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## Internationale Nachrichten

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### 1. Philippines: Largest mass screening for TB held in New Bilibid Prison

The largest mass screening for tuberculosis (TB) in the country is being held for about 5,700 inmates in New Bilibid Prison (NBP), Muntinlupa City, as part of efforts to end TB in Philippine jails and prisons.

The mass screening in the maximum security compound, which began on March 14 and will end in May, is the fourth such activity held in NBP with the support of the ICRC, in collaboration with the Department of Health and the Philippine Business for Social Progress.

"The Philippines is part of the global effort to end TB by 2035. To achieve that goal, we must support the authorities in finding undetected TB cases. Mass screenings have shown to be an effective strategy in reducing, and eventually eliminating, TB in jails and prisons," said Dr. Fatah Labib, who is in charge of the ICRC's TB programme in jails.

According to 2015 Global Tuberculosis Report, the Philippines ranked ninth among the 22 countries with the largest number of TB cases in the world. Every day, 63 Filipinos die from TB. TB is four to five times more prevalent in jails and prisons than in civilian communities in the Philippines. In 2013, the ICRC and the Bureau of Corrections partnered to improve TB control in NBP, with mass screening as one of the strategies identified. Some 280 TB cases were found from a total 8,833 inmates during mass screenings held since 2014. Of these cases, 27 were multi-drug-resistant (MDR), a severe type of TB.

Inmates who were diagnosed with TB through the mass screenings immediately underwent treatment at the NBP Hospital's TB Treatment Unit. Aside from providing technical support, the ICRC donated one mobile digital chest X-ray machine, and two GeneXpert testing units that allow the diagnosis of MDR TB cases within two hours.

"One missed inmate with TB can infect around 10 to 20 inmates, their visiting families or prison guards in a given year. To effectively control TB, every inmate counts and no one should be left behind. We want to help inmates, at least, to be free from TB and to have good health while inside the prison," said Dr. Cecilia Villanueva, TB coordinator of NBP.

The ICRC, a neutral, impartial and independent humanitarian organization, supports Philippine authorities in their efforts to improve detention conditions and carries out projects to improve detainees' access to water, sanitation and health care.

**Source:** ICRC, <http://bit.ly/21iV5bM> (05.04.2016)

### 2. UN Zero Draft Political Declaration calls for joint action on TB and AIDS

April 20, 2016 - The co-facilitators leading negotiations for the 2016 United Nations High-Level Meeting on Ending AIDS, the UN Permanent Representatives of Switzerland and Zambia, released the Zero Draft Political Declaration yesterday which will be negotiated and finalized by governments in the lead up to the High-Level Meeting in New York taking place 8-10th June.

Following the joint event at UN Headquarters organized by UNAIDS and the Stop TB Partnership two



weeks ago which brought together civil society leaders for discussions on TB and HIV joint language for the Political Declaration, the zero draft contains ambitious commitments to put the world on track to end the AIDS and TB epidemics by 2030. The language includes a call to achieve the targets in the Global Plan to End TB 2016 - 2020, a commitment to reduce TB-related deaths among people living with HIV by 75% by 2020, the development of new service delivery models to ensure delivery of more integrated services for HIV and TB, and recognition that TB remains the leading cause of death among people living with HIV (see below for full zero draft TB language) The co-facilitators will lead informal consultations on the zero draft beginning on 25th April, which will be adopted by governments as a political declaration at the High-Level Meeting on Ending AIDS on 8th June.

The co-facilitators will also hold an informal meeting with civil society and other relevant stakeholders on 26th April, which will be webcast live at <http://webtv.un.org/live/>. (...)

The Stop TB Partnership, working with partners, will be supporting the HIV community over the coming weeks to push for strong commitments and targets on HIV/AIDS. Strong government commitments will be integral to making an impact against TB in the countries confronting high rates of HIV/TB co-infection, where HIV leads to higher rates of TB and vice-versa. The UN High-Level Meeting on Ending AIDS will take place in New York from 8 to 10 June. It will bring together high-level representatives of governments, people living with HIV, civil society, the private sector and other partners to focus the world's attention on the importance of a Fast-Track approach to the AIDS response over the next five years. The Political Declaration adopted at the meeting will guide and monitor the AIDS response towards ending the AIDS epidemic by 2030.

**Key TB Language in the Zero Draft:** Line 23. Note with concern that TB remains the leading cause of death among people living with HIV Line 39. welcome the broadening of the Medicines Patent Pool mandate, hosted by UNITAID, to address Hepatitis C and TB, reflecting the importance of integrating the AIDS response into the broader global health agenda. Line 58(e). Work towards achieving universal health coverage, including the development of new service delivery models to ensure delivery of more integrated services for HIV, TB, viral hepatitis... Line 58(f). Commit to reduce TB-related deaths among people living with HIV by 75% by 2020, as outlined in the WHO End TB Strategy.

- commit to achieve targets set in the Global Plan to End TB 2016 - 2020, including through expanding efforts to combat tuberculosis, including drug resistant tuberculosis, by improving prevention, screening, diagnosis and affordable treatment and access to antiretroviral therapy.
- intensified TB case finding among all persons living with HIV utilizing new tools, including rapid molecular tests through joint programming, patient-centred integration and co-location of HIV and TB services, ensuring that national protocols for HIV/TB coinfection reflect the latest WHO recommendations.

**Source:** Stop TB Partnership, <http://bit.ly/1TdLNbh> (21.04.2016)

### **3. Asia Pacific countries vow to jointly tackle antimicrobial resistance**

Countries in the Asia Pacific region on Saturday pledged to jointly combat the increasing threat of antimicrobial resistance, which transcends borders and endangers global health by making life-saving antibiotics ineffective.

In a communique issued by the Tokyo Meeting of Health Ministers on Antimicrobial Resistance, health ministers from 12 countries in the region agreed to improve the way information on antimicrobial resistance is collected and shared to guide effective policies and actions.

They also agreed to strengthen and harmonize how their nations regulate the production, sale and use of antibiotics and other antimicrobial medicines. They said they were ready to take innovative approaches to stimulate research and development of new antibiotics, diagnostic tests, vaccines and other technologies.

World Health Organization ( WHO ) regional director for South-East Asia Poonam Khetrpal Singh said antimicrobial resistance was a threat to global security and economic stability.



“It is a looming health and economic crisis that requires both global and local solutions. Since drug resistant genes can travel, countries with higher levels of economic and social organization have a stake in the success of measures taken by less developed countries. In the fight against antimicrobial resistance, we are only as strong as the weakest link,” she told ministers during the meeting.

Khetrupal Singh further said antibiotic resistance was one of the biggest threats to human health today. “Having effective antimicrobials is also critical to the social and economic development of nations. We have a limited window of opportunity to take action and avoid a post-antibiotic era,” she said.

WHO is supporting countries across the Asia Pacific region to take critical steps to preserve the effectiveness of these life-saving medicines. “We must strengthen health systems’ response and cooperation with the agriculture sector to contain this threat, and improve understanding of the problem among the public. The Tokyo meeting has provided a platform to move forward with this important agenda,” WHO regional director for the Western Pacific Shin Young-soo said.

Asia Pacific region populations are at higher risk for emerging drug-resistant infections, evident by the spread of multidrug resistant strains of malaria and tuberculosis, due to rapid economic development and sociodemographic and cultural changes, coupled with their health status.

In the meeting, ministers acknowledged that antimicrobial resistance is a by-product of system failures—from regulation of medicines to agricultural and trade controls, and agreed that strengthening these systems is a critical component of the Sustainable Development Goals. They were also united on the need for urgent action to raise awareness across all sectors to promote responsible use of antibiotics. ( ebf )

**Source:** The Jakarta Post, <http://bit.ly/1qBMggk> (18.04.2016)

#### **4. Chennai - Study indicates TB-diabetes link**

Is tuberculosis contributing to more diabetes in Chennai? The early results of an ongoing study seem to indicate this may be the case, said researchers.

Of 209 patients with pulmonary tuberculosis who were studied, 54.1 per cent were diabetic, and 21 per cent were pre-diabetic. Of these, newly-diagnosed patients with diabetes – 32.7 per cent -- had low HbA1C levels, indicating that they may have been pre-diabetic earlier and their tuberculosis infection probably pushed this into full-blown diabetes, said Vijay Viswanathan, head, M.V. Hospital for Diabetes, Royapuram, and one of the co-principal investigators of the study.

The ‘Effects of Diabetes on Tuberculosis Severity’ (EDOTS) study, was begun in early 2014, and is a collaboration between the University of Massachusetts Medical School and the Prof. M. Viswanathan Diabetes Research Centre. The National Institute of Research in Tuberculosis is involved in the immunology portion of the study.

The early results of this study have surprised researchers. “Previous reports had indicated a diabetes prevalence of about 25 per cent in TB patients and about 10-22 per cent in the general population in and around Chennai. So, the steep increase in prevalence is both surprising and a major cause for concern,” said S. Subash Babu, scientific director, National Institutes of Health -National Institute of Research in Tuberculosis-International Center for Excellence in Research.

The data, said Hardy Kornfeld, professor of medicine at the University of Massachusetts Medical School, “suggest that becoming sick with TB can push people from pre-diabetes into a diabetic range of high blood sugar”.

However, Prof. Kornfeld, also a co-principal investigator of the study, pointed out that these were only interim results and that the study was ongoing.

“An important question that we hope to answer in the future is whether patients who progress from pre-diabetes to diabetes as a result of TB will revert to pre-diabetes or normal blood sugar after TB treatment or if some of them will be left persistently diabetic,” he said, in an email.

“We know that diabetic patients are vulnerable to tuberculosis. This study was initiated to determine if, when a patient who had TB and was on treatment contracted diabetes, would this be a problem in his cure?” said Dr. Viswanathan. He explained that an earlier study had shown that treatment failure



rates of tuberculosis patients were higher if they had poorly-controlled diabetes.

Chennai is estimated to have a diabetes prevalence of 18.5 per cent, Dr. Viswanathan said.

If patients with pre-diabetes are becoming diabetic due to TB, and, as is known, diabetes increases the severity of TB, more public health efforts may need to be focused in this direction, the researchers say. "The TB control programme now needs to concern itself with screening for diabetes in all its patients and instituting appropriate diabetic treatment to ensure good TB control," said Dr. Babu.

And diabetes too: "I would say that our current findings provide another justification to focus limited public health resources on diabetes prevention," said Prof. Kornfeld.

**Source:** The Hindu, <http://bit.ly/1VXpkVM> (07.04.2016)

## Forschung & Entwicklung

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### 1. Accelerating tuberculosis research

The results one of the largest and most rigorous tuberculosis (TB) drug trials ever conducted in the modern era, led by researchers at the University of St Andrews, will be made available to the wider research community from today (18 April 2016) with the launch of a new data-sharing platform.

The TB-Platform for Aggregation of Clinical TB Studies (TB-PACTS) will curate, validate and improve access to clinical trial data – enabling the development of drug regimens which will ultimately benefit TB patients.

TB is the world's leading infectious killer, with nearly nine million people newly diagnosed with TB each year. However significant side-effects and six-month treatment times make it difficult for many patients to complete therapy. Failure to complete treatment is a major driver of the emergence of multi-drug resistant TB (MDR-TB), which requires substantially longer, more complicated and expensive treatment.

Researchers will now have access to patient-level data from the REMoxTB trial led by Professor Stephen Gillespie, Sir James Black Chair of Medicine at the University of St Andrews, which was among the most rigorous TB drug trials ever conducted in the modern era. In a world first, this data will be combined with a wealth of clinical trial data from the World Health Organisation (WHO) Special Programme for Research and Training in Tropical Diseases (TDR), St George's University of London, and other organizations – including data from the OFLOTUB and RIFAQUIN clinical trials. This is the first time clinical trial sponsors have worked together to make clinical trial data collectively available to the research community.

Having the data available in this aggregated form, it may be possible to detect patterns not otherwise apparent in individual datasets. Data from the individual studies can be separated if needed, and additional trial data can be shared in the future. Professor Gillespie commented: "This is an important milestone for clinical trials of tuberculosis. "By sharing patient-level data with researchers around the globe we will multiply the value of the data that has been donated by patients to clinical trials – maximising the significance of their contributions to battling TB."

Martha Brumfield, President and CEO of C-Path (a not-for-profit international leader in catalysing medical innovation, and lead partner in the TB-PACTS project), said: "By combining C-Path's core strengths in data aggregation, standardisation and curation with a wealth of clinical trial data from TDR, TB Alliance, St George's University of London, and other organizations, we strive to enable more efficient and effective drug development for TB. We envision TB-PACTS as a prime example of how a collaborative, data-sharing approach leads to a knowledge base greater than the sum of its parts."

**Source:** Medical Xpress, <http://medicalxpress.com/news/2016-04-tuberculosis.html> (19.04.2016)

### 2. Oral swabs for TB diagnosis undergo testing

Researchers at the University of Washington and the University of Cape Town in South Africa plan to partner on a two-year study to test a lower-cost, simpler and safer method in diagnosing tuberculosis



(TB). A \$1.02 million grant from the Bill & Melinda Gates Foundation to the UW will fund the project. The new, larger study builds on an earlier, small pilot project that found that oral swabs correctly detected TB in most of the adult participants who had the infection. About 8 million people develop TB each year. The infection results in about 1.5 million deaths annually. The World Health Organization reported last year that alternatives to the current diagnostic method were badly needed to identify suspected TB cases. Currently, diagnosing TB relies on testing a sample of sputum, a thick, sticky phlegm coughed up from the lungs. The gelatinous quality and complexity of the material make finding the TB bacteria difficult. Sputum samples are examined under a microscope, or run through molecular testing instruments, if such technology is available. Using sputum is problematic for other reasons, too. Asking patients sick with TB to cough up sputum releases aerosols that can spread infection to healthcare providers. Moreover, neither those not yet ill with symptoms nor children will be able to produce sputum. “An alternative to sputum testing has been a Holy Grail in TB testing and diagnostics. There’s a huge need, and we think the oral swab addresses this need,” said Gerard Cangelosi, who leads the research study. He is a professor of environmental and occupational health sciences and of global health in the UW School of Public Health.

TB bacteria can be found in mouths of people infected with the disease. The oral swabs are used to gently scrape the inside of the patient’s mouth. Then the samples are analyzed for the bacteria. Lisa Jones-Engel, a research scientist with the UW National Primate Research Center, pioneered the method to screen monkeys and apes for TB. Rachel Wood, a research scientist working with Cangelosi, led the pilot study that correctly detected TB in oral swabs taken from 18 out of 20 patients. The disease is preventable and curable with antimicrobial drugs. Yet, treatment is often delayed because it can be difficult to motivate people to visit a clinic and provide a sputum sample for testing. As a result of these delays, those ill with TB may infect up to 15 people a year through contact at home, school, work, or in clinics. “By the time people are coughing and producing sputum, they are often sick and highly contagious. An important goal in eradicating TB is to diagnose and treat people early to prevent the disease spreading to others,” said Mark Hatherill, a professor at the University of Cape Town in South Africa who directs the South African Tuberculosis Vaccine Initiative. The study, run as a blinded experiment, will include 245 South African adults over the age of 18 and 100 South African children, most under the age of five. The adults will include 175 people suspected of TB infection and an additional 70 people confirmed with a blood test not to have TB. The study subjects also may be positive for HIV infection. The areas in the world with the most HIV-positive individuals also have the highest burden of TB. The researchers will compare two different kinds of oral swabs and three sampling locations in the mouth: cheek, tongue and gums. Results obtained from the oral swab samples will be compared to traditional methods including sputum testing as well as clinical diagnosis. Felicia Nguyen, a recent Mary Gates Scholar at the UW, is also involved in the project. In addition to Hatherill, Angelique Luabeya, Justin Shenje and Mark Nicol will lead the clinical research activities in South Africa.

**Source:** News Beat UW Health Sciences, <http://bit.ly/1SAG13M> (14.04.2016)

### 3. Mikrobe des Jahres 2016 – Multitalent Streptomyces

cher hatte jeder von uns schon einmal Kontakt mit einem ihrer Produkte – bewusst oder unbewusst: als kerngesunder Spaziergänger im Wald oder als Kranker im Bett. Die vielfältigen Mikroben der Familie Streptomycetaceae -leben streng aerob und in sehr vielen Lebensräumen.

In Böden sorgen sie für die Bildung von Humus und den Duft frischer Erde. Im Darm von Regenwürmern, Termiten und anderen Lebewesen bauen sie schwer verdauliche Stoffe ab. Für die Pharmazie sind ihre Sekundärmetaboliten unersetzlich.

Etwa 70 Prozent aller aus Bakterien isolierten Antibiotika stammen von Streptomyceten. Zu dieser großen Familie gehören ungefähr 500 verschiedene Streptomyces-Arten, in denen wiederum Tausende Stämme und Isolate zusammengefasst werden. Stoffe wie Tetracyclin, Erythromycin und Daptomycin, Fungizide wie Ampho-tericin B, das Immunsuppressivum -Rapamycin oder das



Zytostatikum Bleomycin wären ohne die winzigen Synthesemeister undenkbar. Mit Streptomycin aus *Streptomyces griseus* konnten die Ärzte in den 1940er-Jahren endlich die Tuberkulose (TB) bekämpfen. Noch heute ist es ein Mittel zweiter Wahl bei TB. Avermectin aus *Streptomyces avermitilis* wurde zu Ivermectin weiterentwickelt und eröffnet Therapiechancen für Menschen mit Fadenwurm-Erkrankungen wie Onchozerkose und Elephantiasis. (...)

Etwa 70 Prozent aller aus Bakterien isolierten Antibiotika stammen von Streptomyceten (...). Diese Quelle für möglicherweise interessante Verbindungen gilt keineswegs als erschöpft. Bisher sind ungefähr 150 Genome aus der Bakteriengattung charakterisiert, die jeweils 20 bis 50 Gen-Cluster für -Sekundärmetaboliten enthalten. Allein aus diesen genetischen Informationseinheiten werden etwa 100 000 Verbindungen postuliert, aber nur von 4 Prozent kann man die Struktur vorhersagen.

Bedenkt man nun, dass mehr als 500 verschiedene Spezies der Streptomyceten sicher beschrieben sind, die jeweils wahrscheinlich auch über entsprechende Gen-Cluster verfügen, bleibt noch viel zu entdecken. Zudem kommen durch die rege genetische Variation an den Enden des *Streptomyces*-Chromosoms vermutlich weitere Strukturvariationen hinzu. Die Organisation der Synthesen aus modularen Einheiten stellt quasi einen riesigen Baukasten an Enzymfunktionen dar, deren Gene immer wieder neu gemischt werden. Dies passiert auf natürlichem Weg. Aber auch akademische und industrielle Forschungsabteilungen erkunden das Kombinationspotenzial dieser »Baukästen«.

Streptomyceten sind streng aerob und können gut in Flüssigkultur unter kräftigem Schütteln gezüchtet werden. Der Nachteil ist, dass sie dann -keine Sporen bilden. Da die Synthese vieler sezernierter Moleküle jedoch an eine Sporenbildung gekoppelt ist, lassen sich in einfacher Schüttelkultur -keine Antibiotika gewinnen. Dieses Problem kann man zum Teil umgehen, indem geeignete Signalmoleküle zugefüttert werden. Alternativ lässt sich durch eine Co-Kultur mit anderen Organismen eventuell die Produktion der gewünschten Sekundärmetaboliten induzieren. Und schließlich versucht man auch, komplette Gen-Cluster aus *Streptomyces* zu isolieren und in einem anderen Organismus zu exprimieren.

Zweifelsohne sind die pharmazeutischen Fantasien, die sich um das »Streptom« ranken, keineswegs erschöpft. Das lässt hoffen – auch in Zeiten, in denen dringend neue Antibiotika benötigt werden.

**Source:** Pharmazeutische Zeitung online, <http://bit.ly/1pNTMDT> (20.04.2016)

## Reportage

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### 1. Tales of death, torment as tuberculosis ravages young lives in Delta

The Eku environment, a semi-rural community detached from Abraka, the university town of Delta State, is still and quiet. A section of the community, away from the hustle and bustle of community life, houses the Tuberculosis and Leprosy Referral Centre, a centre established by the Delta State Government for all tuberculosis and leprosy confirmed cases in the state.

But as the name tuberculosis repels people from the sufferer, the road leading to the centre is one of a god-forsaken type.

Hence, Mr. Chiedozi Onyeukwu, the Executive Director of Krucial Aid Nigeria, a non-governmental organisation that works with foreign donors to alleviate the pains of tuberculosis patients, said as the disease repels people so also the road to the centre is repellant, nauseating and disgusting.

While the road may not be of importance in this report, the pains and challenges of the tuberculosis patients will be most vital in this regard.

Besides the attendant trauma of the patients occasioned by continuous coughing and discomfort, the apathy of the Nigerian government towards assisting tuberculosis patients in the country is most worrisome. Consequently, most patients die as the disease ravages the body system.

The case of late Favour Okiemute, a 25-year-old graduate of Microbiology from the University of Lagos readily comes to mind. Prior to contracting the disease in 2010, Favour was the darling of her home in Sapele, an ancient town in Delta State.

After graduation in 2011, Favour had her youth service in Benin City where she was diagnosed with





tuberculosis. But Favour was not too favoured as her name signifies.

The disease affected her drastically, reducing her to a shadow of herself. Medical personnel battled to rescue her, applied all known medications, referred her to several centres but efforts to save her life did not yield the needed result. And on May 21, 2013, after much struggles, the lady passed on.

Her case is one among others who are dying unheard of in the rural communities of the country. Another case, although not dead, but currently on the sick bed, is that of a 21-year-old Mercy Ojonogo, a Linguistic graduate of the University of Benin. Mercy has graduated from the university and currently waiting for mobilisation for the National Youth Service Corps.

According to her, "I was working on some projects and conducting research when I took ill. School wasn't in session and I wanted to make some extra preparations for the next semester before I discovered the disease. That was in May 2014 when I was in my final year." She further said, "I had been to the Central Hospital, Warri, then I was referred to one closer to my home.

"I also went for some private checks to double check what the government hospitals were saying; just to be sure. In all these movements, the experiences weren't so interesting. The treatment, though is free, but no expense can be spared in ensuring that the living condition of one undergoing such treatment is adequately conducive."

Mercy is, however, optimistic of a better future because she is recovering as the doctors at the Eku referral hospital are committed to the welfare of the patients. This, she confirmed, saying "the workers are committed to their work, they have listening ears and are ready to help out as much as they can."

In the midst of her gratitude to the doctors and nurses, Mercy's youth service is pending until she has fully recovered and gets mobilised for the youth service. John Osioni from Ughelli, is another case of tuberculosis patient.

Osioni, a 21-year-old student of Delta School of Health Technology, is another typical example of a tuberculosis sufferer. He discovered the disease between 2012 and 2013 when he was in Senior Secondary School (SS III).

According to him, it started with coughing and fever. Unknown to him, he was busy treating malaria while the tuberculosis was developing in her. "We later discovered and started treating the tuberculosis.

"We discovered from where I was receiving treatment, the lady observed that the sickness was not going and therefore recommended that I go for tuberculosis test and the test showed positive. And so, for the past five years, we have been on it.

"Ever since, it has been weighing me down, chest pain, back pain, all the joints, everywhere is paining me. I've stopped schooling, I deferred the admission because of the pains. We were about to resume year two when the thing weighed me down and I couldn't continue. And so last year July, I had to stop school to concentrate on the treatment. And by the grace of God I'm getting better."

Forty-year-old Donald Ebie from Agbaroh has more bitter tales to tell. Although he appears hopeless following his narrative, he seems not to be aware of the situation surrounding his health.

Ebie, who works as an accountant in a finance company, is depending on the grace of God to survive the trauma. He discovered the disease in 2012 and had visited several hospitals both in Delta and Edo states but respite appears far away from him.

"I discovered the disease in 2012 in Sapele. I have been to Central Hospital, Sapele twice for treatment. When it couldn't work, I left for Edo State where I was admitted at Ogan Hospital and I stayed there for almost four months.

"After certifying me okay, I was still coughing but the doctor said I was okay and that they had done all they could for me. I said I was not sure I was okay going by the way I was feeling. It was then that they referred me to Eku to continue with the treatment. My experiences have been terrible. I could not walk a long distance, even to take my bath was problem to me. I coughed a lot and yellow sputum was coming out of my mouth."

But his fate seems to be hanging in the balance because, according to him, the doctors at Eku Referral Centre had told him that he had received all the treatments he needed to receive but was



only asked to wait for a class of experts to see what could be done for him.

Mrs. Meg Ike, Senior Programme Officer of Community Medicine Department of the Institute of Human Virology Nigeria, a Principal Recipient under the Global Fund Round 9, told this reporter that tuberculosis is a disease that could be cured within six months. But the poor attitude of Nigerians to health management, according to her, leads to tuberculosis patients graduating from the initial susceptible stage to drug resistant stage which if care is not taken, could lead to the third stage which remains absolutely incurable as far as medical science is concerned.

She said many patients had died out of poor understanding and unguarded treatment of tuberculosis. She said the susceptible stage of tuberculosis could be treated within six to 12 months while the second stage which is drug resistant tuberculosis goes for 20 months, which is divided into two sections.

Tracing the foundational cause of tuberculosis, Meg said, "People are not supposed to live in crowded places; you need ventilation around you. People should not smoke, people should eat very well so that they look healthy because when your immunity is compromised, you become susceptible to diseases, including tuberculosis."

She said the third stage of the disease has no cure for now, adding, "we are not sure that anything could be done to rescue the person at this stage of the disease."

Executive Director of Krucial Aid Nigeria, Mr. Chiedozie Onyeukwu, under whose organisation the Global Fund is assisting the multi-drug tuberculosis patients in the state, said his organisation had battled to ensure that tuberculosis is eradicated from communities in the state.

Onyeukwu, who took this reporter to Eku where he and his team organised a sensitisation workshop for over 40 Drug Resistant Tuberculosis (DR-TB) patients and their Treatment Supporters, with the aim of treating, preventing and controlling tuberculosis, explained that the fight had been both successful and challenging.

He said that his organisation had experienced certain challenges which ranged from treatment default and abscondment, drug side effects (loss of hearing), treatment failure, while most complicated cases have led to death among patients.

He expressed pains that after the global partners have spent much on the treatment, some patients still die following their default in the treatment.

"We have continuously ensured that patients do not stop the treatment before it is completed, allowing the bacteria to mutate and move from the ordinary susceptible stage to the drug resistant stage. We've tried to monitor them so that they do not default and go down with more severe tuberculosis which is more difficult to treat requiring, on average, two years of medication.

"We call on Nigerians to join in the fight to eliminate TB in our communities and make our communities safe," Onyeukwu said.

He explained that KrucialAid Nigeria has the objective of promoting behavioural change about tuberculosis in communities and strengthening tuberculosis prevention and control in Nigeria.

Dr. Alexander Akpodiete, the Deputy Control Officer of the referral centre, revealed that not less than 500,000 people are affected by tuberculosis every year in Nigeria with only 100,000 infected persons finding access to health care facilities across the country.

He also said in Delta, there are estimated cases of 15,000 patients per year but medical experts say only between 2,500 to 3,000 are available for treatment annually. Akpodiete who gave lurid details of the disease in Nigeria revealed that the country ranks 10th among the 22 high burden tuberculosis countries globally. Dr. Akpodiete said though the World Health Organisation has declared the disease a global emergency, it has remained one of the world's major causes of ill health and death.

Research findings, according to Akpodiete, are indicative that one third of the world's population, a total of two billion people, are carriers of tuberculosis, noting that more than nine million of the figure are sick each year with active tuberculosis that could spread to others.

According to him, the disease affects people in resource-poor settings, particularly Africa and Asia and it poses a challenge to developing economies as it primarily affects people during most of their productive years. He said that more than 90 per cent of new TB cases and deaths occur in developing



# NEWSLETTER

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countries.

He said globally, tuberculosis is the second greatest contributor among infectious diseases to adult mortality, causing approximately 1.7m deaths a year worldwide.

He said given the increasing trend towards globalisation, trans-national migration and tourism, all countries are potential targets for outbreak of tuberculosis.

He called on Nigerians who are infected or have knowledge of those infected in their communities to bring them forward for treatment, explaining that tuberculosis is curable and treatment is free, since it is funded by Global Fund to Fight AIDS, Tuberculosis and Malaria.

In confirmation of the apathy of government towards tuberculosis patients, the Delta State Ministry of Health could not provide any data regarding the state efforts towards fighting the disease and aiding the patients to survive the trauma.

Contacts made to the ministry were unproductive as our correspondent was told that there is no data in the ministry regarding the state's efforts at combating the spread of tuberculosis.

**Source:** Punch Newspapers, <http://bit.ly/1VC72tz> (16.04.2016)

## Impressum:

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