

Spotlight: Extensively drug-resistant TB: Controlling infection

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Years ago, the isolation of tuberculosis (TB) patients was seen as an effective way of preventing the spread of the disease. This method was later viewed as stigmatising and discriminatory and was discarded, giving way to a home-based care approach (HBC).

But as the number of cases of drug resistance strains of TB increase, isolation is once again gaining favour.

The 'isolation strategy' is now viewed by some experts as the key to many other intervention approaches if the spread of both multi-drug resistant tuberculosis (MDR-TB) and extensively drug-resistant TB (XDR-TB) is to be stopped.

According to Dr Daniel Kibuga, a medical officer with WHO's TB programme, "it is now incumbent upon hospital administrators to set aside functional MDR/XDR-TB patient wards away from visiting rooms for relatives and if any meeting between the two takes place that this happens in an open-air environment".

Kibuga says this will enhance the personal protection of both relatives and health-care workers against infection, reduce the concentration of infectious droplet nuclei and help reduce further patient exposure.

Dr Lindwe Mvusi, head of the South Africa TB programme, agrees and says isolation is now needed until there is notable culture conversion.

"People need to be made to cover their mouths when coughing automatically and the healthy should likewise do the same when they are around someone coughing without either party feeling stigmatised or discriminated against," she said, adding that hospitals should hold such patients for a minimum of six months.

Mvusi and Kibuga's comments are also backed up by Michel Gasana, the coordinator of the TB programme in Rwanda, who believes that extreme precautions are now needed in Africa, the continent most affected by TB and HIV, to deal with MDR/XDR-TB.

According to Gasana, it is becoming clear that many African countries don't understand the burden of MDR-TB as they have yet to carry out a survey of sensitivity to anti-TB drugs let alone build or renovate facilities and buy the necessary equipment in preparation for the war against MDR/XDR-TB.

Gasana says that while WHO claims increasing numbers of XDR-TB cases across Africa, only South Africa and Mozambique have admitted the presence of the disease. South Africa estimates that there have been about 481 cases of XDR-TB in the country while Mozambique has declared just two cases.

All three TB experts say MDR and XDR-TB pose an urgent challenge to TB programmes to look at their capacity, the suitability of their facilities for long-term patients and medico-legal and ethical issues.

Mvusi says hospitals also need to revise their building codes and ensure that wards are effectively ventilated and provided with ultra-violet (UV) lights. She says that while hospitals are places that help the sick, there are now numerous cases of carers and hospital staff becoming infected and has called for health-care facilities to provide personal protection to health-care workers and avoid overcrowding.

Home-based care

Touted by human rights activists as an effective means of providing psychosocial support to patients and minimizing the stigma and discrimination faced by many TB patients, home-based care management is no longer viewed as an option, by some experts, if MDR/XDR-TB are to be effectively tackled.

According to Mvusi, the increasing number of MDR-TB and XDR-TB cases has caused many people to question the feasibility of home-based care. Since overseeing a programme that has seen the number of MDR-TB cases refusing to drop, Mvusi called for across-the-board improvements in standards of home-based care if it is to be considered an effective TB management tool.

“Is it possible to have patients managed from home in a situation where this has failed and has led to drug resistance in the first place?” she asked, adding that as non-adherence to medication continued among some patients, the risk of the spread of drug-resistant strains increased.

According to Mvusi, it also costs more to care for a patient from home than it does to look after them in hospital, since health-care workers have to travel further to the patients and they are the only ones allowed to administer TB drugs under South African law.

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