

## Special Report

# Tuberculosis is curable but still a silent killer in Uganda

Tuberculosis is curable but it remains one of the biggest killers in Uganda. The disease continues to kill in part because the country is detecting only 57 per cent and successfully treating 75 per cent of all cases, writes *Saturday Monitor's Evelyn Lirri.*

Tuberculosis is curable but it remains one of the biggest killers in Uganda. The disease continues to kill in part because the country is detecting only 57 per cent and successfully treating 75 per cent of all cases.

Health experts are warning that unless the government invests in treatment and management of Tuberculosis (TB), new infections could multiply at a higher rate.

The experts are calling for heightened case detection and adherence to treatment.

Dr Grace Muzanye, a TB specialist with the Centre for Disease Control (CDC), said containing the spread of communicable diseases like TB is one of the biggest public health challenges facing Uganda today.

"Most patients who are diagnosed with TB are given drugs and left to go home and mix with the community. This further spreads the disease when they are not monitored," he said.

TB remains one of the least talked about diseases in the country, despite the fact that almost 102,000 new cases occur every year, according to the National TB and Leprosy Control Programme of the Ministry of Health.

About 45,000 of these cases remain infectious and capable of spreading the disease further. Such is the complexity of the disease that Uganda is ranked at 15th position among the 22 high burdened countries by the disease worldwide. These countries collectively account for 80 per cent of all TB cases worldwide.

#### Minister acknowledges

Health Minister Stephen Mallinga acknowledges that not enough has been done to combat the disease which can be easily prevented and cured with cost effective, simple treatment involving the use of antibiotics like rifampicin and isoniazid.

"The drugs for effectively treating and curing TB have been known for over 60 years but the number of TB cases continues to rise. The increasing numbers show that indeed we have not done enough to combat TB," said Dr Mallinga.

According to Dr Martin Okot, a senior consultant on TB at Mu-

lago National Referral Hospital, TB is a disease that predominantly affects the lungs but can also affect other parts of the body.

It spreads when an infected person coughs, sneezes or talks, sending droplets of bacteria into the air.

If inhaled, the bacteria can multiply in the lungs, killing live tissue and leaving in its place dead tissue that restricts breathing. Although it affects all age groups, people between 15 to 45 years are most affected.

Most TB cases take months or even years before they manifest in the patients.

Dr Okot said few patients, especially children and people suffering from ailments like cancer and diabetes get the infection on the onset of exposure because of their weakened immunity.

"The initial phase of the treatment takes two months and at the end of this period, tests are done again to see whether the bacteria can be identified in the sputum. If its no longer identified we move to the second phase of the treatment for another six months," Dr Okot said.

It costs only Shs40,000 to treat non-drug resistant TB cases.

#### Low detection

Despite this relatively easy and cheap way to treat the disease, many obstacles remain.

The detection of new smear-positive TB cases has been low at 57 per cent, suggesting that the 2010 target of a 75 per cent detection rate through microscopic examination and 85 per cent successful treatment rate set by the United Nations will not be achieved by Uganda, further undermining efforts to reduce prevalence and efficacy of treatment.

According to the National TB and Leprosy Programme, of the TB patients who started treatment in 2008, only 75 per cent were successfully treated.

"As a country, we are not performing well enough. These performance levels are below the global and national targets of detecting 70 per cent of infectious cases and successfully treating 85 per cent of them," said Dr Mallinga.

He said another key challenge in addressing TB is its high association with HIV, which has also



HELP NEEDED: Mr Hanta Ngumana (L) and Mr David Nkole - both TB patients wait for treatment at Mulago Hospital last month. PHOTO BY STEPHEN WANDERA

turned out to be a major driver of the epidemic in Uganda.

At least 60 per cent of TB patients in the country are co-infected with HIV yet by 2006 only one quarter of TB patients were tested for HIV.

"We must implement TB/HIV collaborative activities countrywide. The policy guidelines are in place and should be operationalised fast," he said.

Dr Okot explains that long distances to the hospital for regular check ups and treatment also inhibit their patients from keeping up with treatment, subsequently abandoning it all together.

In fact, the World Health Organisation (WHO) global Tuberculosis Control report of 2008 notes that between 2004 and 2005, Uganda registered the highest default rate of any high-burden country, despite the use of community-based TB care programmes. Default rate is the number of patients who fail to complete their treatment in the given timeframe, usually after showing signs of recovery. The result of this

high default rate was a low cure rate at just 32 per cent.

#### Drug resistance

Doctors say mycobacterium tuberculosis, which causes the TB disease, develops resistance to all or some of the drugs when such patients give up their treatment midway.

"Long treatment periods contribute to patients not completing treatment. If the patient develops cough and then it stops, then they think they have been cured. Some stay far away from clinics and have to walk long journeys to access the drugs," Dr Okot said.

Such patients more often become sources of infection to others. And because they have been exposed to the drugs without being killed, the bacteria become stronger and resistant to the available cheap drugs leading to multi drug resistant TB. Although cases of multi drug resistant strains of TB are not well known in Uganda, health experts say it is the next new threat of TB.

## Special Report

## Global Fund seeks \$20b to fight AIDS, TB

A global group funding the battle against AIDS, malaria and tuberculosis in impoverished countries urged wealthy nations on Wednesday to keep paying for the fight even as the economic crisis forces budget cuts.

Michel Kazatchkine, executive director of the Geneva-based Global Fund, said he hoped to win pledges of up to \$20 billion over the next three years from national governments, but he was concerned that the global economic meltdown could make rich countries scale back their contributions.

More than 95 per cent of the fund's resources comes from countries' foreign aid budgets. Pledges for the next three-year period will be made at an October 5 conference at UN headquarters.

"The preliminary contacts we have been having with capitals particularly in Europe are that budgets will be tight, and when budgets are tight (aid) is often paying the price," Kazatchkine said.

He said the fund's success against the killer diseases since its launch eight years ago has shown it is saving millions of lives. "I feel the results we are presenting are just incredible," he told The Associated Press at a conference in The Hague.

The Global Fund now helps pay for AIDS treatment for 2.5 million people. A pledge of \$20 billion would lift that figure to 7.5 million, he said.

In 2007, the group trumpeted its distribution of 18 million anti-malaria mosquito nets. The number has since risen to 105 million and the fund is now aiming for distributing 250 million nets.

He said the fund also aims to reduce the prevalence of tuberculosis to 124 out of every 100,000 people in 2015, from 164 now, although he said the world was "clearly off track" in its fight against drug-resistant tuberculosis.

#### Nine million cases

There are nearly nine million new cases of TB worldwide and the disease kills more than 1.5 million people every year, according to the World Health Organisation.

TB can be cured with a six-month course of antibiotics that costs only \$20, but WHO said about 4 per cent of all TB cases worldwide are thought to be non-responsive to the usual drugs.

Michel Sidibe, head of the UN AIDS program, warned Wednesday that double infections of HIV and TB could become the next new epidemic.

A person whose immune system is compromised by HIV is particularly susceptible to tuberculosis, which is caused by bacteria that usually attack the lungs. The disease is spread through the air when an infected person coughs or sneezes.

"I'm calling for serious attention to TB, and serious attention to TB-HIV co-infection," Sidibe said in the African nation of Lesotho as he marked World TB Day last month.

--- Agencies

### All about the disease

Tuberculosis (TB) is an infectious disease that is caused by a bacterium called *Mycobacterium tuberculosis*. TB primarily affects the lungs, but it can also affect organs in the central nervous system, lymphatic system, and circulatory system among others.

The disease was called "consumption" in the past because of the way it would consume from within anyone who became infected. According to Medilexicon's medical dictionary, tuberculosis is "A specific disease caused by infection with *Mycobacterium tuberculosis*, the tubercle bacillus, which can affect almost any tissue or organ of the body, the most common site of the disease being the lungs."

When a person becomes infected with tuberculosis, the bacteria in the lungs multiply and cause pneumonia along with chest pain, coughing up blood, and a prolonged cough. In addition, lymph nodes near the heart and lungs become enlarged.

As the TB tries to spread to other parts of the body, it is often interrupted by the body's immune system. The immune system forms scar tissue or fibrosis around the TB bacteria, and this helps fight the infection and prevents the disease from spreading throughout the body and to other people. If the body's immune system is unable to fight TB or if the bacteria breaks through the scar tissue, the disease returns to an active state with pneumonia and damage to kidneys, bones, and the meninges that line the spinal cord and brain.

TB is a major cause of illness and death worldwide, especially in Africa and Asia. Each year the disease kills almost two million people. The disease is also prevalent among people with HIV/AIDS.



The fear with the multi-drug-resistant tuberculosis is that it cannot be treated with the available standard drug regimens and an increase in cases would place a huge burden on health services because it's a lot more expensive to treat.

According to the report, because not much is known about the drug resistant TB strains, countries face enormous hurdles in accelerating access to diagnostic and treatment services, a challenge that must be addressed in order to reduce the burden of the disease.

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#### Key facts

- Uganda is 15th high burden country
- 102,000 cases annually
- 60 per cent patients co-infected with HIV/AIDS
- Detection rate is 57 per cent
- Successful treatment rate is 75 per cent
- Easily cured with cheap drugs
- Multi-drug TB new threat.
- The 2010 WHO report reveals that 440,000 multi-drug-resistant cases worldwide were registered in 2008