A “WELLNESS” APPROACH TO REDUCE THE BURDEN OF TB

Wellness and good health have historically been seen as freedom from disease.

This historical perspective on wellness is changing. While virtually everyone agrees that absence from illness is a primary component of being healthy, it doesn’t however indicate anything about your state of well-being.

As a state of health, wellness is closely linked to our lifestyle and the choices we make. Each individual has a responsibility to themselves to provide for the essentials of good health – that being proper weight control, good nutrition, physical activity and exercise, and controlling of health risk factors such as tobacco use, alcohol and drug use and/or abuse. These things all have a role in wellness.

The Ministry of Health (MoH) has now adopted this approach linking it to their Annual Corporate Plan and National Strategic Plan to encourage individuals and communities to take good care of ourselves and make healthy lifestyle choices so that we are healthier, more productive, miss work less, and have lower healthcare costs.

Lifestyle and the choices we make have been found to be the most important factor in determining our overall health.

It’s important for us to be educated about our health and “take charge” of our lives with healthy lifestyle-related goals.

While medicines is focused on alleviating diseases, the WELLNESS approach to things encourages us to take responsibility for your own personal well-being.

The Symbol of the Fight Against Tuberculosis

In the 4th International Tuberculosis Meeting in Berlin in 1902, Gilbert Sersiron, the general secretary of the Federation of Associations Against Tuberculosis, proposed to adopt the double-barred cross of Lorena as the international symbol of the fight against tuberculosis.

It is the cross of Godofredo de Bouillon, prince of Lorena, that was on the banner of the conquest of Jerusalem in 1099.

The symbol was transformed to signify a collective international approach to fight against tuberculosis.

At the International Meeting in Rome in 1928, the Council of the International Union Against Tuberculosis (CIUA) recommended to adopt the double-barred cross of Lorena as a symbol of the worldwide tuberculosis fight.

WELLNESS

is a proactive and preventative approach that’s designed to provide optimum levels of health, emotional and social functioning and involves our recognition that we have psychological, physical, spiritual and social needs that are necessary for us to have higher levels of functioning and emphasizes the whole individual. It’s the integration of the spirit, body and the mind to understanding that everything we do, feel, think and believe has a direct impact on our state of health.

Tuberculosis (TB) is an ancient disease and one of the most infectious but it is CURABLE. MoH through its Grant Management Unit and grant affiliates such as Fiji Red Cross Society (FRCS), Fiji Nurses Association (FNA), Fiji National University and the National TB Programme’s fight to reduce the burden of TB has also adopted this approach whereby more targeted community empowerment programs and activities to influence better health seeking behavior and encouraging the population at large to live healthier lifestyles through the implementation of effective community outreach activities focusing on community partnership in TB control with schools, community leaders, health workers, community and faith based organisations.

These activities will be implemented in high burden TB areas and targeting the high risk and underserved populations.

Apart from focusing on these activities there are numerous other activities that MoH will focus on such as pursuing high-quality DOTS expansion and enhancement, address TB/HIV, multidrug-resistant TB and the needs of poor and vulnerable populations, contribute to health system strengthening based on primary health care, engage all care providers and enable and promote research.
Tuberculosis (TB) has become one of the most seriously neglected and underestimated health, human rights and poverty problems of our era. No one can deny that TB is reemerging in many regions of the world as the Millennium’s gravest threat to global health and well-being. In particular its synergistic relationship with HIV/AIDS makes it a double burden on those populations that we know are already suffering the devastating social, economic and health impacts of HIV/AIDS.

The impact of tuberculosis on overall health status and socio-economic well-being especially of the most-vulnerable is extensive. Of even greater concern is the cost of inaction or inadequate action.

Furthermore, if we allow the proliferation of inadequate TB-treatment services, unsupported family care practices and incorrect self-treatment, we face an even greater humanitarian and epidemiological disaster in the rise of multi-drug resistant TB (MDR-TB).

We cannot be complacent. The combined stigma of HIV/AIDS and TB represents virtual ostracism for those concerned. None of us can afford to ignore this gross violation of the right to health and the right to a just livelihood.

Yet parents with HIV/AIDS who become sick with TB can actually extend both their longevity and quality of their lives with proper TB treatment, postponing their children’s orphan hood. Our people have a right to the cure for TB, the right to care when they have HIV/AIDS and the right to be protected from duel stigmatization as the antithesis of health.

Our national investment plans must be multi-sectoral and involve a broad partnership going beyond the health systems and including civil society, private sector, NGOs and the community. On the Government side, there must be a multi-sectoral government partnership and not just Ministries of Health who already must carry many burdens in an increasingly curtailed financial environment.

I urge all of us on behalf of the millions of people already suffering and the millions under potential threat from TB not to fail in our commitments and our duty in fighting the devastating scourge of TB.
Ms Tuivakali was diagnosed with TB in October last year and was admitted at the PJ Twomey Hospital in Tamavua from November to January this year.

Sharing her story at the World TB Day celebrations in Valelevu, Nasinu, she recalled the time when she lost most of her friends.

"When I told my friends about my diagnosis, it changed the way they looked and treated me. People thought I contracted it through witchcraft and friends started to stay away from me as if I had some kind of deadly contagious disease."

But the strong support from her family while being admitted at the hospital helped her in her speedy recovery. Ms Tuivakali said people needed to understand that emotional support was fundamental to the recovery process of TB patients.

"World TB Day is a good time for people to come and learn more about the disease and hear the stories that patients and survivors have to tell. I am happy this day is set aside for TB awareness. I had been coughing a lot, I lost my appetite, I lost weight and when I went to the doctor, all I got was a sick sheet, and the usual cough mixture and panadol," Ms Tuivakali said.

The Nadi resident said her condition got worse as the medication she received did nothing to cure her illness.

"I started losing hair, I had chest pain and I lay on my bed with my mother beside me thinking that it was my deathbed and my friends and work colleagues did not want anything to do with me," Ms Tuivakali explained.

A relative then explained the symptoms of TB and urged Ms Tuivakali to get tested in Suva. The TB survivor came to Suva with her mother and was admitted immediately after she tested positive for the disease.

"I could’ve died, I owe my life to my mother, my uncle, doctors and nurses at the PJ Twomey Hospital who helped me get through the ordeal which I wish on no one else," she said. You don’t have to live with TB all your lifetime, it is curable and preventable," she said in her closing statement.

World TB Day celebrations aligned to the Stop TB – In my lifetime theme was s conducted in three major divisional centers.

A joint collaboration between the TB project grant partners, National TB Programme (NTP), Fiji Red Cross Society (FRCS), Fiji Nurses Association (FNA) and Fiji National University (FNU) a different approach was taken for this year’s celebration in high burden areas.

These were Valelevu in the Central division, Lauwaki Village in the Western division and Rabi Island in the Northern division all of which currently fall into the high burden TB areas.

Major celebrations in the central division were officially opened by H.E The President of the Fiji Islands with speeches from WHO, TB survivor and TB Ambassador.

Also as a first for the country a TB Ambassador, Ms. Alisi Rabukawqa, Miss Hibiscus/South Pacific 2011 was appointed as part of the Advocacy, Communication and Social Mobilization (ACSM) committee’s strategy to improve advocacy and social mobilization efforts who also delivered an address to members of the public who turned up for the celebrations in the central division.

The TB ambassador will advocate during events such as the Hibiscus Carnival and other South Pacific pageants. She has also expressed her sincere interest to form a TB patient’s support group. As the ambassador is currently completing her studies at the University of the South Pacific (USP) she has advocated our issues with Students Association to create more awareness within the USP campus.

As part of WTBD 2012 activities, celebrations were also held at the three Directly Observed Treatment (DOT) centers in PJ Twomey Hospital, Lautoka Hospital and Labasa Hospital.

A morning tea and press conference was organized with patients at the PJ Twomey Hospital’s TB ward which highlighted the announcement of the TB Ambassador and also addresses given by the Deputy Secretary Public Health of MoH as well as senior officials of NTP.

The celebrations also allowed members of the media and the TB Ambassador to interact with TB patients admitted in an effort to reduce stigma towards TB patients. Promotional items in the form of TB Free T-shirts, radio and television spots, messaged handkerchiefs and key tags were produced and distributed during WTBD 2012 celebrations at the three mentioned divisions along with other informative IEC materials to influence and encourage behavior change amongst members of the public.

Collaboration efforts in order to target high risk populations, the National HIV Programme and Valelevu Health Center also set up display booths during the celebration along with numerous other health based organizations.

Specific IEC materials have been proposed to be produced in Phase II of the Grant for distribution to high risk groups such as Diabetics, TB-HIV co-infection patients, Prison in-mates and contacts of TB cases during future public events.

Currently the NTP is undergoing discussions with these mentioned groups to further strengthen its collaboration activities.
What is TB?

TB is an infection caused by Mycobacterium tuberculosis also known as MTB - which is a slow-growing bacteria that grow best in areas of the body that have lots of blood and oxygen.

That’s why it is most often found in the lungs. This is called Pulmonary TB - PTB. However, TB can also spread to other parts of the body, which is called extra pulmonary TB. Treatment is often a success, but it is a long process. It takes about 6 months to treat TB. Tuberculosis is either latent or active. Latent TB means that you have the TB bacteria in your body, but your body’s defenses - known as your immune system - are keeping it from turning into active TB.

This means that you don’t have any symptoms of TB right now and can’t spread the disease to others. If you have latent TB, it can become active TB. Active TB means that the TB bacteria are growing and causing symptoms. If your lungs are infected with active TB, it is easy to spread the disease to others. TB is spread from one person to another through the air. When someone who has TB coughs or sneezes, TB bacteria can be released into the air. If a person breathes in these bacteria they can enter their lungs and start to grow. The most common ways of spreading TB are:

- Coughing and sneezing without covering the mouth
- Crowded places without proper ventilation
- Spitting
- Prolonged exposure to someone with TB

TB Symptoms

People who have TB have certain signs and symptoms, also called warning signs. These include the following:

- Cough for 2 weeks or more
- Spitting up blood
- Fever
- Night sweats
- Loss of appetite and weight
- Chest pain

IF YOU HAVE THESE WARNING SIGNS, GO TO YOUR NEAREST HEALTH CENTRE FOR TESTING.

How to prevent the spread of TB?

- Cover your mouth when coughing and use a handkerchief
- Do not spit carelessly
- Open windows in crowded places
- Bring family members with a persistent cough to the health centre to be tested immediately
- For TB patients – take your full course of TB treatment medications to be cured from TB disease.
- It is important to provide your correct residential address to the Doctors and Nurses upon discharge from the treatment center to allow for easier follow up visits.
- Encourage family members and friends who have had close contact with you for a while to get tested even if they are displaying any of the above symptoms. Its better to be safe!

The symptoms of TB vary from person to person. Any combination of the symptoms is worth having checked out. Remember TB CANNOT be cured through herbal remedies. It is also important to maintain a healthy diet and exercise regularly. Taking your TB tablets daily is always the first priority and the only way to get fully cured from TB!

TUBERCULOSIS (TB) DATA ANALYSIS

For the year 2011, there were 213 registered TB patients in comparison to 191 in 2010. A total of 8,307 TB patients have been registered from 1970 to 2011.

Over the years more male patients were recorded especially amongst the i-taukei ethnic group. Majority of these cases were from the Central Division, Suva – Nausori corridor which recorded a total of 64 TB patients in 2011.

It was noted that TB affects the most productive age group of 25 – 34 year olds which recorded a total of 99 patients in 2011 compared to 71 in 2010. The 2011 TB Data also revealed that there were 7 cases reported of children with TB and 3 cases of TB-HIV co-infection.

The current treatment success rate (TSR) for 2010 cohort stands at 67% with a revised target of 75% percent set for 2011 (cohort). More sustained efforts are being directed towards improving TSR through intensive follow up of patients by Divisional TB Coordinators, zone nurses, Village Health Workers (VHWs) and Community Based Organisations.

Utilization of revised recording and reporting forms in all health facilities and the introduction of fixed dose combinations drugs will help in improving the TSR with intensified follow up.

The National TB programme taking into consideration recommendations from the 2011 TB review and in a collaborated effort with other grant affiliates are now focusing more of their activities in medium and high burden areas with emphasis on the underserved population (maritime zones) and high risk populations such as Diabetics, PLWHA, prisons and communities who are within these hot spot areas. However, activities are also being implemented amongst the low burden areas as well.
The National TB Programme along with its grant affiliates uses the below mentioned low, medium and high TB Burden demarcation:

High burden 6 sub-divisions these HFs within these Medical Areas:
Highest burden = Suva: Valelevu. Raiwaqa, Suva, Samabula, Nuffield, Makoi, Lami HCs Rakiraki: Rakiraki & Nanukula HC Tavua: Tavua, Nadarivatu HCs Lautoka-Yasawa: Kese &Natabua HC; Macuata: Labasa Hospital & Wainikoro HC; Cakaudrove: Rabi & Savusavu HCs & Savusavu Hospital = 18 HFs in identified medical areas should be visited once./period aligned with ACSM activities to focal areas where registered TB cases reside.

Medium burden, 9 sub-divisions Naitasiri: Vunidawa & Naqali HCs; Serua & Namosi: Navua & Namuamua HCs Tailevu: Korovou HC Ba: Balevuto, Bukuya, Ba HCs Nadroga-Navosa: Kevei, Sigatoka HCs Nadi: Nadi & Namaka HCs Bu: Nabouwalo HC, Lomaviti: Koro HC & Levuka Hosp Lakeba: Moala HC = 16 HFs in identified medical areas should be visited once/month aligned with ACSM activities to focal areas where registered TB cases reside.

Low burden area = 3 sub-divisions: Rewa: Nausori HC & Wainibokasi Hosp Taveuni: Taveuni Hosp Kadavu: DaviQele HC = 4 HFs in identified medical areas should be visited once/annum aligned with ACSM activities to focal areas where registered TB cases reside.

Figure 2: Registered TB Patients by Division, Fiji 2011

Distribution of TB Patients per Sub-division

**CENTRAL**
Suva - 30%
Serua/Namosi - 2%
Rewa - 4%
Tailevu - 2%
Naitasiri - 1%

**WESTERN**
Lautoka/Yasawa - 13%
Nadi - 9%
Ba - 5%
Nadroga - 4%
Tavua - 6%
Ra - 4%

**EASTERN**
Lomaviti - 1%
Kadavu - 0%
Lakeba - 0%
Lomaloma - 0%
Rotuma - 0%
TB Crossword Puzzle
Do you know TB? Then give this new game a shot.

Across:
2. Helps protect children
4. What causes TB
6. Disease associated with TB, especially in the developing world
8. Most cases of TB are this kind
11. Part of diagnosing TB
12. Emerging form of TB
15. Helps identify people with non-active TB
16. An old name for TB, often found in operas and novels
17. A symptom
18. Verdi opera in which the heroine suffers from TB

Down:
1. Received the Nobel Prize for discovering the tuberculosis bacilli
3. Emerging problem in treating TB
5. How to treat TB
7. Where an infected person should be to help stop the spread of TB (two words)
9. What to wear when working with

Correct crossword solution will be published in the next issue.

Myth:
Tuberculosis (TB) only occurs in lower socioeconomic groups.

Fact:
Tuberculosis can be contracted by anyone, although certain populations such as immigrants, people with reduced immunity, elderly, inmates, homeless, and others are at a greater risk. Individuals in contact with these people are also at risk.

Prizes will be awarded to one winner each from the four divisions, Western, Central, Northern and Eastern. Please tear off this page from the area marked and post to the address at the bottom of the page with a self-stamped envelope.
**Tuberculosis Checklist**

**Is Your Health Important To You?**

- **Have you been coughing for more than 2 weeks?**
- **Do you have loss of appetite & loss of weight?**
- **Are you coughing out blood?**
- **Are you having night sweats?**
- **Do you have a fever?**
- **Do you have chest pain?**

**O Dau Vinakata Mo Bulabula Vinaka?**

- **O VU TIKO KA SIVIA E RUA NA MACAWA?**
- **O SEGA NI VIA KANA KA LUTU TALEGA NA YAGOMU?**
- **O DAU BUNO SIVIA E NA BOGI?**
- **O VU TAKI DRA?**
- **O KATAKATA SIVIA?**
- **E DAU MOSI NA SEREMU?**

**IF YOU HAVE CHECKED ANY OF THE ABOVE, SEE YOUR DOCTOR FOR A FREE TB TEST AND GET FREE ANTI-TB MEDICATIONS.**

**Remember TB is curable and preventable.**

On the move against TB: Transforming the fight towards elimination.