

Vuka! Let's unite towards a TB-free world!

9th SA
TB
Conference
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New and Repurposed TB Drugs – keeping up with changes, a Quality Assurance perspective

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Background

**Technical manual
for drug susceptibility
testing of medicines
used in the treatment
of tuberculosis**



WHO 2018¹

- Quality Management System (QMS) & Proficiency Testing (PT/EQA)
 - essential components of organizational quality requirements and diagnostic testing services^{1,2}
- PT performance, ongoing quality improvements, Root-Cause-Analysis (RCA) and corrective actions (CA) are vital for sustainable QA processes & accurate, reliable results → Clinicians depend on diagnostic results to efficiently manage patient treatment outcomes

**2017 -
2018**

WHO TB
Program
and
External
Review
Group
Meeting

2018

WHO
Revised &
established
new CC & CB
for New &
Repurposed
TB Drugs
**FLQ, BDQ,
LZD, CFZ**

2018

**No pDST
commercial
assays
available for
New &
Repurposed
drugs**

**Aug
2018**

NHLS/NICD
TB Expert
Group
standardize
pDST for
NHLS TB
Referral
Labs

**Sept
2018**

Implement
WHO new
CC + CB &
SA NDoH TB
diagnostic
& treatment
algorithms

2019

CTB,
NICD
NHLS TB
Inter-lab
PT/EQA
started
**LVX,
BDQ,
LZD**



Aims and Objectives

- Verification and implementation of standardised pDST for 2nd-line, new & repurposed TB drugs with revised Critical Concentrations (CC) as per WHO recommendations and South African TB diagnostic and treatment algorithms



In order to

- To establish an inter-lab PT for NHLS TB Referral Laboratories of pDST for LVX, BDQ & LNZ with revised CC

in the absence of any commercial assays for pDST



Methods

Participant Labs

- CTB NTBRL, NICD
- 6 NHLS TB Referral Labs

PT Panels

- Characterised MTBC strains
- BD MGIT³ 960 pDST
- LVX, BDQ LZD



BD MGIT TUBE



BD PACT LJ

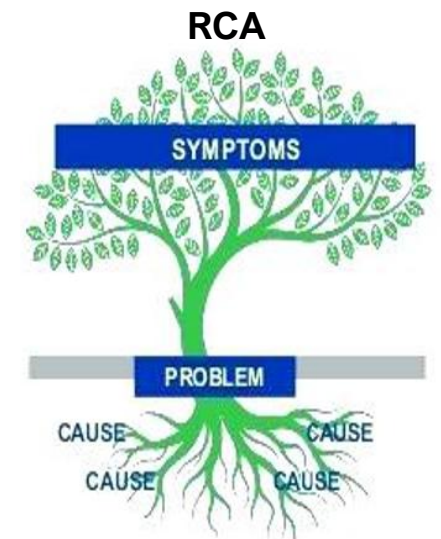
Analysis done by CTB, NICD

MGIT pDST consensus evaluation of majority findings

- Target score of **≥80%** acceptable
- Reproducibility assessment **≥95%** acceptable
- Error classification
 - Major Error (ME) = False Resistant
 - Very Major Error (**VME**) = **False Susceptible**
- Root-Cause-Analysis (**RCA**), corrective actions

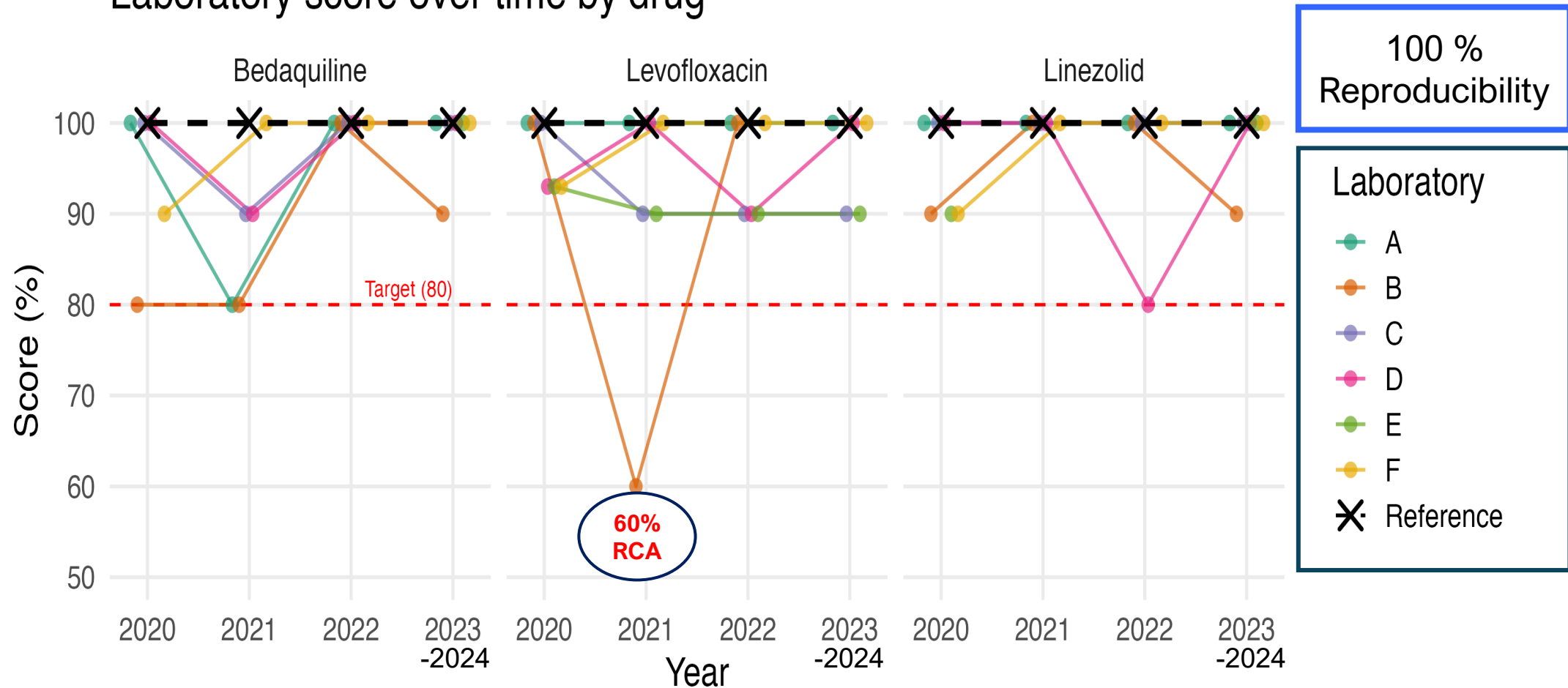


BD MGIT 960®



Results Summary 2020 to 2024

Laboratory score over time by drug



Key findings and Recommendations

- From 2020 to 2024 most participating laboratories scored >80% pDST with 1 participant laboratory scoring 100% for all panels
- In 2021, after RCA with Participant B it was found lab was ***not testing*** pDST as per BD manual → within 0 – 5 days MGIT positivity
- **BD BDQ kit is the only *commercial assay currently available for pDST for New TB drugs***
- Proficiency in pDST quality assurance programs ensures accuracy of results for laboratory diagnosis.
- Quality assurance is therefore crucial as it ensures the reliability and reproducibility of pDST results.
- This Inter-lab program has been integrated into CTB/NTBRL, NICD responsibilities and is provided to NHLS TB Referral laboratories annually.

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Academic, Universitas

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3. Salman H. Siddiqi, Ph.D. (BD Fellow, Sparks, Maryland, USA) and Sabine Rüscher-Gerdes, Ph.D. (Director, National Reference Center for Mycobacteria, Borstel, Germany), Becton Dickinson (BD) MGIT™ Procedure Manual July 2006



Thank you