

Headline	Nipping tuberculosis in the bud		
MediaTitle	New Straits Times		
Date	27 Nov 2012	Color	Black/white
Section	Supplement	Circulation	136,530
Page No	A4	Readership	330,000
Language	English	ArticleSize	745 cm ²
Journalist	N/A	AdValue	RM 12,103
Frequency	Daily	PR Value	RM 36,309



Nipping tuberculosis in the bud

TUBERCULOSIS (TB) is a disease that exists across the globe and its incidence in Asia has always been on the higher end of the scale. Sixty per cent of reported new cases worldwide were in Asia last year.

In Malaysia, approximately 1,700 people died of TB and approximately 19,000 cases of active TB were reported last year. For a nation with a population of 28 million, these rates are unacceptable especially since TB is a disease that is curable.

The lack of education and the absence of the proper diagnostic and preventive tools are the main hurdles against TB control. One man is on a mission to change that — Dr Haider Al-Darraj, research fellow at the Centre of Excellence for Research in AIDS (CERIA), Universiti Malaya.

When Dr Haider first arrived in Malaysia, he realised that there was a large gap in knowledge on TB dynamics and made it his mission to start filling in the gaps. A chest physician by training, Dr Haider has worked extensively on TB and other pulmonary illnesses, even back in his native Iraq.

After completing his master's degree in international health at the University of London, he wanted to look at health from a broader perspective, which included providing health to a wider population. This was the impetus of his present research.

Presently, Dr Haider's work includes addressing TB in difficult-to-reach, high-risk communities but an unfortunate lack of established outreach programmes makes it difficult for him to reach these communities. He has, however, been welcomed in prisons and drug rehabilitation centres, which is certainly indicative of a good start.

"I started with investigating the prevalence of both latent and active TB disease among certain groups. My first study was among inmates in the Kajang Prison," says Dr Haider, who works mostly with difficult-to-reach populations including those who are incarcerated, people who use drugs, and people living with HIV and AIDS (PLWHA), all

of whom have difficulties accessing the proper health services and are the most susceptible to the disease.

"Globally, we know that people with incarceration history have limited access to health-care and these settings are also closed with poor ventilation, which creates an environment that augments TB transmission. If an inmate develops TB, it is very likely that this might spread to other inmates and with the limited diagnostic tools, TB diagnosis and initiation of treatment might be delayed," he explains.

"I am currently establishing a major research project at the Kajang Prison and I have already conducted a very large comparative study at the Pengkalan Chepa Prison in Kota Baru. The reason I chose these places is because Kajang Prison is the largest prison in Malaysia and has a high rate of TB through which we can have a representative

population. I chose the Pengkalan Chepa Prison because they have comparatively similar rates of prisoners infected with HIV and TB. These two groups provided us with combined results for the incarcerated community in Malaysia. And what we found was that the results of the study that we obtained from Pengkalan Chepa mirror that of the Kajang Prison. This is why we believe that the study is applicable to all prisons in Malaysia," Dr Haider details.

Dr Haider says that TB patients are required to take medication for at least six months. However, many patients stop their treatment after two or three months, when they feel better. Many don't know that the medication is prescribed for six months to kill the residual TB bacteria that stay in hidden parts of the body including the

brain and lymph nodes.

"The TB bacterium is very strong and may quickly develop resistance against the available medications if the latest is stopped earlier than it should be used for. In most cases, it may even lead to the death of the patient," he adds.

Dr Haider believes that the best way is, of course, to prevent TB infection altogether. Part of his research also includes developing modalities to better control and prevent TB among the difficult-to-reach populations.

"In fact, I am currently in the process of reporting a very interesting study.

It includes administering preventive therapy treatment using a medication called Isoniazid, which will kill the TB bacteria while it is still dormant. It is also offered to a patient with dormant TB infection for six months. This medication is found to be 60 per cent more effective in preventing active TB than placebos, particularly in PLWHA. Despite being recommended by international organisations, the use of Isoniazid, has not been implemented in Malaysia due to technical issues and fear of adverse events even though it is much cheaper than prescribing the standard TB medication after the breaking down of dormant TB into active disease."

According to Dr Haider, the incidences of TB can greatly be reduced, particularly in the difficult-to-reach communities. He believes that scaling up of the World Health Organization '3Is' strategy is the key to curbing the TB epidemic, particularly among this population.

"The first 'I' is for Isoniazid, the preventive therapy — killing the TB bacteria while it is dormant. The second 'I' is for infection control measures. This includes creating better ventilation in congregate settings through simple measures like turbines or fans that help decrease the bacteria population in the environment. We should also encourage those with active TB to use ordinary masks and this will halt the bacteria from spreading to other people," Dr Haider says.

The third 'I' in his list is intensified case finding. Dr Haider has just started

Headline	Nipping tuberculosis in the bud		
MediaTitle	New Straits Times		
Date	27 Nov 2012	Color	Black/white
Section	Supplement	Circulation	136,530
Page No	A4	Readership	330,000
Language	English	ArticleSize	745 cm ²
Journalist	N/A	AdValue	RM 12,103
Frequency	Daily	PR Value	RM 36,309

implementing this step in Kajang prison and it will involve screening patients regularly for active TB in the prisons or in drug rehabilitation centres.

"When a patient is diagnosed with active TB, he is then to be isolated until he becomes non-infectious after starting his medication. This will stop the bacteria from spreading to the rest of the population and enable the patient to be treated earlier than usual," explains Dr Haider.

Dr Haider has also just introduced a GeneXpert machine that can provide accurate results of active TB disease

within two hours compared to weeks of current confirmatory diagnostic tools. He recently used the machine for his research at the Kajang Prison. These types of innovative diagnostic tools have not been used in a correctional setting so Dr Haider and his team are pioneering this study.

By the end of his study, Dr Haider hopes to provide recommendations to the stakeholders in Malaysia on the feasibility of implementing Isoniazid preventive therapy in Malaysia. He will work with government agencies in applying the knowledge that was

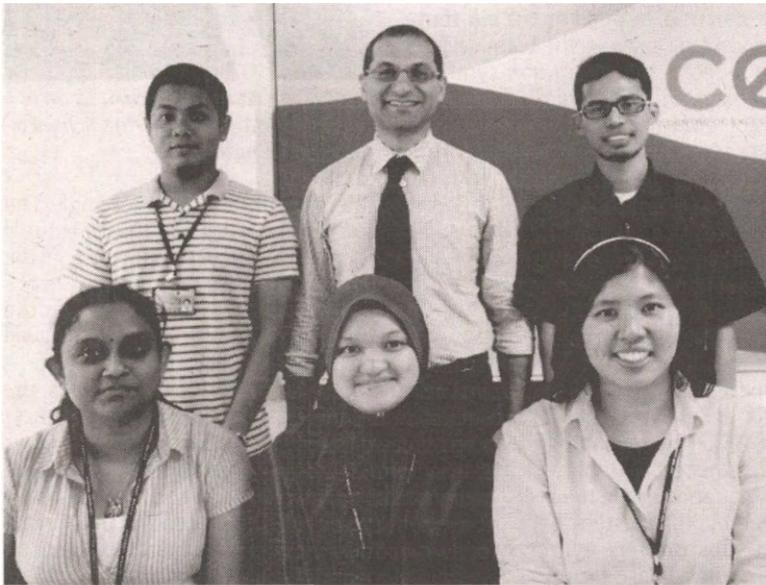
learnt, and providing recommendation for policy changes.

He also intends to publish his research findings in journals where the information can be shared. "I want the data that we gather to disseminate so as to increase knowledge of TB with a remote goal of decreasing the incidences of TB, globally."

"It is a curable and preventable disease and people should not be dying from it."

"It is a curable and preventable disease and people should not be dying from it."

Dr Haider Al-Darraji, research fellow at the Centre of Excellence for Research in AIDS (CERiA), Universiti Malaya



Dr Haider (standing, middle) with his team of researchers from Universiti Malaya's Centre of Excellence for Research in AIDS (CERiA).

