

Abstract

TB is a major cause of death among people living with human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS). Multi drug resistant tuberculosis (MDR-TB) accounts for up to 14 % of all these T.B cases. In this study; Sputa from patients with bacteriologically confirmed pulmonary tuberculosis (PTB) were cultured on Mycobacterium Growth Indicator Tube (MGIT) media. Strains of MTB complex from MGIT were subjected to drug susceptibility testing for isoniazid, Rifampicin, Streptomycin, and Ethambutol using the proportional method on (MGIT). The CD4 cell counts were obtained from the Maryland laboratory registers. The results show that the Median CD4 count was 286 . A total of 51 (37.0%) patients had CD4 count (<200) while 87 (63.0%) had CD4 count >200.

Patients with CD4 count <200 were 42 (82.4%) and 70 (80.5%) with CD4 count >200 were fully sensitive to all anti-tuberculosis drugs tested. Resistance patterns among patients with CD4 count of <200 was as follows; isoniazid 6 (11.8%), rifampicin 5 (9.8%), ethambutol 4 (7.8%), streptomycin 3 (5.9%). Among patients with CD4 count >200 the resistance pattern was isoniazid 10 (11.5%), ethambutol 7 (8.0%), rifampicin 4 (4.6%), and streptomycin 4 (4.6%) (Table 1). Three (5.9%), and 3 (3.4%) isolates from patients with CD4 count <200, and those with CD4 count >200 respectively, had multidrug resistant TB (MDR TB) defined as resistant to both isoniazid and rifampicin. Our study concluded that there were no significant associations between the various resistant patterns and levels of CD4.