



Ministry of Health

TUBERCULOSIS: Act to end TB today



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Minister of Health

Tuberculosis (TB) is an infectious airborne disease and is transmitted through air from a known or unknown TB patient mainly through coughing, sneezing and talking. As Uganda refocuses its energies to the fight against Tuberculosis, the country remains among the 30-high burden TB/HIV countries in the world. TB still causes significant loss of lives and ill health to Ugandans each year with 80,000 new TB cases much higher than HIV (60,000 new cases). This was shown in the first national population-based TB disease prevalence survey conducted 2014-15, the prevalence of TB was 253/100,000 population. The annual notification for tuberculosis is 45 284 (50%) new TB cases of the estimated.

In 2017, 46% [36,800] TB patients were not diagnosed, majority of whom are men they remained in the community and continue to spread TB in the community. Among those notified, only 70% get treated successfully [completed treatment or cures], 6% died during the course of their treatment, while 11% never completed their treatment, they got lost to follow up.

The Ministry of Health National TB and Leprosy Programme strategic plan 2015/16-2019/20 highlights the need to collaborate and engage with key stakeholders in ending the TB epidemic.

TB is a threat to HIV positive people, pregnant women, children, people with chronic diseases like diabetes, cancers, health workers, prisoners, refugees, contacts of people with

TB disease and most importantly among men. These groups may develop TB due to exposure or low immunity.

There is also the growing public health threat of Multi Drug Resistant (MDR) TB where the country is notifying only 26 % of the estimated MDR-TB cases. Death among patients with MDR TB is very high, however diagnosis and treatment early reduces this death rate. In 2017, 489 MDR-TB cases of the estimated 1900 cases that occurred were detected. This situation is threatening though there has been some progress in finding missed MDR cases but a lot is required to end the TB epidemic.

As the Ministry of Health, the government has invested in new diagnostic technologies like the Gene Xpert machines. These machines help in diagnosis of TB within 2 hours hence reducing patient waiting time at facilities. We now have 249 functional GeneXpert machines spread out in 227 health facilities covering all districts. Although the utilization of these equipment has improved to 9.1% tests per day, this still falls short of the expected 12 tests.

TB smear Microscopy is widely spread country wide with 1,587 tuberculosis diagnostic units performing either bright field or fluorescent microscopy. TB patients diagnosed by the microscope should initiate treatment on the same day of diagnosis but efforts should be made to determine the resistance status through sending a sample to GeneXpert test to rule out any TB drug resistance.

The Ministry has also made available free TB treatment with shortening of the treatment period for both sensitive and resistant TB of down from 9 and 24 months to 6 and 12 months respectively. There is however stagnation in TB treatment outcomes with a poor treatment success rate of just 70% far below the national and global targets.

An area of legislation is about patient rights and responsibilities in disease prevention to enable patients access quality services but also take responsibility to complete treatment to avoid transmission of TB to the public. One of the TB prevention therapies is TB prevention using appropriate preventive therapy especially in vulnerable populations like PLHIV and children <5 years who are contacts of TB patients. The ministry has made available appropriate policy guidelines and courses for eligible clients.

Research has demonstrated that low awareness and stigma about TB disease, may be leading to low case finding for TB, inadequate capacity for TB diagnosis,

TB infection prevention & control, including poorly ventilated housing & public spaces, lack of isolation & transport facilities for people with infectious diseases such as Multi drug resistant tuberculosis, high levels of loss to follow up, large number of missed cases among the young men (age range) with sporadic increases of TB patients in schools, over 40% of TB patients experiencing catastrophic costs while seeking TB services. Early implementation of key strategies including the Active Case Finding tool kit, Public private Mix, Detect Child TB, implementation of quality improvement based mentorship, Contact tracing, TB community awareness and empowerment are some of the mechanisms that can help to curb the TB scourge.

I would like to inform the public to take note of TB signs and symptoms which include: Cough for 2 weeks or more (for known HIV patient cough is regardless of duration), sometimes with sputum (spit) which can be blood stained, fevers especially in the evening, sweating especially at night, unexplained weight loss, poor weight gain for children, history of TB contact for children under 5 years, chest pain, sometimes lumps (swollen lymph nodes) in the neck or armpits.

The Ministry of health is now focusing on prevention and disease control, this therefore calls for special precautions that must be taken to avoid people contracting TB from patients by early diagnosis and treatment, observing proper cough habits - Cover mouth with handkerchief, any other piece of cloth or an arm/elbow when you cough or sneeze, patients using masks, keeping the environment clean, proper architectural planning to allow proper ventilation, opening windows, doors including those of public transport vehicles like buses and taxis, avoid crowding, persons in close contact of persons with TB should be checked for TB irrespective of having or not having TB symptoms.

If someone develops signs and symptoms of TB seek early medical checkup from a health facility- Health Center III, Health Centre IV or hospital. TB services for testing and treatment can be found at all public health facilities and some private ones supported by Government. TB is CURABLE if medicines are taken as instructed by health providers to completion.

LET'S ACT TO END TB TODAY