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**Background and setting:** Manila, Philippines, a TB high-burden country with a Green Light Committee approved Programmatic MDR-TB Management project.

**Objective and methods:** To describe the rate of extensively-drug resistant tuberculosis (XDR-TB), that is MDR-TB with resistance to a fluoroquinolone (FQ) plus an injectable second line anti-TB drug (SLD) among patients screened and treated for MDR-TB from 1999-2006 at the Makati Medical Center (MMC).

Results:Of 1082 confirmed MDR-TB cases, 37 (3.4%) were XDR-TB. Of the remaining, 459 (42.4%) had resistance to either a FQ or a second-line injectable agent (IA), and 586 (54.2%) had no resistance to SLDS. Only 521 (48%) cases were enrolled to treatment and outcome was available in 333. Cure was noted in 48% of 21 XDRs, 59% in 137 FQ or IA resistance, and 64% in 175 with no SLD resistance. Failure was 10%, 5%, and 5%, respectively, and death was 23%, 17% and 15%, respectively. Default was high at 19%, 19% and 16%, respectively. The overall cure rate of all those who remained on treatment, was 74% and those who died or failed combined was 26%. Among XDR-TB, the corresponding figures for the outcomes were 59% and 41%, respectively, compared to 75% and 25%, respectively, for non-XDR-TB. The odds for either cure or unfavorable outcome were not significantly different in XDR-TB from non-XDR.

**Conclusion:** XDR-TB exists in the Philippines and was noted in 3.4% of MDR-TB patients diagnosed. Although not statistically significant, there is a trend towards higher odds of a negative outcome among XDR-TB compared to non-XDR-TB patients in a setting with low HIV prevalence.

	Number		Treatment outcome		
		With	Cured Failed Died Defaulted		
	Enrolled	outcome	(%) (%) (%) (%)		
XDR	24	21	10(48) 2(9) 5(24) 4(19)		
Non-XDR					
*Resistant to FQ or IA	220	137	81(59) 7(5) 23(17) 26(19)		
*No SLD resistance	277	175	112(64) 8(5) 27(15) 28(16)		
Total	521	333	203(61) 17(5) 55(17) 58(17)		