

Yes, we can end TB



LETTERS

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TUBERCULOSIS (TB) remains a significant global health challenge with an estimated 10.6 million people falling ill and 1.3 million dying from the disease in 2022 alone. This makes it the second largest infectious disease killer after Covid-19.

In Malaysia, 26,781 cases of TB were recorded in 2023, a 5% increase from the previous year.

Despite being preventable and curable, TB has remained a leading cause of death from infectious diseases for decades. The numbers in 2022 were the highest since the World Health Organization (WHO) began its global monitoring in 1995.

Two years after the disruptions caused by the Covid-19 pandemic, there has been a major global recovery in the number of people diagnosed with TB and treated. These figures likely suggest a sizable backlog of people who developed TB in previous years but whose diagnosis was delayed due to Covid-19.

The bacteria causing TB spread through tiny droplets released from the nose and mouth into the air during sneezing, coughing or talking. When inhaled, the bacteria enters the lungs, producing symptoms like persistent coughing, fever, chills, night sweats, weight loss, lack of appetite, fatigue, and coughing blood.

The disease thrives in crowded environments and typically affects the lungs (pulmonary TB), but it can also affect other sites (extrapulmonary TB).

People at high risk of developing TB fall under two categories:

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> Those who are in close contact with someone who has active tuberculosis, such as living under one roof with the infected person or caring for a patient diagnosed with TB; immigrants who have migrated from countries with high rates of TB or groups with high rates of TB transmission, such as homeless persons or injecting drug users; and

> Those with weakened immune systems such as people living with HIV/AIDS, diabetes, chronic kidney disease or chronic lung conditions, smokers and even the elderly.

To treat a person diagnosed with TB, a combination of four to five different antibiotics, known as anti-TB drugs, is recommended for at least six months. With the appropriate treatment taken for the suggested duration, the condition is entirely curable.

However, it is crucial to follow the treatment advice provided by the doctor. Regular follow-up to check the progress is also vital to ensure that the treatment is working.

It is important to complete the recommended treatment to prevent drug resistance, wherein the bacteria no longer respond to either one or more drugs. Treatment options then become limited and expensive, and patients would also experience many adverse effects from the drugs.

In Malaysia, the National TB Control Programme and National Strategic Plan, supported by three key pillars, align with WHO's targets to combat TB.

The first pillar emphasises integrated, patient-centred care and prevention, including early case detection, and successful implementation of the BCG vaccination programme. Screening high-risk populations, like prison inmates and substance abuse victims, is an important strategy in early detection, even in asymptomatic individuals, as it enables timely intervention.

The second pillar goes beyond healthcare, promoting government stewardship and accountability, ensuring quality-assured anti-TB drug supply and reducing treatment costs to alleviate the burden on patients.

The third pillar focuses on research and innovation to improve detection, treatment and control methods, and developing new drugs and vaccines.

Community initiatives have already caused remarkable shifts in the fight against TB, yet individual awareness of preventative methods remains vital. Methods such as practising hand hygiene, proper cough etiquette and wearing masks in crowded places are essential.

Quitting smoking, maintaining a balanced diet to strengthen the immune system, and avoiding close

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In Malaysia, TB initiatives not only contribute to ending the disease but also to bolstering primary healthcare, achieving universal health coverage and advancing the UN Sustainable Development Goals.

Dr Sapna Shridhar Patil, Dr Ameya Ashok Hasamnis, and Prof Dr Wee Lei Hum, Faculty of Health and Medical Sciences, Taylor's University

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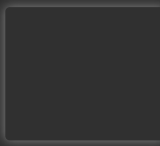
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