

June 07-08, 2018  
London, UK

J Prev Infect Control 2018, Volume 4  
DOI: 10.21767/2471-8084-C1-003

## TUBERCULOSIS OUTCOMES AT KING ABDULAZIZ MEDICAL CITY HOSPITAL

Rawabi Aljadani<sup>1</sup> and Anwar E Ahmed<sup>2</sup>

<sup>1</sup>King Abdulaziz Medical City, Saudi Arabia

<sup>2</sup>King Saud bin Abdulaziz University for Health Sciences, Saudi Arabia

**Statement of the Problem:** Infectious diseases are the most significant public health challenges in Saudi Arabia. The concern over such diseases has played a significant role in setting up research funding priorities of pivotal institutions such as King Abdulaziz City for Science and Technology (KACST). Tuberculosis (TB) is one of the primary challenges the Saudi healthcare system faces and continues to be a public health challenge in Saudi Arabia. The trends and outcomes of TB and multi-drug-resistant tuberculosis (MDR-TB) in King Abdulaziz Medical City hospital remain unaddressed. The purpose of this study is to estimate mortality rate among TB cases and to identifying factors associated with mortality.

**Methodology & Theoretical Orientation:** This is a retrospective cohort study of 713 new TB cases at King Abdulaziz Medical City, Riyadh diagnosed between January 1, 2000 and December 31, 2016. Patient charts, microbiology and virology lab databases were used to identify TB cases. We retrieved data on demographic, diagnosis, comorbidity, and mortality.

**Findings:** Of the 713 TB patients included in this study 110 died giving an average mortality rate of 22 per 1000 person-years (95% CI: 18.2-26.4), elderly ( $\geq 60$  years) had higher mortality rate of 36.5 per 1000 person-years (95% CI: 28.9-45.5). The adjusted hazard of death was higher among males (adjusted hazard ratio (aHR): 1.901 [95% CI: 1.075-3.362,  $P = 0.027$ ]), older patients (aHR: 1.019 [95% CI: 1.003-1.035,  $P = 0.021$ ]), patients with lung disease (aHR: 3.853 [95% CI: 1.702-8.722,  $P = 0.001$ ]), heart disease (aHR: 2.026 [95% CI: 1.089-3.772,  $P = 0.026$ ]), cancer (aHR: 4.268 [95% CI: 2.268-8.032,  $P = 0.001$ ]) and renal disease (aHR: 2.758 [95% CI: 1.529-4.976,  $P = 0.001$ ]).

**Conclusion & Significance:** TB was associated with high mortality rate, especially among males, elderly, and patients with comorbidities, including: lung disease, heart disease, cancer, and renal disease.

raar\_66@hotmail.com