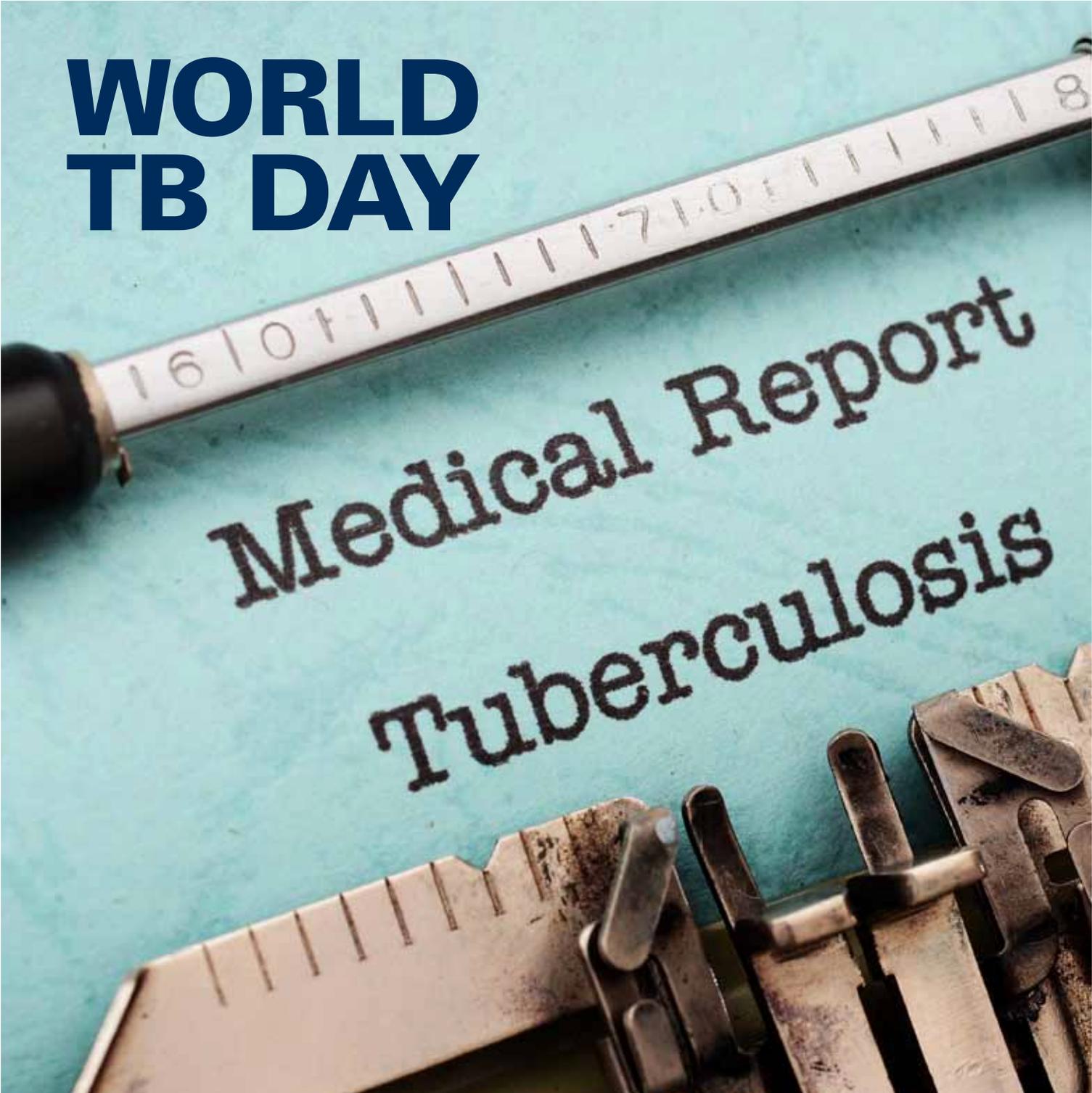


## WORLD TB DAY



Medical Report  
Tuberculosis

A Liberty publication



### MANAGING YOUR MENU

Fighting infection  
with food

### WELL COVERED

Register and track your  
benefits every step of  
the way

### MIND YOUR MEDS

The correct care is the  
best way to a cure

# Dear readers

Welcome to the third edition of our *In Health* communication.

The theme for this month is World TB Day, which is celebrated on March 24. Did you know that in 2013 alone, 9 million people fell ill with tuberculosis (TB) and 1.5 million died from the disease? Although TB is treatable and curable, up to two thirds of people with the disease will die without proper treatment. The good news is that the global extent of the disease is falling and, according to the United Nations, we are on track to reach the Millennium Development Goal of reversing TB incidence this year.

Please feel free to share this newsletter and health insights with your family, friends and colleagues. You can access past editions on our website – [libertyhealthblue.com](http://libertyhealthblue.com).

If you have any suggestions or input for our communications, please contact us at [inhealth@libertyhealthblue.com](mailto:inhealth@libertyhealthblue.com). We welcome your feedback.

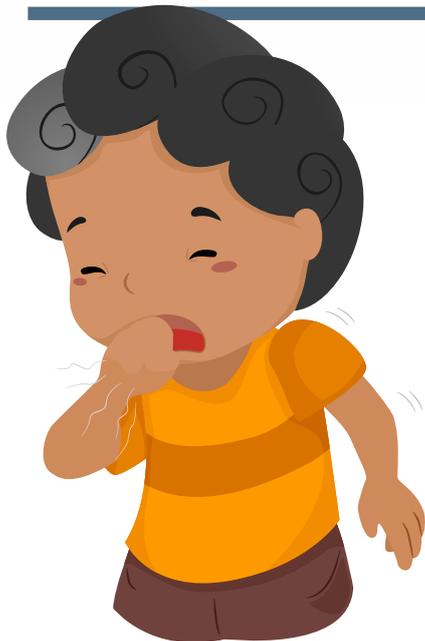
Liberty Blue Health Cover is expanding its reach and client base every month. We have a presence in 15 countries on the African continent, giving you access to services across the continent at a network of providers you can have complete confidence in.

On the last page of this newsletter, you will find contact details for our offices in each country. If you find yourself needing assistance with healthcare, wherever you may be, please contact us and we will try to assist you wherever possible.

*The Liberty Blue Health Cover team*

*In Health* is published on behalf of Liberty Health by Bespoke Media ([www.bespokemedia.co.za](http://www.bespokemedia.co.za))  
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## GAME CHANGER

It's been nearly 30 years since a new batch of antibiotics was discovered and actually used by doctors. Now US scientists have come up with a new method of growing bacteria that has led to the development of 25 new antibiotics, according to a study published in *Nature*.

Over the years, many microbes have become resistant, so this is great news for people with diseases such as extensively drug-resistant TB.

# SCIENCE SNIPPETS

## SOCIAL MEDIA MALICE

Facebook can cause depression and feelings of jealousy, a group of researchers at the University of Missouri found. The site can be a fun and healthy activity if it is used as a tool to stay connected with friends and family. However, if it is used to check up on how other people are living their lives, it can be bad for our mental health.

Surveillance use – looking at other people's amazing holidays, perfect relationships, new houses or successful careers – can be annoying and destructive. It can lead to envy and depression.



## RAPID RESULTS

WHO has just approved the first quick and easy test for Ebola for use in West Africa. Delivering results in just 15 minutes, the ReEBOV Antigen rapid test kit can hopefully alleviate delays caused by transporting samples to laboratories and waiting for the results to return. It is less accurate than conventional tests – trials have shown that 92 per cent of Ebola-infected patients are correctly identified – but it works without electricity, so it can be used in remote regions. At the very least, the new kit should enable patients to be identified, isolated and cared for almost immediately, thus reducing the risk of spreading the virus.

## MOVE AND IMPROVE

Your chances of getting ill can be greatly reduced by doing just 30 minutes of low-level physical activity five times a week, according to a UK report commissioned by the Academy of Medical Royal Colleges. Researchers found that regular exercise was, in many cases, more beneficial than drugs. Some of their conclusions were: the risk of breast cancer could be reduced by 25 per cent, bowel cancer by 45 per cent, dementia by 30 per cent, developing heart disease by 40 per cent, and having a stroke by 30 per cent. Other risk reductions were also noted in obesity, depression, low back pain, hypertension, osteoarthritis, osteoporosis, falls in the elderly and major fractures.

(Sources: BBC, The Telegraph, The Independent, The Guardian)

# FOOD FOR THE TB TABLE

Your diet is important on a day-to-day basis, but good nutrition becomes even more vital when you are not well.

## It's common sense that your body needs to be strong in order to fight infection.

If you are malnourished or underweight, you will be less able to defend yourself from bacteria, like TB. A weak body is also more likely to be reinfected or to relapse after treatment. It can be a catch-22 situation because, if you already have TB, you are more likely to become malnourished.

## A HEALTHY BALANCE

In sickness and health, your body needs certain minerals, vitamins and other nutrients to boost your immune system. This means eating a balanced diet containing a variety of healthy foods. Consider the following guidelines:

- **Make sure you eat enough fruit and vegetables** – around five portions a day.
- **And eat different ones from the different groups.** Leafy, dark green vegetables like spinach are good due to their high iron and B-vitamin content. Also include antioxidant-rich, brightly-coloured ones like carrots, peppers, squash, tomatoes and berries.
- **Try to consume enough whole-grain foods every day.** Think whole-wheat pastas, breads and cereals. These should help with weight maintenance.

- **Use unsaturated fats** like vegetable or olive oil, instead of butter.
- **Meet your calcium needs** by having at least three cups of low-fat milk or milk equivalent products like yoghurt.

## VITAMINS D AND A

Before antibiotics were used to treat TB, cod liver oil, which is particularly rich in vitamins A and D, was administered to boost the immune system's response to the bacteria.

In addition, TB patients (the wealthy ones at least) were often sent packing in search of warmer climes to lift their levels of vitamin D.

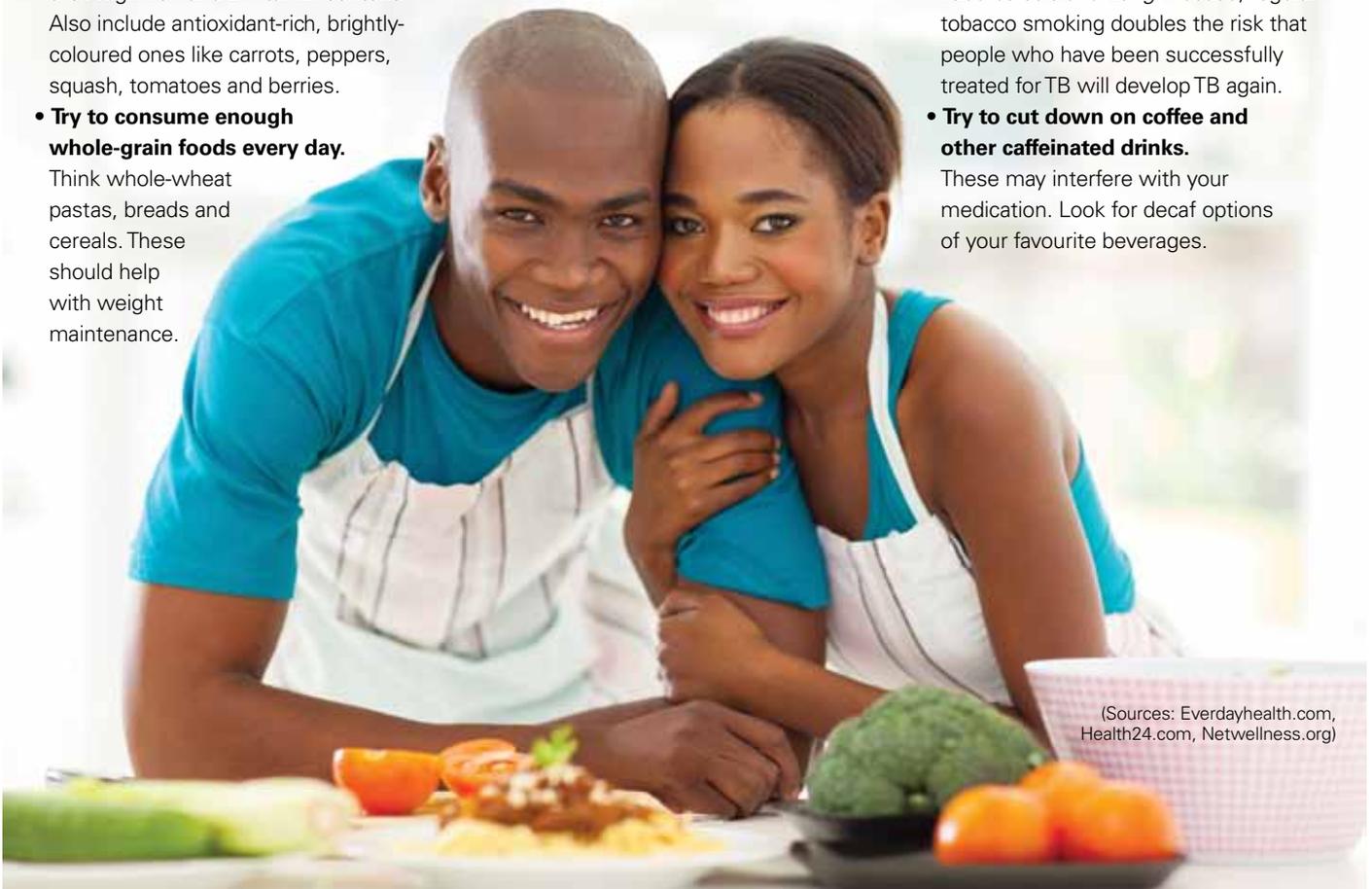
Luckily, Africa is blessed with sunshine, so we do not have to travel far to gain the benefits of this natural vitamin booster. Even here, however, most people are still vitamin D deficient, as they are not exposed to enough sunlight.

It is essential that you take advice and talk to your doctor about whether you should be supplementing your daily vitamin and mineral content or not. Simply adjusting your diet to a healthier one might be sufficient to meet all your nutritional needs.

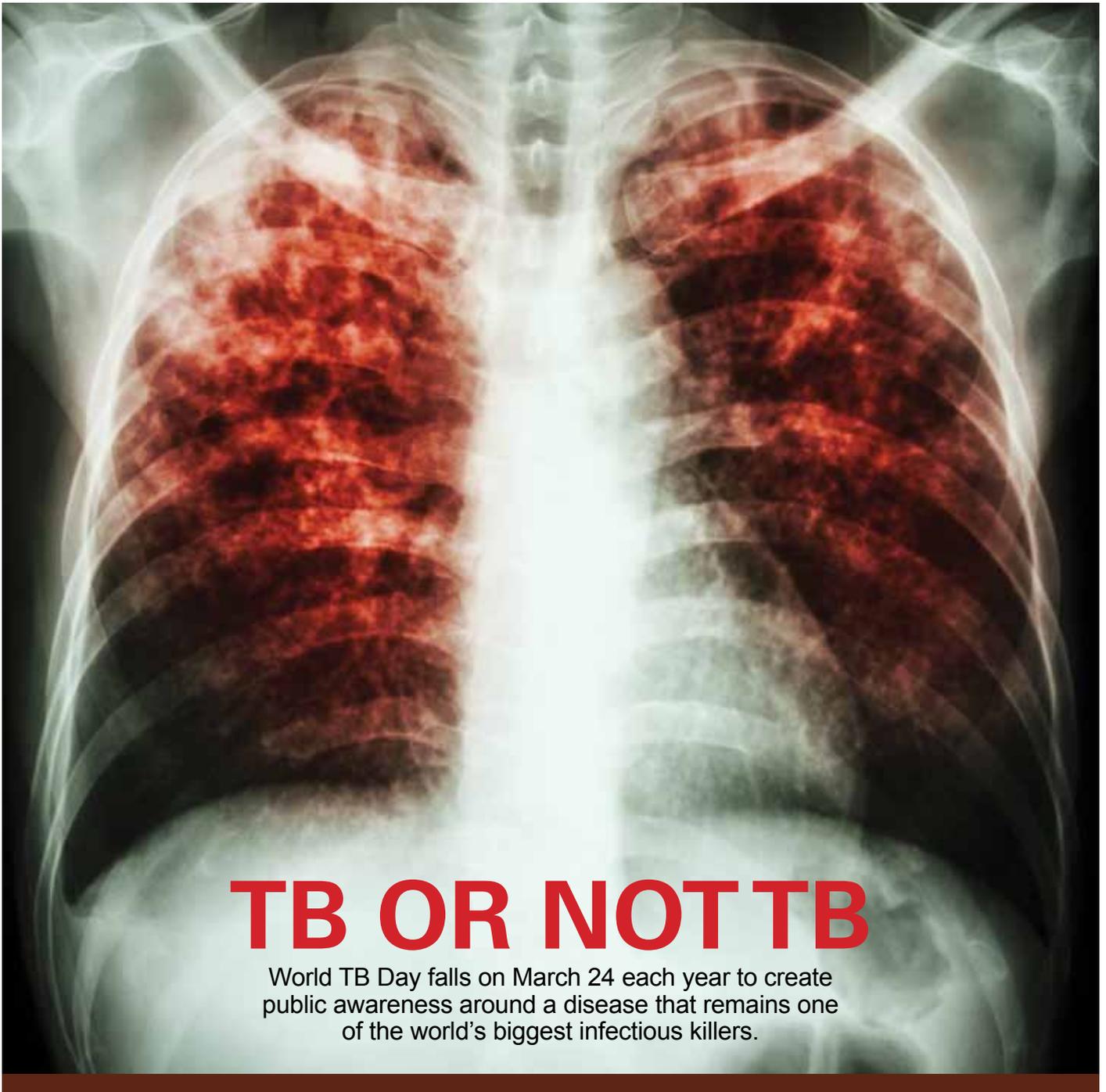
## DON'T BE TEMPTED

Healthy or not, there are always going to be things you should avoid. But when you have active TB, there are some definite no-nos:

- **Alcohol** – It's important to avoid consuming any alcohol during the entire course of your treatment, as this adds to the risk of liver damage from your treatment drugs and could result in complications and side effects.
- **Tobacco** – Avoid this in all its forms. Your lungs will already be taking enough strain. According to a study last year published in the *International Journal of Tuberculosis and Lung Disease*, regular tobacco smoking doubles the risk that people who have been successfully treated for TB will develop TB again.
- **Try to cut down on coffee and other caffeinated drinks.** These may interfere with your medication. Look for decaf options of your favourite beverages.



(Sources: Everydayhealth.com, Health24.com, Netwellness.org)



# TB OR NOT TB

World TB Day falls on March 24 each year to create public awareness around a disease that remains one of the world's biggest infectious killers.

**A**n estimated one third of the world's population is infected with TB, but only a small proportion of those will actually become sick, the World Health Organization says.

The disease is both curable and preventable, and yet no country has ever eliminated it. However, the global incidence rate is falling slowly, and the United Nations says it's on track to reach its Millennium Development Goal of reversing TB incidence this year.

## **WHAT IS TB?**

TB is caused by the bacteria *Mycobacterium tuberculosis*. It most often affects the lungs, but can also attack other parts of the body, such as

the brain, kidneys or spine. Most people who are exposed to TB do not get sick because the bacteria can live in your body in an inactive form. Only around 10 per cent of infected people actually fall ill. However, if your immune system is weak, the bacteria can then become active and start killing the tissue in the organs that have been infected.

## **HOW IS TB SPREAD?**

TB is spread from person to person through the air. When an infected person coughs, sneezes or spits, germs are released into the air. Depending on conditions, these germs can stay in the air for a few hours, and you only need to breathe in a few of these bacteria to become infected.



## THE DISEASE IS CURABLE AND PREVENTABLE, AND YET NO COUNTRY HAS ELIMINATED IT.

### LATENT TB VS TB DISEASE

As we mentioned, not everyone becomes sick, even if they are infected. Those that have TB germs in their bodies, but do not develop the symptoms, have latent TB infection. They cannot spread the disease to others, but they may have to take medication to avoid getting the disease in the future, especially if they are HIV positive or are on immunosuppressants. The disease develops from TB germs that become active. These germs then multiply and destroy body tissue, bringing on the symptoms of the disease.

### WHAT ARE THE SYMPTOMS?

If you have latent TB you are unlikely to suffer any symptoms and may not even know you are infected. However, if you have active TB you might experience a range of symptoms including coughing (sometimes with blood), fever, general sickness or weakness, shortness of breath, pains in the chest, night sweats and weight loss.

### WHO IS MOST AT RISK?

Most infected people do not develop the active disease. However, you have a much higher risk of falling ill if your immune system is weakened by things like malnutrition, HIV, immunosuppressants, diabetes or tobacco use. All age groups are at risk, however, TB mostly affects young adults. Over 95 per cent of all cases and deaths are in developing countries.

### TB AND HIV

HIV and TB form a deadly combination, with each speeding the other's progress. WHO figures suggest that people living with HIV are 26 to 31 times more likely to develop active TB than people without HIV. Around 1.1 million new cases of TB developed in people who were HIV-positive in 2013; 78 per cent of those were people living in Africa. Overall, an estimated 360,000 people died of HIV-associated TB that same year.

### TESTING

If you have spent time with someone who is experiencing TB symptoms, or you are experiencing those symptoms yourself, go to your doctor or local clinic to get tested.

Many countries use a method called sputum smear microscopy to diagnose TB, where mucus samples are examined under a microscope to see if TB bacteria are present. Another method is called the Mantoux tuberculin skin test (also known as a PPD), which is performed by injecting a small amount of fluid into the skin on your arm. A trained healthcare worker then checks your reaction to the injection within 48 to 72 hours. There are also TB blood tests that measure how the patient's immune system reacts to the germs that cause TB. If you test positive, that means you have been infected with TB germs. It does not necessarily mean you have active TB. Other tests, such as chest x-rays or more sputum samples, are necessary to determine if you have the disease.

### TREATMENT

TB is treatable and curable, but up to two thirds of people with the disease will die without proper treatment. Treatment will depend on whether your TB is latent or active. It is vital to take your medication exactly as prescribed. If you stop taking your drugs, you can become sick again. And, if you don't take your medicine correctly, the germs can become resistant to those drugs.

### DRUG RESISTANCE

TB was nearly eliminated due to antibiotics that came into use in the 1950s. However, resistance to these drugs has become a major problem as the disease has resurfaced in two new very strong forms – multidrug-resistant TB (MDR-TB) and extensively drug-resistant TB (XDR-TB).

In these cases, the disease does not respond to the normal treatment. Second-line treatment options are available for MDR-TB, but they are limited. In addition, extensive chemotherapy may be required, which is expensive and can cause bad drug reactions in patients. XDR-TB is less common but even more complex, as it responds to even fewer drugs than MDR-TB.

The primary cause of MDR-TB is inappropriate treatment. Drug resistance can also be caused by the incorrect use of anti-TB drugs. Globally, around 480,000 people developed MDR-TB in 2013.

**9**  
million people fell ill  
with TB in 2013

**550,000**  
children became ill  
with TB in 2013

**1.5**  
million people died from  
the disease in 2013

**480,000**  
people developed  
multidrug-resistant  
TB in 2013

**37**  
million lives were saved  
through TB diagnosis and  
treatment between  
2000 and 2013

**86%**  
of people who developed  
TB and were put on  
treatment in 2012 were  
successfully treated

**45%**  
The drop in the TB  
death rate between  
1990 and 2013

**1/4**  
of all HIV-related deaths  
are caused by TB, making  
it the leading killer of  
HIV-positive people

# TREATMENT MATTERS



**In Health asks Roger Tevan, a facility mentor with Health Systems Trust (SA SURE)\* to shed some more light on TB treatment.**

## HOW EASY IS IT TO TREAT TB?

TB is definitely curable, and it only becomes complex and much more costly in cases of drug resistance.

Both systematic screening of communities and the early identification of those with active tuberculosis are essential. These must be combined with an uninterrupted supply of appropriate drugs and treatment under direct supervision (DOTS), with proper education

and counselling of patients to support them in becoming healthy.

Completing the course of treatment as prescribed is the best way to ensure a cure.

## WHAT IS YOUR FIRST-LINE TREATMENT?

TB disease can be treated by taking several drugs for six months. The treatment consists of a two-month "intensive" phase followed by a four-month "continuation" phase.

The treatment contains four different drugs that combine to ensure the TB bacillus is destroyed in all its life stages. These are Rifampicin, Isoniazid, Ethambutol and Pyrazinamide. They come in different strengths and the dosage is prescribed according to the patient's body weight. Patients who have TB for the first time need to take these every day for two months.

Then, if their sputum test is negative, they will be moved to a drug combination of only Rifampicin and Isoniazid for four months. The treatment is longer if the person has had TB before.

## WHAT HAPPENS WHEN A PATIENT DEVELOPS MDR-TB?

MDR-TB makes the patient much sicker and is much harder to cure. It requires very strong medication that can have severe side

effects. The treatment period is also much longer – up to two years.

There are a limited number of second-line drugs available and the most successful treatment regimens are those that include multiple drugs that were not received previously by the patient. Many of these second-line drugs are in the form of injections.

## AND XDR-TB?

This is also extremely difficult and expensive to treat, and it has very high mortality rates.

Prevention is the key to the control of XDR-TB. Just as good case management of new and retreatment cases will prevent MDR-TB, good case management of MDR-TB will prevent XDR-TB.

## WHAT IS THE TREATMENT SUCCESS RATE?

Treatment success is the sum of the patients who were either cured of their TB or completed their treatment. South Africa has continued to increase its average success rate, which now sits at 76.1 per cent, just below the national target of 85 per cent.

**\* Health Systems Trust (SA SURE) works in public health systems strengthening in South Africa.**

## TB TIPS **Anyone can get TB and it spreads easily. This means it's important to learn the basics about the disease to help you protect yourself and those around you.**

- People with active TB in their lungs can easily pass TB germs on to others by coughing and sneezing, or even singing and speaking.
- If you think you might have TB, go for a checkup immediately.
- If you have the disease, think about your family and friends. Think about your symptoms and ask where you have been and who you have seen.
- Make a list of people you've been in contact with and tell them you have the disease.

- The most important thing you can do is to take your medicine and finish the entire course of therapy.
- You need to take TB medication for a few weeks before you're not contagious anymore, so keep to yourself.
  - Stay at home.
  - Open windows and doors to keep the room ventilated.
  - If you do go out or have company, cover your mouth and nose when you cough and sneeze.

(Sources: Centers for Disease Control and Prevention, Mayo Clinic, Everydayhealth.com, Tbfacts.org)





**Akudze\* is a 56-year-old male with a history of exposure to confirmed MDR-TB from his wife and child.**

Akudze's wife died due to the disease and he presented himself at clinic A with TB symptoms. His wife had sought assistance at a late stage and sadly her diagnosis of MDR-TB was only made after her death.

A sputum specimen was taken from Akudze and he was tested with the Xpert/RIF system that can detect TB and Rifampicin resistance in less than two hours. Akudze had specific risk factors due to the history of MDR-TB in his family and, because of this, his sputum was also sent for culture and sensitivity testing.

Although Akudze was confirmed as having TB, luckily it was not the resistant strain. He was given counselling and information about the disease, and then he started on the standard first-line TB regimen of Rifampicin, Isoniazid, Ethambutol and Pyrazinamide for two months. He was also asked about his close contacts and certain people were identified and also brought in for TB screening.

Akudze tolerated his medicines well and stuck to his treatment. At the end of the intensive two-month phase, his sputum tested negative and he was able to move on to the so-called continuation phase, which meant his drugs were reduced to just Rifampicin and Isoniazid for the remaining four months.

At the end of the continuation phase, Akudze's smear showed negative and he

was classified as cured. All his treatment was stopped at the end of the 24-week period, and he was discharged with some advice about TB prevention and leading a healthy lifestyle.

The lesson from Akudze's story is that your treatment can be a success if you carefully follow the recommended course and do not stop taking your medication for the entire time it is prescribed.

**Esther\*, a 15-year-old female patient, visited clinic B complaining of a cough and lack of appetite, as well as fever.**

She was subsequently screened for TB. A sputum sample tested positive and she was counselled and put on treatment for two months.

Esther came in every day for her treatment under the DOTS (directly observed treatment, short-course) system. After two months, her sputum was tested again but the result remained positive so the same treatment was continued for another month.

The sputum was tested again, and a different culture and sensitivity test was performed as well. This test showed that the TB bacilli in the sputum were resistant to two of the main TB drugs – Rifampicin and Isoniazid.

Esther was also still not feeling well, suffering from a cough, chest pains and weight loss. She was referred for an HIV test, which came back negative.

The clinic staff traced people who had been in close contact with Esther. The

contacts that were found and followed up on did not test positive for TB disease.

Esther was admitted at the MDR Unit in hospital B. There, she received the standard treatment according to her weight and all the necessary psychosocial support from the staff and her mother. However, it was difficult for Esther. She found it hard to have daily injections and struggled with some of the side effects. Further testing showed she had XDR-TB. Unfortunately, Esther gave up on the treatment and she died in the hospital.

It is hard to determine if Esther was infected with XDR from the beginning or if it developed as a result of her not taking her treatment correctly. It was later discovered that she had in fact acquired a habit of regurgitating her pills when no one was looking.

Adolescents are extremely hard to treat, as the transition from child to adult can be a difficult time. A teenager's instinct is to fit in with his/her peers and the trauma of having TB, and possible stigmatisation, may have caused her to experience significant challenges in accepting and sticking to the programme.

What is clear from Esther's story is that on-going psychosocial support is of paramount importance when dealing with youngsters, and that depression and anxiety should be identified and addressed as early as possible.

\*Not their real names

(Source: Health Systems Trust (SA SURE))

# LIBERTY BLUE HEALTH COVER

## MANAGING YOUR LIBERTY BLUE HEALTH COVER BENEFITS



**We have made our system easy and accessible** so you can check your status at any time. All you have to do is go onto our website – [libertyhealthblue.com](http://libertyhealthblue.com) – and register.

Once you are registered, you will be able to **view an up-to-date record** of your cover limits and how much you have used to date. You'll find it useful to check your available benefits before you visit your doctor.

If you need **assistance with registration**, contact your local Blue office and someone will be there to help you through the process. Equally, we can also help you check your cover availability. You'll find the contact details for each office below, and also on our website.

It's important to make sure that your provider is **submitting the correct claims** for you and your family. Check your provider's claims and

make sure you are happy with them. These are your benefits and you have the right to ask questions so you can understand what is being claimed on your behalf.

To make the most of your Blue cover, you'll need to **understand exactly what you are covered for** and what additional cover might be available to you under certain circumstances. For example, if you are diagnosed with a chronic condition, you are entitled to additional medicine and consultation benefits. You will need to register on the chronic programme to ensure that you have access to these additional benefits and that the costs are not taken from your acute conditions limit.

When you seek **a second or third opinion**, you might find that you need extra consultations and diagnostic tests, x-rays, etc. Save yourself some time and money by

asking your GP for a referral letter, along with any pathology and other results that may be relevant for a second opinion. This way you won't need to repeat tests or procedures with each new provider.

### REACHED YOUR LIMIT?

Ideally, this should not happen as our policies are designed to provide effective and appropriate cover for all policyholders. So, if you manage your cover well, you should not run out. However, if your cover is exceeded, for whatever reason, you will find yourself personally responsible for the payment of your medical costs. This means that it's in your best interest to understand and manage your policy well to make sure it lasts and that you're not faced with excessive increases in premiums. Again, if you need some advice on how to manage your benefits, contact your local office and someone will be there to help you every step of the way.

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