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Misunderstood disease still a threat

Tuberculosis remains among top 10 killer infectious diseases in Sarawak

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MOST of those who lived through the worst period of tuberculosis (TB) in the 1950s would remember of the dangers and fear brought about by the disease.

TB, which is caused by the microbe *Mycobacterium tuberculosis*, was the number one killer in Malaysia from 1945 to 1957. Even today, it ranks second only to HIV as a leading cause of death among infectious diseases according to last year's World Health Organisation (WHO) Global TB Report.

"There was this advertisement that used to run on national television when I was younger back in the 1980s, which featured a man who kept coughing till he finally spat out blood. I remember how it scared the daylight out of me because if I'm not mistaken, that poor man died in the end.

"So when I was diagnosed with TB, I felt like my whole world came crumbling down," said a patient who wanted to be known only as Azizah.

The 32-year-old mother was actually misdiagnosed for asthma and post partum stress by a specialist at separate private medical centres in Kuching last April before another later affirmed to her that she had TB.

Prior to the correct diagnosis, Azizah said she had to endure severe coughing for three months.

She added that her husband, who is in his 40s, was also diagnosed with TB two months after hers.

"However, my greatest fear was for my 13-month-old daughter whom I was breastfeeding at the time. I was worried that she might contract the disease from me. Even today, I still look out for symptoms on her to see if she has TB. From what I heard, it's really difficult to detect the disease in children," Azizah said.

In Sarawak, there is an average increase of 0.8% of TB cases every year and about 100, or 2%, of overall annual cases involve children.

The standard TB screening usually comprises tests on sputum and an x-ray examination of the chest. However, in children, especially those in their pre-schooling years, the diagnosis can be difficult as they

usually cannot produce sputum samples for testing.

Instead, TB examination on children is based on a few factors – whether the child has been in contact with a TB-contaminated sputum, or if the boy or girl exhibits symptoms such as coughing almost incessantly for more than 21 days and having fever with temperature above 38°C for more than 14 days.

Even today, there is still no accurate benchmark in TB diagnosis and treatment for children as most available ones do not have a high degree of sensitivity and the drugs used are not really suitable. Children suspected of having TB are usually given an *Isoniazid* preventive therapy (IPT) for six months.

In the past, the rising TB cases in Malaysia had falsely been blamed on the increasing number of immigrants due to high number of people inflicted with the disease in Indonesia, Thailand and the Philippines – the three countries among 22 with high TB cases.

In fact last year, only 10% of the cases in the country involved foreigners.

"The number of cases goes in line with the population. Although there hasn't been any dramatic increase in detected cases over the years, TB is still among the top ten killers among all infectious diseases in Sarawak," the state Health director Dr Zulkifli Jantan told *The Star* when asked to comment on the matter.

There were 2,000 TB cases reported in 2010 and 2,055 in 2011. Last year, 2,430 were registered, of which five multi-drug resistant (MDR) cases were recorded.

"There is a standard policy that applies to all medical practitioners where a patient with a chronic cough must be

screened for TB," Dr Zulkifli highlighted with regard to misdiagnosis by private medical practitioners.

He added that although commonly, TB bacteria affected the lungs they could also infect other parts of the body once they entered the bloodstream. Besides continuous coughing, other symptoms also included weight loss, night sweating, loss of appetite, high fever and weakness. Dr Zulkifli urged those who exhibited these symptoms to go for TB screening.

"We use up a lot of resources for TB screening but it needs to be done. TB is under the list of notifiable diseases where all cases must be reported and precautions must be taken immediately," he said.

The state's TB Control Programme operates from the Anti Tuberculosis Association of Sarawak (Atas) clinic near Jalan Masjid India in Kuching. The programme involves the state's Health Department and the association.

"We organise ad hoc campaigns whenever there are cases in a certain area to improve the level of awareness. We prefer this to big campaigns to avoid dilution of information," the programme's head assistant director Dr Marilyn Umar said.

The Atas clinic provides free screening and treatment for TB which include consultation, interval X-rays and diagnostics as well as medication for six months – all of which can easily cost over RM1,000 per person at private hospitals.

Under the programme, the usual flow of treatment once a TB case is detected is a patient is asked to report to Atas clinic.

The infected person is then queried on his or her family medical history and on others in the same household, who are also advised to

go for TB screening. A patient's degree of infection is then assessed for medicinal purpose.

The patient is also asked to come in from time to time for medication refills and general check-up that includes weighing body mass and checking of sputum samples. On

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this, proper hygienic practices like frequent hand washing and good coughing etiquette must be followed.

The infected person is also advised to stay in for the first two weeks of treatment and encouraged to wear a mask, especially if he or she has to attend to a child.

"TB is generally easy to cure as long as patients stick to the regime of antibiotics for at least six months. Usually, they report that they start feeling better after one week of medication. This sometimes lead them to stop the strict antibiotic regime," says Dr Marilyn.

She cautioned that those who did not complete the whole regime would risk developing MDR where the TB strain would become resistant to *Isoniazid* and *Rifampicin* – two of the first line of defence drugs against the disease.

"All MDR cases reported in Sarawak are caused by failure of the patients to follow through with the course of treatment. As a result, these patients are treated with the second line of antibiotics which they have to go through for another 18 months," Dr Marilyn said, adding that MDR TB was just as infectious as the normal one – by air

whenever an infected person coughs, sneezes, talks or spits.

She said it required only a small number of TB microbes to get a person become infected.

"Not all people who are exposed to these TB bacilli (rod-shaped bacteria) get sick. Those with healthy immune systems are able to kill off the microbes.

"However TB microbes can remain dormant for years once they enter the human body. This means that a

person who begins to show symptoms of infection and later, tested positive for TB may have been exposed to the bacteria much earlier. It is usually failure of the immune

system that leads to active TB," Dr Zulkifli explained.

It is known that there are a few groups of people who are more at risk contracting TB than others including smokers; HIV-positive individuals; those who have been on steroid treatment over a considerable period of time; those with diabetes, high blood pressure and kidney problems; those with lung problems; and the elderly.

"These people are more at risk as their level of immunity is already very low. Heavy smokers, especially, are more susceptible to severe TB as their lungs are already damaged from the bad habit," Dr Zulkifli added.

Despite having been around for years even before the formation of Malaysia, TB somehow is still misunderstood by many. The social stigma that goes with it stems from the perception that TB is a "disease of the poor" and it is hereditary in nature.

Such misconception has even been known to break marriages and cause problems at the workplace. The sad thing is that in many cases, people refuse to go for screening until it is too late.

A TB-positive patient who only wanted to be named as Stiefa, said after she was diagnosed with the disease, people avoided her like the plague.

"Some won't answer my phone calls or keep in touch with me over social network, thinking that TB could spread over the phone lines and Internet," she lamented.

Stiefa was diagnosed with TB just a few days after her wedding.

"Some members of my in-law family refused to get screened for TB believing that they were not at risk. What's worse is that my husband, who has asthma, still smokes despite all the risks he faces."

The Malaysian Association for the Prevention of TB has been campaign-

ing against such stigma by educating the public on the disease – that it can be cure provided that it is detected early and patients undergo effective treatment.

This year would be the second running of the two-year campaign in association with the "World TB Day", which falls on March 24 every year.

With the slogan "Stop TB In My Lifetime", the campaign aims, among others, to achieve zero death from TB, universal access to care for the disease and an affective vaccine against it.

"For things to improve, accurate and affordable screening of TB at all stages is very much needed," stressed Dr Zulkifli.



Raising awareness: Information board on tuberculosis (TB) on display at the Persatuan Pencegah TB Sarawak (Atas) booth during the 'Sarawak Volunteers Walk of Love – We Care We Share' campaign at the Kuching Integrated Recreational Centre.