What is XDR-TB?

XDR-TB is MDR-TB that is resistant to three or more of the six TB drugs. Resistance to anti-TB drugs occurs primarily due to poorly managed TB care (incorrect drug prescribed by providers or patient non-adherence to treatment).

What role can I play as an educator?

• Identify and act on the symptoms of TB in you, learners and fellow educators. Advise learners to visit the health facility for diagnosis and treatment.

• Deliver lessons on TB as one of the communicable diseases during Life Skills / Life Orientation lessons.

• Advise learners and their parents to take note of the symptoms of TB, and consult with the local health facility as soon as they suspect TB disease.

• Talk to learners, school staff and families to keep (class) rooms well ventilated by opening windows and doors to stop the spread of TB infection, even in winter.

• Teach learners about cough hygiene:
  (a) Cough into a tissue.
  (b) Coughing into your elbow / sleeve is preferable to your hands to prevent the spread of infection. If you do cough into your hand, wash your hands as soon as possible.

• Support learners or educators who may be taking TB treatment to enable them to take the treatment at the correct times and complete the course of treatment.

• If a learner informs you that he/she may be experiencing symptoms of TB, the school must arrange that the learner, with the consent of the parents, is tested for TB.

• Refer learners who display symptoms of TB to the school health teams who are part of the Integrated School Health Programmes (ISHP) for testing.

• Educate learners, fellow educators and parents about the importance of not stigmatising people with TB disease.

“A Message to Educators on Tuberculosis”

“Let us join hands for a TB-free world”

❤ Zero new HIV and TB infections;
❤ Zero preventable deaths from HIV and TB; and
❤ Zero discrimination associated with HIV, STIs and TB.
What causes TB?

TB is caused by a bacterium called Mycobacterium tuberculosis. The bacteria usually affect the lungs, but TB bacteria can affect any part of the body such as the kidney, spine and brain. If not treated properly, TB disease can result in serious disease and even death. TB is the commonest cause of death in the Republic of South Africa.

People who are at most risk of acquiring TB are:

- Children less than 3 years of age
- People living with HIV
- Those who live in overcrowded or closed areas with poor ventilation
- Drug and alcohol abusers
- People with cancer or other conditions that weaken the immune system

What are the symptoms of TB?

- A cough that lasts 2 weeks or longer
- Weight loss
- Fever for more than 7 days
- Coughing up blood or sputum
- Weakness or fatigue
- No appetite
- Sweating at night

Latent TB versus TB Disease

While over 80% of South Africans are infected may have the TB bacteria present in their body (Latent TB which is non-infectious and causes no symptoms), a smaller number will progress to get TB disease because of a weakened immune system. People with TB disease are sick and may spread the bacteria to other people.

What is drug resistant TB?

This is TB disease that does not respond to the drugs used to treat TB. It occurs when people do not complete or skip their TB medication. The germs become resistant to the drugs, which means the drugs can no longer kill them. Sometimes the germs become resistant to more than one drug, this is called Multi-Drug resistant TB (MDR-TB). This is a serious disease which requires treatment with special drugs that cause more serious side effects. The treatment period is much longer (between 18 and 24 months) and requires hospitalisation at least for the first 2-6 months. Treating MDR-TB is 30 times more expensive.

People who live with, or spend time with a person who has MDR-TB disease can become infected with the TB bacteria that is already resistant to the drugs. In addition, MDR-TB in patients who do not adhere to treatment, may progress to Extensive Drug Resistant TB (XDR-TB), also referred to as Extreme Drug Resistant TB.

What is it important to identify learners with Tuberculosis?

Children and young people contribute significantly (up to 20%) to the Tuberculosis (TB) cases in South Africa. These cases are largely preventable. The risk of TB disease decreases after the age of 3, but it increases again during adolescence. In school, TB transmission occurs especially amongst adolescents, this is a period of high risk.

A learner who has TB disease may be required to stay at home until their TB becomes non-infectious. This usually happens within 10-14 days of starting TB treatment. Any time away from school may have an adverse impact on learning, as learners will miss out on a number of lessons. Missing school due to TB may stigmatisate a child or teacher.

What can be done?

It is crucial that if you identify symptoms of TB you get it properly investigated as early as possible at a health facility. If you have been in contact with somebody who has TB disease, you must inform your parents, teacher, doctor or nurse thereof.

TB disease can be treated by taking 4 drugs, for six months. It is very important to finish the medicine, and take the drugs exactly as prescribed. If you stop taking the drugs, you may become sick again. In addition, you may become resistant to the drugs used to treat TB. After two weeks of starting TB treatment, you are no longer be infectious and pose no danger to others. You can resume all your usual activities, including attending school.

How is TB NOT spread?

TB is not spread by:

- Shaking someone’s hand
- Sharing food or drink with someone who is infected with TB
- Touching bed linen or toilet seats
- Sharing a toothbrush
- Kissing