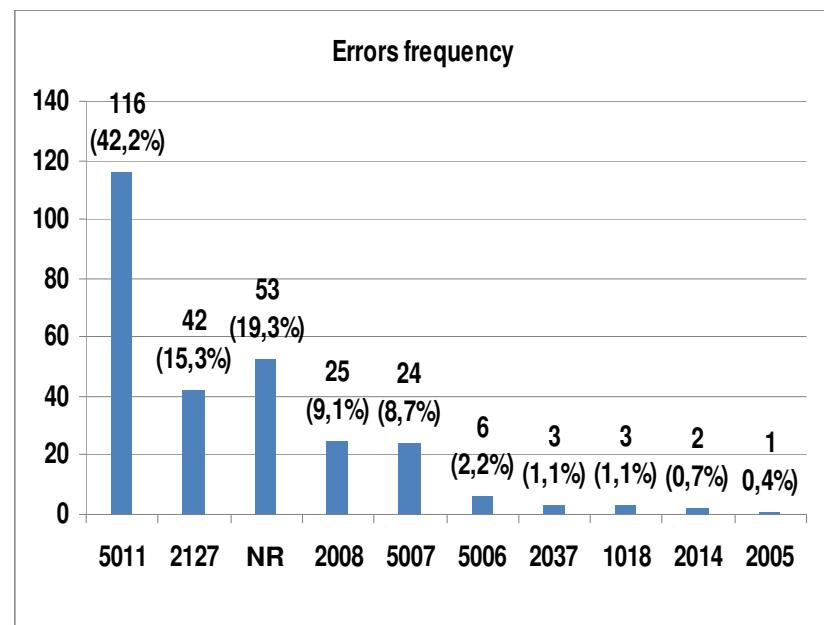
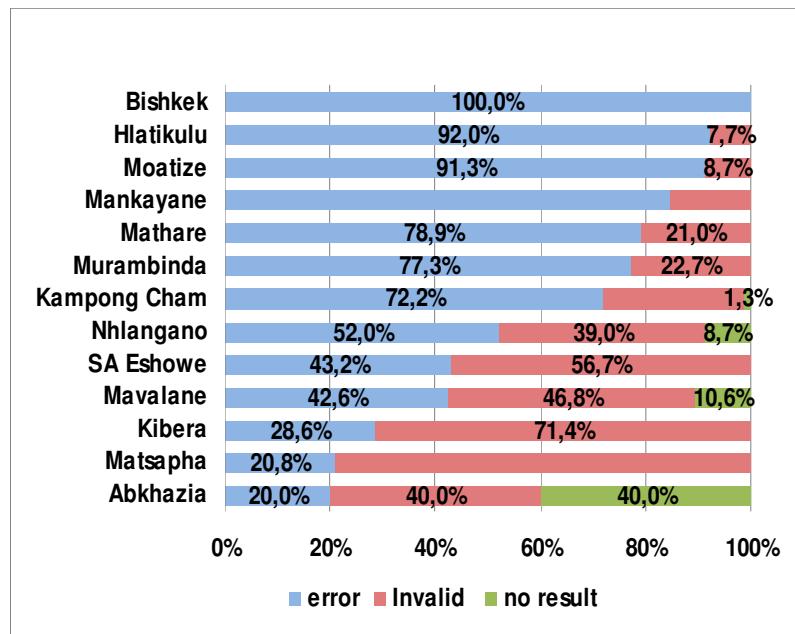
14 projects (Apr-Dec. 2011)



- Average inconclusive results : 7% (2-23%)
- Big variations across projects
- 10 modules changed since April
- Improved over time: Apr-Aug: 10%; Sept-Dec: 5%
- Sept-Dec: inconclusive results >5% in 7 projects

Types of inconclusive results

13 projects (Sept-Dec 2011)



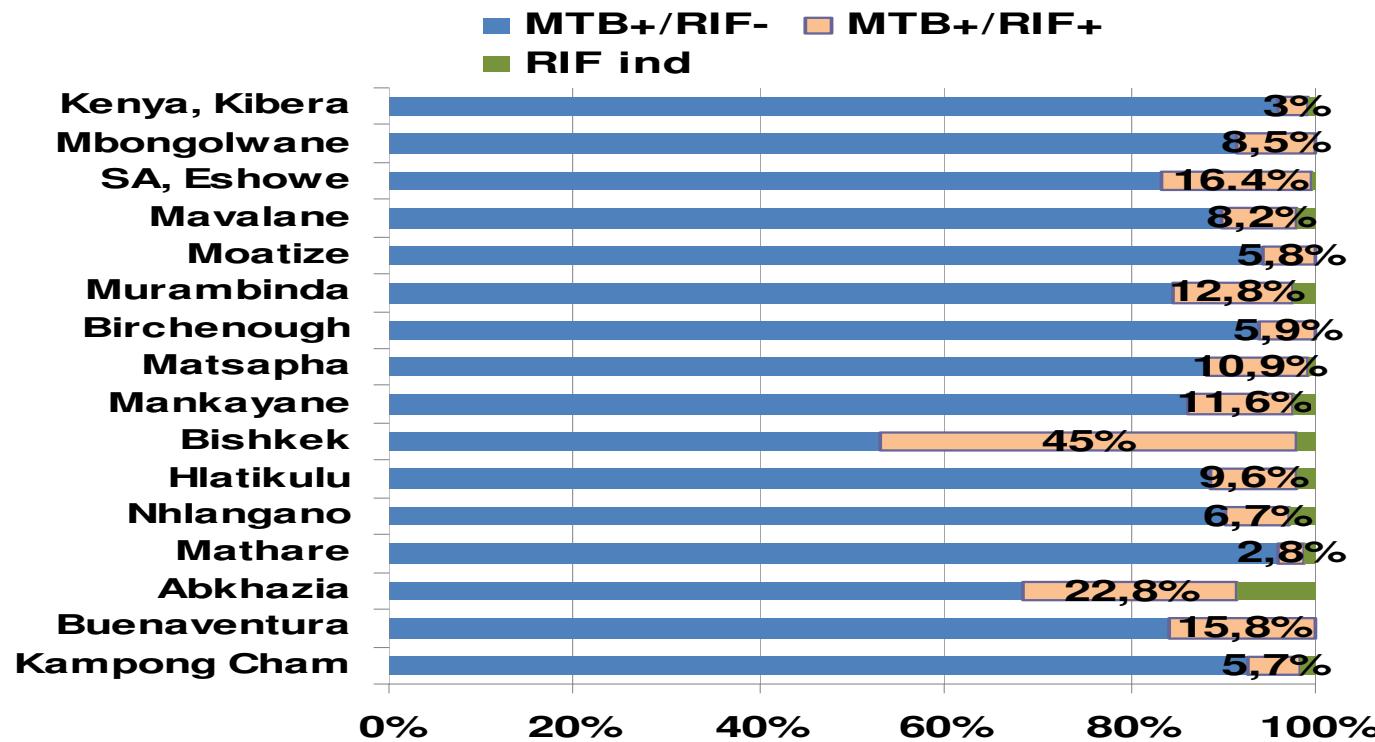
Wide variations across projects

Error: 63% (20-100%), Invalid: 33% (8-71%), No result: 4% (0-40%)

Most common errors: 5011, 2127

RIF results

1,450 MTB+ specimens in 16 projects (Sept-Dec. 2011)



Different detection strategies and Rif resistance prevalences

Proportion of RIF+ ranges 3- 45%

Average RIF indeterminate: 1.4%

Lessons from implementation

- **Relatively easy to use but not «plug and play» device**
- **Logistical and financial investment**
 - Devices and cartridges
 - Stable electricity power
 - Adequate conditions for operating procedures (temperature)
- **Limited decentralization**
- **Training is essential**
 - Specimen preparation
 - Diagnostic algorithms
 - MDR TB treatment
 - Proper data recording and reporting
- **Need for EQA reference laboratories for cultures and DST**

Conclusion

- **Significant increase in laboratory confirmation of TB**
- **Rapid screening of RIF resistant TB**
- **Real improvement in TB diagnostic**
- **High rates of inconclusive MTB results**
 - Still above 5% in 7/14 sites
 - Loss of confidence

Cost is a major barrier

Recommendations

- **Need impact studies on patients outcomes**
 - Time to treatment initiation
 - Impact on case detection
 - Impact on case management
- **Need cost effectiveness studies**

Continue research for a non sputum based POC test

Thank you

Thanks to:
Emmanuel Fajardo
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Céline Lastrucci



Results by SSM techniques

From 7 projects after 4 months introduction phase

Fluorescence microscopy (5 projects)

FM	Xpert MTB+	Xpert MTB-	Not Interpretable	Total
SSM+	292	16 5%	23	331
SSM-	130	1204	130	1465
TOTAL	422	1220	153 8%	1796

Positivity rate

Xpert : 23%

FM : 18% (p<0.001)

Relative increase vs. FM : 28 %

Ziehl Neelsen (2 projects)

ZN	Xpert MTB+	Xpert MTB-	Not Interpretable	Total
SSM+	49	3 5%	2	54
SSM-	34	296	32	362
TOTAL	83	299	34 8 %	416

Positivity rate

Xpert: 20%

ZN: 13% (p<0.001)

Relative increase vs. ZN : 54 %