

## Politics & Society

# TB patients sent home to die, says study

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CAPE TOWN — Patients with incurable and highly infectious tuberculosis (TB) were being routinely discharged from hospital to die at home, putting friends, family and people in their community at risk of catching the disease, according to a South African study published in science magazine the Lancet today.

The study had found that 42% of the patients who were discharged from hospital with incurable, extensively drug resistant (XDR) TB were still infectious.

The study throws out a direct challenge to the Department of Health, which largely leaves the responsibility for containing XDR-TB to the patients' themselves, many of whom came from poor communities.

It also highlighted the desperate need for new treatments.

Almost half-a-million TB patients are treated each year in SA: about 8,000 of them have multidrug-resistant (MDR) TB, and between 500 and 1,000 of them have XDR-TB. MDR TB patients are resistant to isoniazid and rifampicin, while XDR-TB patients are resistant to these and at least two other TB drugs.

"Ideally we need a combination of home-based care, hospices, and long-stay facilities like modern day sanatoria," said study leader and head of pulmonology at the University of Cape Town Keertan Dheda.

Hospices that are not funded by the government do not take TB patients because of the potential risk to other patients.

New drugs recently approved in the US and Europe — bedaquiline, linezolid and delamanid —

needed to be rapidly tested and introduced in SA, he said.

"The outcome of the XDR-TB patients was so dismal we really need to bring in these new drugs as soon as possible."

The study tracked 107 patients from three public hospitals that were designated TB treatment facilities in Gauteng, the Northern Cape and Western Cape over five years, between 2002 and 2008.

Only 12 patients were cured, and the rest died or failed to get better during the study period.

Of the 45 patients who were discharged from hospital, 19 were "treatment failures" who were sick and infectious. On average these patients survived for nearly two years (20 months), but some lived for as long as four years.

Prof Dheda said SA needed to do a better job in preventing and containing drug-resistant TB. "Despite drug-resistant TB forming less than 3% of the total TB burden in SA, it consumes almost 40% of the total national TB management budget, about R1.5bn."

"I am not surprised at the results at all," Southern African HIV Clinician's Society president and TB adviser to nongovernmental organisation Right To Care, Francesca Conradie, said.

For incurable patients who were discharged from hospital, infection control measures at home were paramount, she said.

"This would entail good ventilation as well as masks for all concerned. If there cannot be good infection control, then we need to have palliative care in-patient facilities."

The study highlighted the urgent need for new drugs and research into the best treatment regimens for XDR TB, she said. kahnt@bdlm.co.za