

South Africa Still Struggling with Deadly TB-HIV Epidemic

BY: RAY SUAREZ



Cape Town,

South Africa (Photo courtesy United Nations)

Thursday is World Tuberculosis Day. Ray Suarez reported on the toll of the deadly airborne disease in South Africa in 2009 as one of his first stories with the global health unit. He reflects on that experience and gets an update from the South African health minister:

One of the saddest parts of an already sobering reporting trip to South Africa in 2009 was a visit to a tuberculosis hospital on the outskirts of Durban, on the country's Indian Ocean coast.

What had begun as a separate basement ward to isolate multiple drug-resistant tuberculosis patients had long since burst out its confines to gradually take over the entire hospital, and spread into trailers in a fenced-off section of the parking lot.

Rising eleven stories from the entrance lobby, the whole place now housed multiple drug-resistant (MDR) patients--or those infected with a form of the disease immune to the two main drugs--and extensively-resistant tuberculosis (XDR), which is immune to all the first-line drugs and at least one of the next group.

With extensive intervention and expensive treatment, MDR-TB can be survived. In South Africa, the life expectancy for XDR patients is two years. My videographer, Denis Levkovich, and I donned heavy-duty masks and surgical gloves for a tour of the hospital. Throughout the wards thin, exhausted men in pajamas and hospital gowns laid in beds, coughing and staring at the ceiling.

This hospital offered a tiny glimpse of South Africa's terrible burden: high rates of tuberculosis, HIV, and co-infection. The country's health minister, Dr. Aaron Motsoaledi, spoke with the NewsHour this week for an update on the situation.

He explained why the disease has been so difficult to slow down in South Africa:

The biggest contributing factor is our very high HIV burden, as you know we have got one of the highest burdens of HIV/AIDS in the world and there is a very clear relationship between HIV and TB and that is why our TB situation has spun out of control.

The second factor is that the primary health care as we used to practice in South Africa is no longer as strong as we want it to be, because primary health care builds the promotion of prevention of disease, rather than curative care. The South African health system now is much more curative than it should be, and you can't combat things like HIV and TB with that type of system and that is what we are looking to reengineer and change.

South Africa's co-infection problem brings together two of the world's most dangerous infectious disease threats. Widespread HIV infection lowers resistance in large numbers of adults, and goes undiagnosed in hundreds of thousands. Add high ambient levels of undiagnosed tuberculosis, and you get a public health disaster, that the minister sees as deeply intertwined, and hard to address.

"In South Africa we are regarding HIV/AIDS and TB as two sides of the same coin," Motsoaledi said. "We are trying to deal with them together, we are trying to build a plan, together with the help of UNAIDS and the World Health Organization whereby HIV/AIDS and TB are dealt with and treated under one roof, as the same disease presenting in different ways."

The high rates of MDR and XDR tuberculosis are particularly threatening. Already under diagnosed...already hard to treat...the more difficult forms of the disease could break out into the wider population to create a runaway epidemic. While MDR/XDR patients require expensive long term hospital treatment and more expensive drug treatments, tomorrow's serious cases are percolating outside the hospital walls.

TB drugs have to be taken for a long time, and they must be taken with food. In too many cases, South Africans stop taking their medicine when they don't have enough to eat, or

when they find they feel better and no longer want to risk the nausea. If there's no one to stay on their backs, patients are lost to the system, still tuberculosis infected, and now developing more powerful strains of the disease thanks to an incomplete course of drugs.

There have been encouraging results from what's called "DOT," directly observed therapy, making sure people take their medicine until they're cured. New treatment facilities are under construction, and the importance of taking your medicine is stressed with every patient.

However, the health minister was reluctant to claim victory in slowing the spread of drug-resistant strains.

"We are trying to make headway, the Global Fund is giving us money, to the tune of 100 million Rand (\$14.4 million US), to put up one MDR hospital in each and every province," Motsoaledi said. "Those hospitals have been finished, and some of them are being unveiled [today]. And we will try to remove people with MDR [from other hospitals] and keep them in an environment where it will be easier to bring an end to MDR. But they are also starting the process of house visits to pick up contacts of TB cases, something that was also not happening in the past. We have already visited 18,000 families just this past month to make sure people who have contact with TB patients are also screened and treated."

It is hard to overstate the challenge. South Africa is trying to address the social and economic distortions created by 70 years of apartheid. There aren't enough houses, enough schools, enough clinics, or enough factories. There's a lot of pent-up demand for a better life, and nowhere near enough national income to cover it all. A strong and healthy workforce would be a tremendous national asset to a country trying to catch up to rapidly developing countries around the world. Instead, South Africa is beset by health problems that even the richest countries on earth would find daunting and hard to treat. They are working hard, and have a long way to go