

## **Stigma still a hindrance in TB prevention**

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MANILA - Last January, we tried to hire a stay-in nanny to help take care of our 7-month-old baby girl. As luck would have it, two nannies from the province said they wanted to apply for the job.

The first nanny, Jonalyn, 22, was a nursing mother who had to leave her child to find work in Manila. The second nanny, Lizette, 35, had quit her last job a few months back and had difficulty finding work.

Jonalyn was tall, thin, dusky and quick on her feet. Lizette was more heavysset, more matronly and a little slow to respond. Both girls were eager to start work. Although we only needed one nanny, we thought we could always ask our friends who also had small children to hire the other girl.

Unfortunately, we ended up hiring neither girl after they failed a simple test.

On their first day in Manila, we asked both of them to get chest x-rays.

Lizette's chest x-ray showed that she was positive for pulmonary tuberculosis (PTB). Since she would be caring for the baby as well as our 5-year-old child, we asked her to get the necessary medication and ensure that she was no longer infectious before coming back to work. She went home the same day that her x-ray results came in.

Jonalyn's x-ray showed a hazy outline on her lungs, which was a possible sign of tuberculosis infection. Since we were unsure, we asked her to take a sputum test as well as a skin test. It was the combined skin and sputum tests that would give her away, that she was also positive for TB.

Two weeks after both nannies showed up at our doorstep, we were back to square one and still had no babysitter to help us take care of our kids.

### **TB test for nannies**

When I told people about my problem with the aspiring nannies, they were surprised to hear that my wife and I had taken the trouble of getting them tested.

"Why go through the expense?" they would ask.

Inevitably, I would tell them that experience is a great teacher. And I would tell them, our first daughter was diagnosed with TB primary complex six months before her 4th birthday because her nanny had neglected to tell us that she was positive for TB.

My wife and I discovered this when we noticed that Mika, our first daughter, kept losing weight. She complained of having no appetite although she had eaten very little. Although she remained active, she played sports less because she was always getting tired and out of breath.

Alarmed, we brought her to the hospital for a routine check-up and found out that she was positive for pediatric TB. Her doctor asked us: Was there a history of TB in our family? Was there anyone in the family who could be positive for the illness?

"Because if you don't find out how she got it, then it would be hard for her to recover if she keeps getting exposed," her doctor said.

Her nanny would later confess that she had been diagnosed with TB several years ago but had never sought treatment. She said that since she did not seem to get any worse, she thought that the disease had just gone away.

Medical tests, however, would debunk her claim. Not only was she positive for TB, she was also a carrier. As a result, the entire family had to get tested if we had all been infected.

It also started a 6-month process of ensuring that my then 3-month-old daughter would take her medicine every day. Try asking a 3-year-old that she had to take strong and sometimes foul tasting medicine every day and you get the picture. My wife and I begged, ordered, cajoled and used every trick in the book to make sure that she would take it. Slowly, she started gaining weight again and on her 4th birthday she finished her treatment.

### **75 deaths a day**

Sadly, our experience is not an isolated one.

According to the 2009 World Health Organization (WHO) Global TB Report, the Philippines ranked ninth on the list of 22 high-burden TB countries in the world. It has the second highest number of cases in the WHO Western Pacific Region in 2007. In the same year, TB is considered the sixth greatest cause of morbidity and mortality in the country. At least 75 Filipinos die of TB every day.

Every year, thousands of children are diagnosed with primary complex or pediatric tuberculosis. An airborne disease, tuberculosis can easily be passed on by playmates, teachers, neighbors, nannies and even parents who may even be unaware that they are carrying the disease.

One thing I discovered about tuberculosis is the stigma involved. To be diagnosed with TB is like being marked with the scarlet letter of poverty. Many TB patients come from slum areas where overcrowding, poor hygiene, insufficient facilities for TB treatment and discontinued treatment due to frequent relocation of patients become factors in the spread of the disease.

One of the wannabe nannies for our daughters confirmed this stigma about TB. When we told the two prospective nannies about our decision that they take chest x-rays, Lizette insisted that she was fine and didn't need an x-ray.

When her test came back positive, we asked her if she knew that she had TB. As it turned out, she had stopped work in her previous job because of the illness. Taking several months off work was her treatment for TB because the drugs were too expensive.

Asked why she didn't tell us about the illness, she replied: "Because you wouldn't let me work for you if I did. "

### **Multi-drug resistant TB**

Over the years, the Department of Health has made significant gains against tuberculosis. Under the directly observed treatment short-course program (DOTS), TB patients who avail of free anti-TB drugs at a local health center now have to take the medicine in front of a health worker to ensure proper compliance with the entire treatment program.

Before the DOTS implementation, people often got their drugs for free at health centers and then sold them once they started to feel better.

Dr. Eric Tayag, head of the DOH National Epidemiology Center, said this practice led to a rise in multi-drug resistant tuberculosis, which is harder and more expensive to treat than regular TB. A patient taking the full regimen of anti-TB drugs to fight MDRTB for 2 years could easily spend P500,000.

Based on the 3rd DOH National Prevalence Survey on TB in 2007, MDRTB cases in the Philippines increased from 1.5% in 1997 to 2.1% 10 years later. The survey also showed that MDRTB among re-treatment cases slightly decreased from 14.5% in 1997 to 13% in 2007, while prevalence of smear-positive TB and culture-positive TB almost dropped by 100% between 1997 and 2007.

Dr. Woojin Lew of the World Health Organization said around 13,000 multi-drug resistant TB cases in the Philippines were reported in 2010, with only about 5,000 of them presenting themselves and registering for treatment.

Tayag said MDRTB cases are increasing "because the medicines we are providing to the health centers of local governments are not enough."

Four percent of the country's population may have MDRTB, Tayag said. The biggest problem, however, is detecting regular TB and MDRTB cases.

This is where the stigma of the illness, as the disease of the poor, becomes a hindrance.

"People with TB may show all the symptoms: chest pains, loss of appetite, weakness, night sweats before they even start coughing blood. But some don't want to be diagnosed, they don't want to go to health centers and find out what's wrong with them. Some think they're better off not knowing while others think TB is a death sentence when it can be cured," he said.