

Today is World TB day

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Tuberculosis (TB) is a contagious disease caused by a micro-organism called Mycobacterium Tuberculosis. Although the disease is more common in developing countries, the number of cases of TB increased in many Western countries. The main factors contributing to the rise of TB are:

- The recent pandemic of HIV. HIV infection reduces immensely the body's defences against TB. HIV and TB form a lethal combination each speeding the other's progress. TB accounts for almost one third of AIDS deaths world-wide.
- Refugees , illegal immigrants and displaced people. Untreated TB spreads quickly in crowded refugee camps and shelters . It is difficult to treat mobile populations. As many as 50% of the world's refugees may be infected with TB. As they move, they may spread TB.
- Tourism and travel to countries where TB is still very common.
- Foreign workers coming from countries with a high incidence of TB . Some of these subsequently develop the disease some time after arrival.
- Poorly managed TB programmes which are threatening to make TB incurable. Although the introduction of TB antibiotics in the middle of the last century has made TB curable, poorly supervised and incomplete treatment of patients with TB are threatening to make TB incurable again because of the development of resistance.

TB kills more youths and adults than any other infectious disease in the world today.

- **2 million people die of TB each year .**
- **One third of the world's population is infected with TB.**
- 7 to 8 million people around the world become sick with TB each year.

It is estimated that between now and the year 2020 , nearly one billion people will be newly infected , 200 million will get the disease and 70 million will die of TB.

Infection and transmission

Tuberculosis is spread through the air like the common cold. Only people who are sick with pulmonary TB are infectious. When infectious people cough, sneeze, talk or spit they propel TB germs known as bacilli into the air. A person who inhales one of these germs can be infected. It usually requires prolonged close contact with someone with the disease to get infected. People infected with TB will not necessarily get sick. The immune system walls off the germs which can lie dormant for years. About 5 -10% of those who are infected develop the disease. When someone's immune system is weakened as happens with conditions like cancer, diabetes and AIDS the chances of getting sick are greater.

TB and poverty

The theme chosen for World TB day 2002 by the World Health Organisation is **stop TB, fight poverty**. A vicious circle exists between TB and poverty. New TB infection is not just the product of poverty but also creates poverty. Poverty fuels TB because of:

- poor nutrition which weakens the immune system and increases the chances of infection and developing active TB disease
- overcrowded and poorly ventilated home and work environments which make TB transmission more likely
- a lack of basic health services which delay the diagnosis and treatment of TB perpetuating the spread of TB.

On the other hand TB fuels poverty because the high incidence of TB in poor nations means a sick labour force, extra strain on limited health services and shackled economic growth.

Situation in Malta

The incidence rate of TB among the Maltese population is one of the lowest from a global perspective between 3 - 7 per 100,000 population with a preponderance of cases in the elderly denoting mostly old infection (as opposed to new infection in the younger age groups). It has not followed the upward trend shown in many neighbouring countries such as Italy, UK, Libya, Algeria, Spain and Switzerland. Also drug resistant strains have not yet featured among the Maltese population.

What is being done here

1. Provision of curative anti -TB treatment to all individuals with TB disease free of charge.
2. Supervision of anti -TB treatment to make sure that the treatment regime is adhered to and taken properly. This also includes directly observed treatment (DOTS) where a nurse or other qualified personal watches the patient take his / her treatment.
3. Contact tracing - screening of people exposed to a case of infectious TB.
4. Tuberculosis screening of the following identified high risk groups:
 - intravenous drug users
 - refugees, illegal immigrants and displaced persons
 - all foreigners from countries with a high incidence of TB seeking residency in Malta like those applying for a work permit and their family members, and students
 - prisoners
5. Preventive treatment offered to infected individuals over a period of 3 to 6 months.
6. BCG vaccination , very effective against the serious forms of TB.

The future

TB control programmes in Malta are overall efficient in containing TB transmission as shown by our low incidence rate for TB. Also absence of multi drug resistant TB in the local population indicates satisfactory

performance of our treatment programme. However there must be increased awareness of TB as a re - emerging disease. The AIDS epidemic in Malta is still in it's initial phase and a more active role of the TB service will be required if HIV infection increases. Also we are still open to imported TB including multi drug resistant strains which are very difficult and very expensive to treat.

For further information, advice or help contact Chest Clinic, Qormi Health Centre on telephone number: 21440177.