



FOR PROFESSIONALS
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DISPELLING THE MYTHS AROUND TUBERCULOSIS - TB AWARENESS MONTH

28 March 2013: South Africa currently has the second highest rate of new Tuberculosis ('TB') cases in the world, according to the Centres for Disease Control and Prevention. However, many people wrongly assume that people with TB are automatically HIV positive, highlighting the importance for proper education about the disease.

This is according to Dr Dominique Stott, Executive: Medical Standards and Services at PPS, who says TB must be taken seriously as it is the second most deadly infectious disease worldwide after HIV/Aids, according to the World Health Organisation. "There is currently a misunderstanding among many South Africans that having TB means HIV infection as well, but this is simply not true. While many HIV infected people may have TB, and TB accounts for a quarter of all HIV/Aids deaths, not all TB patients have HIV."

She says the myth around TB being directly related to HIV could be due to the fact that the symptoms of TB are similar to HIV infection. "TB can affect almost any organ in the body so the common symptoms (what the patient feels or sees) and signs (what the doctor sees) may be very variable. Most commonly TB affects the lungs (pulmonary TB) causing symptoms such as loss of appetite, weight loss, fever, night sweats and malaise."

The TB bacteria are transmitted by airborne droplets when an infected person coughs, sneezes or speaks, says Dr Stott. "Transmission is increased with closeness and duration of the contact, such as sharing a room with an infected person. The droplets are inhaled and once in the lungs, depending on the strength of the immune system of the patient, the disease may then develop into an active disease. If the immune system is impaired, such as with HIV or diabetes, then the active disease develops."

Dr Stott says if TB is left untreated, about 30% of patients die within the first year and 50% die within five years. "A diagnosis is made through a chest X-ray and/or blood test when the patient presents with the symptoms. The course of treatment is followed for six months and at the end of this time the majority of patients are considered cured, provided it is not a drug resistant strain.

"There may also be side-effects to the treatment such as nausea and abdominal pain, but it is vitally important that the course of treatment is completed. A patient is considered non-infective after a sputum sample tests negative, usually two months after starting treatment."

Stopping the treatment regime too soon is the biggest mistake one can make, says Dr Stott. "Not only does it mean that the patient does not get cured and continues to pass on the bacteria, but also allows the

development of resistant strains of bacteria, such as Multi-Drug Resistant TB (MDRTB), which is much more costly and difficult to treat. MDRTB will require an additional 24 months of treatment with different drugs and does not always result in a cure.”

“With diagnosis and treatment readily available at healthcare clinics and medical practitioners, it is imperative for those South Africans who do present the symptoms to get themselves checked out and follow through with their treatment to ensure they are fully cured, concludes Dr Stott.