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 a parent, caregiver or guardian to prevent TB?

• Look out for the symptoms of TB in your children or yourself. Immediately consult with your local health facility as soon as you suspect TB disease

• Keep rooms in your home well ventilated by opening windows and doors to stop the spread of TB infection, even in winter

• Take note of cough hygiene (a) **Cough into a tissue**, (b) **Cough into your elbow/sleeve** to prevent the spread of infection. If you or your child coughs into your hand, you or your child must wash your hands as soon as possible

• Encourage and support your child to participate in the Integrated School Health Programme for screening for TB

• Ensure your child receives optimal nutrition

• Inform the school if your child has been diagnosed with TB disease

• Take note that your child is only required to stay away from school for 10-14 days once on treatment or as directed by your health facility. Your child must return to school as soon as possible

• Support your child if he/she is taking TB treatment by ensuring that he/she takes treatment at the correct times and as directed and completed the 6 month treatment

• Do not discriminate against children who are sick with TB. Be aware that children who have TB disease may be discriminated against other children or people

“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 that 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 death.

People who are at most risk of acquiring TB are:

- Young children less than 3 years of age
- Children and adults living with HIV
- People living in over-crowded 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
- Coughing up blood or sputum
- Weakness or fatigue
- Fever lasting for more than 7 days
- Loss of appetite
- Sweating at night

Latent TB versus TB Disease

Most South Africans may have been infected with the TB bacteria. This condition is called Latent TB which is non-infectious and causes no symptoms. A small number of children and adults the TB infection, especially in those with a weak immune system, will progress and develop TB disease. People with TB disease are sick, cough have fever and lose weight. Adolescents and adults with TB disease may spread the bacteria to other people.

Why is it important to identify learners with Tuberculosis?

Children and adolescents are affected by Tuberculosis (TB). The risk of developing TB disease decreases after the age of 3, but it increases again in adolescence. In school, TB transmission can occur especially amongst adolescents.

A child 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. Discussing this with the teacher can decrease the impact on studies and lessen stigma.

What is drug resistant TB?

Patients with drug resistant TB do not respond to the usual TB treatment. Drug resistant TB is more likely in patients that do not complete their treatment, take their medication irregularly or prematurely stop their treatment. The germs then become resistant to the usual TB medication and the patients remain ill. 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 for MDR-TB is much longer (between 18 and 24 months) and requires hospitalisation at least for the first 2-6 months. The treatment for treating MDR-TB is 30 times more expensive.

MDR-TB can spread to other children and adults. It spreads like the other forms of TB via coughing. It is extremely important the MDR-TB patients adhere to treatment. Not taking the MDR-TB medication can lead Extensive Drug Resistant TB (XDR-TB) (also referred to as Extreme Drug Resistant TB).

What can be done?

It is crucial that any person with symptoms of TB is properly investigated as early as possible at a health facility. If they have been in contact with somebody who has TB disease, they must inform the doctor or nurse thereof. The nurse will ask you to give 2 sputum samples to make the diagnosis of TB disease.

TB disease can be treated by taking four drugs, usually for six months. It is important to take the drugs every day for 6 months and complete the medicine, exactly as prescribed. If one does not complete the treatment course one will be required to start all over again. In addition, there is the danger that the bacteria may become resistant to the TB medicine. After two weeks of starting treatment, people with TB disease are no longer infectious and pose no danger to others. TB patients can resume all their 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