

17th December 2008 Turbo AIDS-TB epidemic explodes in southern Africa



[<http://www.who.int/mediacentre/news/releases/2008/pr48/en/index.html>]
XDR-TB Spread the Story. Stop the Disease.

[http://www.metacafe.com/watch/1827885/xdr_tb_spread_the_story_stop_the_disease/] -

Dec 17 2008 - Like other forms of TB, XDR-TB is spread through the air. When a person with infectious TB coughs, sneezes, talks or spits, they propel TB germs, known as bacilli, into the air. A person needs only to inhale a small number of these to be infected. And the world-wide infection rate now has reached the highest level of extremely-drug-resistant TB in the entire modern history of medicine. The world's health services believed they had brought TB under control with the magic combination

of antibiotics and a 100-year-old vaccine - however TB is rearing its ugly head again, in a much more lethal form which is resistant to a huge range of drugs which were always effective in the past. In South Africa the combination of AIDS with extremely-drug-resistant Tuberculosis was first identified in 2002, and has since then caused the deaths of at least 4-million people. Western countries have however not yet awakened to the fact that their populations are equally endangered. http://www.telegraaf.nl/binnenland/2815245/___Meer_tbc-patienten_dan_gedacht__.html [http://www.telegraaf.nl/binnenland/2815245/___Meer_tbc-patienten_dan_gedacht__.html]

Mankind is clearly losing its fight against XDR-TB. And most of these millions of patients live in South East Asia and South Africa. Moreover, the vaccine which has always been so effective in preventing mass-TB epidemics over the past 100 years, has now become totally ineffective against it. New vaccines are urgently needed - and a much faster way must be found urgently to diagnose it in time, before the patients die of it. Without treatment, infected people die of it within four weeks. This was said in the latest issue of The Lancet by top Indian TB experts Dr Mandeep Jassal and Prof William R Bishai (email wbishai@jhmi.edu [<mailto:wbishai@jhmi.edu>])

WHAT IS XDR-TB? Video - Voice of America: <http://www.youtube.com/watch?v=INdBNgOc5Is> []

"Extensively drug-resistant (XDR) tuberculosis has now soared to the highest number of cases ever recorded worldwide," the two TB-experts wrote in The Lancet on December 16, 2008.

Definition: "Extremely-drug resistant tuberculosis," they write, ' is a disease caused by Mycobacterium tuberculosis with resistance to the drugs isoniazid and rifampicin, any fluoroquinolone, and at least one of three injectable second-line drugs (amikacin, capreomycin, or kanamycin). This definition is important when diagnosing TB-patients, as 'it would 'allow more uniform surveillance," they said.

Ten years ago, it still looked as if mankind was finally beginning to win its centuries-old war against tuberculosis with the help of a powerful range of antibiotics and an excellent vaccine. Worldwide many specialist-TB hospitals even closed their doors because the number of patients had dropped so dramatically, including in South Africa before 1994.

Highest XDR-TB rate ever recorded

However, Dr Jassal and Prof Bishai warned in The Lancet this week, "recent surveillance data have indicated that the prevalence of tuberculosis drug resistance has risen to the highest rate ever recorded."

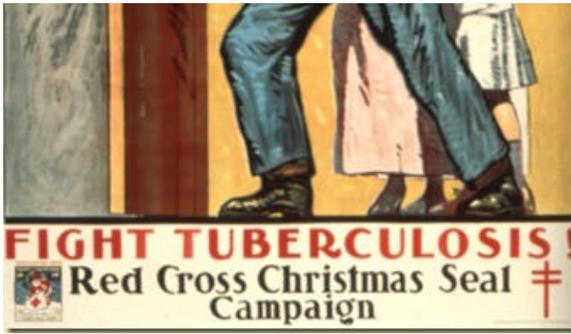
So what has gone wrong in mankind's fight against TB?



[http://lh3.ggpht.com/_ZL3Kngb81qo/SUg8tPTi7-I/AAAAAAAAI3g/rqNOETnEVFg/s1600-h/WWII%20TB%20Poster%5B6%5D.jpg] The most dangerous aspect about XDR-TB - besides its airborne ability to infect people rapidly - is the fact that it takes so long to diagnose. By the time XDR-TB is diagnosed several weeks have passed. If this patient is not isolated during that time, they can and do infect many others around them.

"The gold standard for drug-susceptibility testing has been the agar-proportion method [<http://medind.nic.in/ibr/t02/i4/ibr02i4p217.pdf>] ; however, this technique requires several weeks for results to be determined,' they warned.

That's why it's so very difficult to combat the epidemic



everywhere -- and the most urgent need felt by the medical community is to develop more sensitive and specific diagnostic tests, but these are still unavailable in poorer countries.

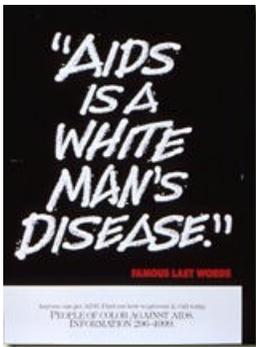
However, XDR-TB is a fast killer everywhere, not only in poorer countries with poor health-care systems, they warned:

- "Clinical manifestations, although variable in different settings and among different strains, have in general shown that XDR tuberculosis is associated with greater morbidity and mortality than non-XDR tuberculosis."

The financial burden on any community with a large number of XDR-TB patients also is very heavy: it requires from 18 to 24 weeks in isolated wards, which also is a tremendous hardship for both the patients and their families. And many health-care workers also rebel against having to work with XDR-TB patients, also because the disease, especially when combined with HIV-infection, often causes a high level of mental instability in its sufferers.

- Moreover, the very countries where XDR-TB is endemic (such as southern Africa) also have serious weaknesses in their national health-care models, they write [[http://www.thelancet.com/journals/laninf/issue/vol9no1/PIIS1473-3099\(08\)X7012-4](http://www.thelancet.com/journals/laninf/issue/vol9no1/PIIS1473-3099(08)X7012-4)] . [[http://www.thelancet.com/journals/laninf/issue/vol9no1/PIIS1473-3099\(08\)X7012-4](http://www.thelancet.com/journals/laninf/issue/vol9no1/PIIS1473-3099(08)X7012-4)]

"TURBO-AIDS"



[http://lh4.ggpht.com/_ZL3Kngb81qo/SUHE0q-J8ul/AAAAAAAAI4Y/FYcK4JG51yE/s1600-h/Aids%20is%20a%20white%20man%27s%20disease%20famous%20last%20words%5B4%5D.jpg]

So how does this cold, clinical summary in The Lancet translate itself into real life - especially for the health-care workers and families who have to deal with this dangerously-infectious disease combination every day in South Africa -- which has the largest infection rate in the world? They even have their own name for it there: Turbo-Aids, because HIV+ patients often die within two weeks of contracting XDR-TB.

According to the medical aid agency Medisins Sans Frontieres, South Africa has an estimated 8-million people carrying the AIDS-virus- and 67 % of them (5,4-million) are also co-infected with extremely-drug resistant TB. They base this assessment on their own findings from their work at the country's only *combined TB+AIDS clinic* at Khayelitsha,

Western Cape.

SUPER-TB KILLER-TIME BOMB: BUT IS ANYBODY LISTENING? ask desperate SA health workers...



[<http://www.tac.org.za/community/files/file/et26.pdf>] Picture: Treatment Action Campaign [<http://www.tac.org.za/community/files/file/et26.pdf>] On August 5, 2008, South African health workers raised an alarm about the growing XDR-TB crisis at a seminar, announcing that the two combined epidemics of XDR-TB and AIDS epidemic are posing a growing threat to workers -- and infecting them rapidly.

This combined super-TB+AIDS epidemic is now soaring out of control throughout the Southern African region, which due to its unstable governance, also has very high migration patterns in and out of South Africa. This is the way XDR-TB is now spreading very rapidly throughout southern Africa.

Even the once so efficient South African health-care system - which still remains the best in the entire sub-Saharan region -- is now cracking under the strain. Many health-care workers warn that they are becoming far too terrified to work with the



increasingly aggressive Turbo-TB-patients - who even deliberately cough on health workers to infect them, out of pure spite and anger.

In South Africa, XDR-TB has become an airborne killer-epidemic which is at large in all the main-stream communities of South Africa, rich and poor -- not just inside hospitals and clinics. It now has also started killing healthy people within just a month -- in the country where, by the way, the FIFA world football cup 2010 tournaments are going to be held, which will bring some 350,000 visitors to the country from across the world.

Yet most of the international health-care and aid-agencies still deal with the AIDS epidemic and the XDR-TB epidemic in South Africa as two stand-alone diseases except for Doctors without Borders, which runs a combined TB-AIDS clinic in the giant township of Khayelitsha near Cape Town. In South Africa, these doctors warn, AIDS has created a mutated form of XDR-Tuberculosis which kills within a month - many patients already have died by the time laboratories can diagnose it as XDR-TB.

There's no vaccine against this form of TB - contrary to what travellers to South Africa are being told. It is nearly untreatable with present-day drugs. And because it takes so long to diagnose, the patients often get the wrong TB-drugs until they die. Video - Voice of America:<http://www.youtube.com/watch?v=INdBNgOc5Is> [<http://www.youtube.com/watch?v=INdBNgOc5Is>]

WILL THE WC2010 SPREAD TURBO-TB ALL OVER THE WORLD?

How much longer can the world 's tourism- and sports-bodies still go on ignoring this growing international health threat - with hundreds of thousands of international soccer fans expected to travel there for the FIFA World Cup in 2010 in South Africa?

Journalist Anso Thom reported in the Cape Times in July 2008 that 'an explosive situation is developing at all of South Africa's hospitals and health clinics'.



[http://lh6.ggpht.com/_ZL3Kngb81qo/SUhK0SuwkHI/AAAAAAAAI44/BVikhzYKLXg/s1600-

[h/TurboTBPatientKhayelitshaMedisinsSansFrontieres%5B4%5D.jpg](http://TurboTBPatientKhayelitshaMedisinsSansFrontieres%5B4%5D.jpg)] The hospitals' doctors, nurses, kitchen employees, drivers and laundry-workers dealing with this rapidly-growing army of (increasingly angry) patients are also rapidly being infected with super-tuberculosis, they warned at the seminar in August. Many colleagues are dying -- *within just a month of infection with extremely-drug-resistant tuberculosis from their patients* -- mainly because the health authorities are completely ignoring the need for countrywide infection control.

Due to the present political turmoil which has left the country 's leadership in limbo and indecisive, at least two provincial health departments - the Eastern Cape and North West provinces -already are so badly managed that they are nearly defunct - leaving thousands of underequipped, underfunded health workers out in the cold, combating a rapidly-spreading killer-epidemic all on their own. A full 40% of the country's public-health jobs are open.

140 TB patients all trying to deliberately cough on you at the same time...

One counsellor working in the Eastern Cape described the situation at the TB hospitals as 'out of control.'

- *"We see patients deliberately trying to infect health workers when they become angry at being locked up to prevent them from spreading the infection," she said. "And when things get out of hand and you sit with them to hear their grievances, you have 140 patients all deliberately coughing their bacillae all over you at the same time."*

A bus driver transporting patients was infected with TB, a chief nurse died of MDR-TB, five staffers treating 16,000 prisoners were infected, 100 staffers at one KZN hospital got TB;

These were only some of the frightening tales told by delegates at a 'skills' session presented by the SA HIV Clinicians Society at the national TB conference in Durban. Worried nurses, bus drivers, and laundry and kitchen staff said that they were becoming very frightened of dealing with these patients, as their colleagues and family members were being killed at a huge rate by the killer-lung-infection contracted through their jobs.

- In South Africa, most of the XDR-TB deaths occur among people with the AIDS-virus. However many people also are dying from it who are HIV-negative.
- Natalie Beylis of the National Health Laboratory Services, said that two of the 54 people who died when extensively drug-resistant (XDR) TB was first identified at Tugela Ferry, KwaZulu-Natal in October 2006 were health workers.

Chief nurse died of Super-TB: but staff get no masks...

A health worker employed at an HIV clinic at one of Johannesburg's large hospitals said it had taken her two months to get the hospital managers to buy a box of masks after the chief nurse (who was HIV-NEGATIVE) was infected with MDR TB and died very quickly.

16.000 prison inmates gave five staffers MDR-TB

A doctor from Chris Hani Baragwanath Hospital said five staff members treating more than 16,000 inmates at a nearby prison had become infected over the past two years, two now suffer multiple-drug-resistant Tuberculosis, which can be treated with only two available drugs.

'TB-vaccine is useless'

- XDR-TB has no cure nor an effective vaccine at all -- and even people who have been vaccinated with the only available TB vaccine, die from super-TB. This once so effective vaccine - which brought Tuberculosis under control all over the world, now is becoming practically useless.

100 staffers infected in KwaZulu-Natal

Another doctor from a hospital in rural KwaZulu-Natal said 100 staff members, including nurses, laundry workers, kitchen workers and cleaners, had contracted TB since 2000.

'Super-TB patients sit in the rear of the bus - that's the only infection control...'

Another doctor from this hospital said 200 MDR TB patients were sent every month to the King George Hospital in Durban on an overnight bus. "They are transported in the same bus as patients going to see other specialists at the tertiary hospitals, including HIV-positive patients," the doctor said.

- *"The best infection control we could put in place was to put the MDR patients at the back of the bus."We are really sitting on a time bomb. We know about it, but we need to ask whether anyone is listening out there.*

"We need to put infection control more firmly on the agenda. We are the ones getting infected, but I remind myself every day not to think about it too much or I wouldn't be able to continue with my job."

Health nurses are often HIV-positive already...

A nurse working at an MDR centre in the Eastern Cape said it was becoming increasingly difficult to recruit staff. "Health workers are often HIV-positive and there is no way you can expose them to the risk," she said.

- *Police often have to be called in to protect doctors assessing whether Super-TB patients could go home, the counsellor said.*

All the health workers complain that countrywide, infection control measures 'poor or totally absent'. Often, where ventilation systems or UV lights had been installed, these were out of order or inadequate.

TB is just ignored:

"I find it laughable that when we have one meningococcal meningitis case then there is an uproar," a doctor said. The patient is placed in a side room and prophylaxis is given to everyone who comes into contact with the patient, but TB is just ignored." Delegates have called for the conference to take a strong stand on the urgent need for infection controls.

Also read:

- [Health- Is South Africa riding its health-care train to total collapse?](http://www.digitaljournal.com/article/263485) [http://www.digitaljournal.com/article/263485]
- [Environment- Polluted SA waterways cause socio-economic collapse](http://www.digitaljournal.com/article/262786) [http://www.digitaljournal.com/article/262786]
- [Health: SA kids get high on free AIDS-drugs-](http://www.digitaljournal.com/article/263448) [http://www.digitaljournal.com/article/263448]
- [Health- South Africans dying much younger, getting much sicker since 1994](http://censorbugbear-reports.blogspot.com/2008/12/south-africans-dying-much-younger.html) [http://censorbugbear-reports.blogspot.com/2008/12/south-africans-dying-much-younger.html]
- [Cholera- SA cholera does not come from Zimbabwe](http://www.digitaljournal.com/article/263286) [http://www.digitaljournal.com/article/263286]

-----SOURCES:-----

[http://groups.msn.com/crimebustersofsouthafrica/alertsonhealth.msnw?action=get_message&mview=0&ID_Message=5136&LastModified=4675683572630393744]

Overworked doctors can't contain Super-TB in Humansdorp - health officials warn [http://groups.msn.com/crimebustersofsouthafrica/alertsonhealth.msnw?action=get_message&mview=0&ID_Message=5136&LastModified=4675683572630393744] Humansdorp district hospital manager Johan Wiggill warns that 'things were becoming totally untenable for the hospital, there are only three doctors left who have to work an average 120-hour week. The mobile TB-clinic treating hundreds of rural patients hasn't been out in the field to distribute medication since June 2008 as some 50% of the nursing posts were vacant. And the East-Cape health department which arranges new appointments hasn't answered its telephones for weeks.

Medicines Sans Frontieres Khayelitsha:

<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0040162> [<http://medicine.plosjournals.org/perlserv/?request=get-document&doi=10.1371%2Fjournal.pmed.0040162>]

<http://news.bbc.co.uk/2/hi/africa/934435.stm> [<http://news.bbc.co.uk/2/hi/africa/934435.stm>]

http://www.int.iol.co.za/index.php?set_id=1&click_id=125&art_id=vn20080703054613602C836123 [http://www.int.iol.co.za/index.php?set_id=1&click_id=125&art_id=vn20080703054613602C836123]

XDR-TB epidemic in SA hospitals 'out of control' warn health workers [http://groups.msn.com/crimebustersofsouthafrica/alertsonhealth.msnw?action=get_message&mview=0&ID_Message=5094&LastModified=4675679992100678817]

'Perfect storm' of AIDS plus killer-TB lashes SA mineworkers [http://groups.msn.com/crimebustersofsouthafrica/alertsonhealth.msnw?action=get_message&mview=0&ID_Message=4923&LastModified=4675679817823334308]

Recent report by Fergus Walsh of BBC-TV: http://news.bbc.co.uk/player/nol/newsid_7260000/newsid_7268200/7268204.stm?bw=nb&mp=wm&news=1&nol_storyid=7268204&bbcws=1 [http://news.bbc.co.uk/player/nol/newsid_7260000/newsid_7268200/7268204.stm?bw=nb&mp=wm&news=1&nol_storyid=7268204&bbcws=1]

<http://www.plusnews.org/report.aspx?ReportID=79107> [<http://www.plusnews.org/report.aspx?ReportID=79107>]

<http://www.abkhaizia.com/content/view/912/67/> [<http://www.abkhaizia.com/content/view/912/67/>]

Super-TB in SA - could it become a worldwide health threat? News summaries:

- http://groups.msn.com/crimebustersofsouthafrica/alertsonhealth.msnw?action=get_message&mview=0&ID_Message=3166&LastModified=4675670165285815775
[http://groups.msn.com/crimebustersofsouthafrica/alertsonhealth.msnw?action=get_message&mview=0&ID_Message=3166&LastModified=4675670165285815775]

- [SA doctor cleared for showing AIDS as cause of death on death-certificate](#)

April 8 2008 - Dr Wagner, former chief pathologist of the Free State and Solidarity trade union member, was cleared of any wrongdoing by the South African Health Professions Council (SAHPC) for showing AIDS as a cause of death on a death-certificate, for which he had been arrested.

<http://www.tac.org.za/community/files/file/et26.pdf> [<http://www.tac.org.za/community/files/file/et26.pdf>]

World Health Organisation XDR-TB info: <http://www.who.int/tb/challenges/xdr/en/index.html> [<http://www.who.int/tb/challenges/xdr/en/index.html>]

<http://medind.nic.in/ibr/t02/i4/ibr02i4p217.pdf> [<http://medind.nic.in/ibr/t02/i4/ibr02i4p217.pdf>]

[http://www.thelancet.com/journals/laninf/issue/vol9no1/PIIS1473-3099\(08\)X7012-4](http://www.thelancet.com/journals/laninf/issue/vol9no1/PIIS1473-3099(08)X7012-4)

Posted 17th December 2008 by [A Stuijt](#)

Labels: [AIDS](#) [TBC](#) [TB](#) [TUBERCULOSIS](#) [TURBO-AIDS](#) [collapsing health service](#)



View comments

1 comment



Add a comment

Top comments



Johanna van Heemstraten 6 years ago

Super-TB-epidemic out of control - leading cause of deaths in Gauteng

11/09/2008

Johannesburg - Tuberculosis (TB) has been a leading cause of deaths in Gauteng, a provincial public health pro?le report has found.
Gauteng Health MEC and ANC-assembly member Brian Hlongwa released the report in Sandton on Thursday.

The report 'was a ?rst attempt at showing what

Read more (21 lines)