

When TB doesn't strike alone!

~A challenge to the goal of eliminating TB by 2025

Ill health and ignorance are closely interlinked. Ignorance about tuberculosis (TB) among the general public has led to the disease continuing to remain a major health problem even as India has seen improvements in healthcare access and quality over the last few decades. The challenges that we face today in the battle to eliminate TB include delay in diagnosis, incomplete treatment leading to development of drug resistance and the growing problem of co-morbidities. It is necessary to address these issues if we are to succeed in achieving the goal of eliminating TB by 2025.

Co-morbidities in simple terms refers to the presence of some other disease existing along with the main disease that an individual is suffering from. In the case of TB, awareness of a co-existing condition and addressing this issue is critical because TB can complicate the course of co-existing HIV and diabetes. Recent years have seen a rise in lifestyle diseases. Smoking and alcoholism as well as several medical conditions like chronic lung diseases, cancer, immunosuppressive treatment, and malnutrition are seen existing together with communicable diseases. These are also risk factors for TB. Study findings indicate a two to threefold higher risk of developing tuberculosis in patients with diabetes mellitus¹.

In cases of latent TB, that is, non-infectious TB without any symptoms, a co-morbidity, that is a co-existing disease can lead to the latent TB bacteria becoming active and multiplying with the person developing full-blown TB.

Recent studies have shown that the organism causing TB affects the immune system and promotes spread of the disease². Along with the presence of other diseases or co-morbidities, this can lead to poor results if a doctor is only treating the TB. This makes it important to look for and identify the presence of co-morbidities in all people diagnosed with TB. This will enable early diagnosis and proper management of the other existing diseases along with the treatment of tuberculosis.

¹ [https://www.thelancet.com/article/S1473-3099\(13\)70015-X/fulltext](https://www.thelancet.com/article/S1473-3099(13)70015-X/fulltext)

² <https://www.medicalnewstoday.com/articles/317745.php>

HIV weakens the immune system and makes it harder for the body to fight off infections. A person living with HIV is about 20 to 30 times more likely to develop active TB. Having HIV makes it difficult to diagnose and treat TB. At the same time, leaving a TB infection untreated increases the rate at which HIV is damaging a person's health.

In 2017, TB was the leading killer of people living with HIV. Identifying and diagnosing HIV and TB if they both exist together in a patient is important as then, the patient can be treated for both infections at once. If a patient completes the TB medicine course, then TB will also help the HIV medication work better!

According to the India TB Report 2018, 6.6 lakh patients suffered from both TB and HIV with over 92,000 succumbing to the co-morbidity. 87,000 HIV-associated TB patients are being diagnosed annually. With interaction between the two conditions on the rise, it is critical to ensure that all cases are treated completely and complete the full course of treatment till the patient is disease-free. To achieve this, it is important to track cases through notification, that is, registration of cases with the government by the treating doctors. This will help to channelize the treatment in the right direction for both HIV and TB.

Patients need to cooperate with their doctors and facilitate the process of notification as also undergo the complete treatment. To ensure the same, the Government is providing financial incentives to patients towards nutritional support. With the early provision of anti-retroviral therapy for HIV followed by high quality anti TB therapy, patients can look forward to be free from both the diseases, and we can march one step closer to a TB-free India!
