

TB is a Serious Problem in India-Need More Awareness Creation Strategies

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M o u m i t a K o l e y

TB is a severe disease but people, in general, are uninformed. We brush off the TB related concerns as unrequired. In this article, we have summed up some relevant information concerning TB. It is also essential to understand that there is enough information about TB across various websites. Still, there is a lack of initiatives to present them in an organized manner to the public.



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The WHO released the 2018 Global TB Report (1), and according to that report, worldwide, 'TB is one of the top 10 causes of death'. Also, do not be surprised if I mention that death caused by TB is above HIV! The bacterium called *Mycobacterium tuberculosis* what causes TB. However, even if someone is infected with the TB bacteria (*Mycobacterium tuberculosis*) does not necessarily become sick from TB. Two TB-related conditions exist in patients, latent TB infection (LTBI) and TB disease. In the case of latent TB, the infected person does not feel sick or has any symptoms. However, on average, one out of 10 latent TB patients will develop TB disease in the future.

Moreover, the risk is higher for people with compromised immune systems such as HIV, diabetes patients, etc. Even if TB is a severe threat in countries like China, India, Pakistan, the Republic of Congo, etc., it still a concern in developed countries like the US. According to a report, around 13 million people in the US have latent TB and are not getting any treatment (2). TB bacteria are airborne and spread through the air from one person to another. When a person with TB disease of the lungs or throat coughs, speaks, etc., they spread the bacteria in the surrounding. People nearby may breathe in and become infected. TB, which affects other parts of the body, such as the kidney or spine, is usually not infectious.

There are standard treatments available for TB, but TB disease can be fatal if not treated properly. Considering the severity of the conditions, WHO has declared new strategies in 2018 to fight the TB epidemic. WHO has laid down a system called 'End TB' to eradicate the TB epidemic by 2030 (3). With this strategy, WHO has set two primary targets to be achieved by 2030-i) a 90% reduction in the number of TB deaths, and ii) in comparison with the levels of 2015, an 80% reduction in the TB incidence rate (new cases per 100 000 population per year).

One-quarter of the world's population is estimated to be infected with TB and the 30 countries with high TB burden accounts for 87% of new TB cases (4). Eight countries accounts for two third of the total cases. A shameful statistic for us- 'India is leading the TB burden of the world with a contribution of 27% of all the TB affected people, as per the WHO released statistics of 2017' (5). Even if there are treatments available for TB, a Multi-Drug Resistant TB (MDR-TB) is the cause of serious concerns. India is also leading in cases of MDR-TB. Nearly a quarter of the world's MDR-TB cases are in India (24% as of 2018). India has more than a million "missing" cases every year which have never been reported. This reason being, most TB cases remain either undiagnosed or unaccountable or inadequately diagnosed and treated in the private sector, and then never been reported.

Considering the scenario mentioned above, what are measures for treating and reducing TB in India? Indian Government had set an ambitious target of eliminating tuberculosis (TB) by 2025 (6), five years ahead of the global target. As per the WHO standard, elimination of TB signifies that for a population of one million, there should be less than one case of TB.

TB treatment & care in India is provided in the public sector by the Government's *Revised National TB Control Programme (RNTCP)* (7) and private sector health providers. The private sector is substantial in size in India, and more than half of all TB patients usually get treated using expensive private care facilities. Nevertheless, many patients are unaware that all the medicines needed to treat TB patients are available free of cost at Indian government hospitals. Unfortunately, most people tend to spend considerable amounts in private hospitals. However, the cost of treatments is clearly stated on the RNTCP webpage (8) (https://www.nhp.gov.in/revised-national-tuberculosis-control-programme_pg). As of 2020, the Government has renamed the RNTCP to National Tuberculosis Elimination Program (NTEP). As mentioned earlier, latent TB must also be appropriately treated to prevent it from developing a TB disease. However, in high to upper-middle-income countries, such treatments are possible. In contrast, in India, with a very high TB disease burden, latent TB does not get enough attention, and there is no national policy on latent TB. Under such circumstances, latent TB treatment needs to be individualized and primarily targeted towards high-risk patients (9). It is also essential to understand that if we are exposed to active TB patients, then there is a chance of getting infected since TB is a highly contagious disease. Therefore, awareness about TB is essential among every citizen.

There is no dearth of information related to TB. However, to find it in an organized manner is a challenging task. This is a clear hindrance in building profound awareness about TB related aspects, starting from diet to treatment methods and facilities. Many people are still under the assumption that it's a poor man's disease and it won't touch the financially well off part of the society. However, that is such a wrong perspective, anyone can get affected by TB, and the perfect example is Mr. Amitabh Bachchan, the legendary actor. Mr. Bachchan enjoys every possible good living condition, but still, he suffered from this disease. He mistook spinal tuberculosis for recurring back pain, according to the available reports. Fortunately, the disease got detected well in time, and with the proper treatment, he got cured. This story must open our eyes, and we must be vigilant of any possible signs of TB. Besides, awareness is essential for infected people as well, not only for their treatments but also for others' well-being around the patient. An active TB patient should be aware of few things, such as covering the mouth while coughing and sneezing, washing your hand after coughing or sneezing, keeping up with doctors' advice, and not visiting or inviting other people home, etc.

Also, we are not scared of TB as much as we are of cancer or AIDS since there are available cures for TB. However, despite readily available treatments, insufficient awareness does not help the cause. Modern diagnostic technologies such as GeneXpert, suboptimal care facilities, and new drugs such as Bedaquiline are not accessible in many areas. Additionally, under nutrition, smoking, and diabetes are major driving forces behind the rise in TB cases. The investment towards the development of new drugs for TB, especially multidrug-resistant TB, is also inadequate. According to WHO reports, there is a severe lack of antibiotics in clinical developments (10). The apparent reason is the big pharma companies' inactions in developing new TB drugs. Since developing and under-developed countries are the primary sufferer of this disease, and the prospect of monetary benefits is not lucrative enough for the pharma giants.

Although the mortality rate due to TB has reduced quite a lot, the pace at which we are progressing is far slower to achieve the target of eliminating TB. So we all need to work in sync to realize our dream of eradicating TB from our country. One of the very first steps must be more awareness about the disease. The TB magazine can play a useful role in increasing TB awareness among the general population. Communications of scientific facts about TB through easily understandable language (regional languages) will also help a large section of society to stay more informed.

References

- 1.<https://apps.who.int/iris/bitstream/handle/10665/274453/9789241565646-eng.pdf?sequence=1&isAllowed=y>
- 2.<https://baptisthealth.net/baptist-health-news/heres-why-tuberculosis-can-still-be-a-serious-threat-in-the-u-s/>
- 3.https://www.who.int/tb/post2015_strategy/en/
- 4.<https://www.who.int/news-room/fact-sheets/detail/tuberculosis>
- 5.<https://www.downtoearth.org.in/news/health/india-still-has-the-biggest-tb-burden-67307>
- 6.<https://tbcindia.gov.in/WriteReadData/NSP%20Draft%2020.02.2017%201.pdf>
- 7.https://www.nhp.gov.in/revised-national-tuberculosis-control-programme_pg
- 8."RNTCP gets name change, now called National Tuberculosis Elimination Program (NTEP)", 2020,<https://medicaldialogues.in/rntcp-gets-a-name-change-now-called-national-tuberculosis-elimination-program-ntep>
- 9.Saha S, Kumar A, Saurabh K, Shankar SH, Kashyap A, Nischal N, et al. Current status of treatment of latent tuberculosis infection in India. Indian J Med Sci 2019;71(2):54-9
- 10.<https://www.who.int/news/item/17-01-2020-lack-of-new-antibiotics-threatens-global-efforts-to-contain-drug-resistant-infections>