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Donations: write a cheque payable to TB Alert & post to above address; donate on-line by going to www.tbalert.org and clicking on Donate Now; or call 0845 223 5293. THANK YOU.

Charity Registration No: 1071886

This issue of the newsletter was written and produced by Tina Harrison & Melanie Matthews with contributions from Gavin Bryce, Simran Chawla, Che Cootauco, Professor Peter Ormerod, Paul Sommerfeld & Alex Tankard.

Apologies to Kartik Kumar whose stories we planned to feature in this issue—we ran out of space! See them on www.tbalert.org (click on Rajkumar's story).

The orange man —TB awareness made more accessible



TB Alert and the Department of Health (DoH) have again been working together to devise awareness raising materials for World Stop TB Day on 24th March and beyond.

Many people in identified higher risk

groups* have difficulties with literacy and/or the English language. Because of this, we looked to produce materials which crossed these barriers, so we've expanded the range of cartoon based materials and tried wherever possible to include some translations on them. (it is prohibitively expensive to produce materials in many different languages).

We've also deliberately chosen a more positive message—TB is curable— to encourage people to seek diagnosis and to reduce anxiety about TB among the broader public. (Continued on Page 6)

*(the homeless, prisoners, substance misusers and people from high TB incidence countries)

You'll find me leaning on a lamp post ...

Keeping track of patients isn't always simple as Simran Chawla found on a visit to India. You can read more from Simran on pages 2 & 3.

To avoid the risk of drug resistance (caused by incomplete treatment), patients at TB Alert's KRISCHIP Project are offered the support of a 'DOT (Directly Observed Treatment) provider'. Every Microscopy Centre (MC) has 3 designated DOT days, when patients attend the clinic and take their next dose in front of a member of staff (see below). Alternatively, a local village healthworker acts as DOT pro-

vider gives them their medication at home.

In order to be sure that a patient can be contacted if for some reason they default, TB treatment does not start until a member of MC staff has personally verified the patient's address and 'handed them over' so to speak to their DOT provider.



Such is the strictness about verifying addresses that strange as it sounded, one doctor said that when some homeless people provide a certain platform number or lamppost number at a station as their 'address' since that is where they are usually found, even this is verified by the TB Health Visitor before treatment is started!

Focus on KRISCHIP—a community health interventions project in Andhra Pradesh

With support from the Community Fund, *TB Alert* is working with Lepira UK and local partner Vasavya Mahila Mandali (VMM) to support KRISCHIP—a health project covering 548 villages in Krishna district, Andhra Pradesh (India). These projects focus not only on TB, but HIV, Malaria, Leprosy and other diseases of poverty. Simran Chawla, a *TB Alert* Project Committee member visited the project last year and tells us what she found out....

Before the project intervention....

The Situation Analysis conducted during the planning stages of the project included a number of focus groups to find out the base-line levels of awareness in this region about diseases like TB and HIV:

- When asked about the signs and symptoms of specific diseases including tuberculosis and HIV/AIDS, more than 50% of people said that they did not know what these are.
- People with TB and/or HIV did not know the facts of the disease, treatment programmes or treatment facilities available.
- People with TB said their illness was causing them to spend a lot of money on treatment and leading to losing their jobs and daily income as well as their families breaking up.
- People living with HIV/AIDS were not willing to tell others that they have the illness for fear of being isolated.

TB & HIV in India

In terms of absolute numbers, India carries the highest global burden for TB and now the highest for HIV as well. In India, about 50-60% of HIV positive patients will develop TB in their lifetime. In a country of over a billion people, 400 million of whom are infected with TB (including latent TB) and over 5 million are HIV positive, the implications of a dual epidemic are grim, as TB is the most common opportunistic infection that turns an HIV positive person into an AIDS patient.



Making a difference

During my visits to Kandrika and Ram Rajya Nagar (two large urban slums in Vijayawada city) I found that due to the KRISCHIP activities there was now a significantly high level of awareness within the community regarding TB & HIV.

Srinagu and his mother Jyothi (left) are both HIV positive. Srinagu was being treated for extra pulmonary TB when I met them. Jyothi initially refused contact with health facilities for fear of that people would find out she and Srinagu were both HIV positive. However, after seeing what support and care was available from KRISCHIP's outreach team, they felt empowered enough to approach local outreach workers.

There clearly exists a strong community sentiment, as was evident from the stories I heard about school students uniting to protest against the removal of an HIV positive child from the school, including by putting their own pocket money together to pay the child's fee and get him back into school. Since then, the school has openly changed its discriminatory policies and welcomes positive children.

Strengthening Health Systems' response to HIV/TB:

In Krishna district, I found a close working relationship between the Nodal Officer for HIV/AIDS and the District TB Control Officer. This is also being translated into structural collaboration in the sense that Voluntary Counselling & Testing Centres for HIV and TB Microscopy Centres are increasingly found close together, if not in fact part of the same health facility. This also helps to combat the problem of stigma- with the increasing absorption of HIV and TB centres into main hospital buildings, patients cannot be clearly identified as visiting an 'AIDS' doctor or being tested for TB- they can simply visit 'the hospital', without fear of identification.



An unexpected boost for TB awareness in rural India

For over two years TB Alert has been supporting the Gandhi Memorial Leprosy Foundation (GMLF) in strengthening TB services in a remote tribal area of the State of Andhra Pradesh around the small town of Bhodragiri. This has meant upgrading a microscopy centre for diagnosis and engaging in active outreach to the local villages to increase awareness of TB symptoms and the availability of free treatment to cure it.



Angeli with community health worker Sangida and wife Suvanna

Eunuch is a term which can mean different things in India. Considering themselves neither men nor women, members of this so-called "third sex" generally adopt feminine names and dress. While some Indian eunuchs are castrated males this is not always the case. They may be males born with un-formed deformed genitalia, hermaphrodites, or homosexual or heterosexual cross-dressers.

Visiting recently, TB Alert Chair Paul Sommerfeld was fascinated when meeting a group of patients, to learn of the special contribution made to TB awareness by Angeli who is currently under treatment for TB. Angeli, and people like her are referred to as 'eunuchs' in India although as "she" is happily married with two children, Angeli does not fit that particular English dictionary definition.

Importantly, transgender people in this tribal region have a very special social position. They are seen as especially well-qualified to intercede with the gods and are asked by others to make puja (offerings) on their behalf when it comes to particularly important matters.

The local TB service was very happy, therefore, that Angeli, as someone looked up to by the community, is willing to speak openly about her personal experience of having TB. Angeli's involvement as a patient activist, making people in the area more aware of TB and of the services available to deal with it, is a real boost to local efforts.

Talking TB in Zambia

TB Alert has trained our first small group of TB/HIV patients in the Kabwe area (north of Lusaka) to undertake TB outreach work.

In Zambia many people don't know TB can be cured, even in someone who is HIV positive. As a result people continue to die - despite the fact that free treatment is available. While a lot of money has been spent on HIV awareness, little media attention focuses on TB. The team want to change this and get people talking about TB.

"As cured TB patients who are also HIV positive, the 15 men and women, have joined hands to go out and tell people that they had TB but they are now cured. They will also be fighting TB stigma and discrimination and correct myths and misconceptions surrounding Tuberculosis." Billy Sichamba, project co-ordinator



Read more about the activities of Billy and the team in our next newsletter.



Europe can do more!

Introducing TB Alert's newest member of staff, Gavin Bryce, Global Health Advocate.

189 countries signed the Millennium Declaration in September 2000. The Declaration

brought into existence 8 Millennium Development Goals (MDGs) 3 of which focused on aspects of health that adversely affect those living in the poorest parts of our planet, with the challenge to have met the MDGs by 2015. Hence, reducing child mortality, improving maternal health and combating diseases such as TB, HIV/AIDS and malaria have become key in realizing the MDGs.

We are now swiftly approaching the mid-way point in the 2015 target. On 07/07/07 we will be exactly halfway. It seems like the perfect time to take stock, check our course and redouble our efforts. It also begs the question is Europe and the UK doing enough?

Globally things aren't looking good. Indeed if current levels of investment and effort were to be maintained the health MDGs would not be met in sub-Saharan Africa; parts of Southern and Western Asia; and Latin America and the Caribbean. It's clear that globally we can do more; indeed we must do more!

With the aim of increasing support from Europe to enable developing countries to make substantial progress towards the health MDGs, the European Network for Global Health represents a strong voice from within Europe, advocating for global health.

The Network officially launched in October 2006 with 14 partner organisations drawn from 6 European countries, including partners in: France, Germany, Spain, Italy, UK and Belgium. The project is co-ordinated by Action Aid International who are funded by a grant from the Bill & Melinda Gates Foundation.

The 5 year project is now underway with all Global Health Advocacy personnel in place throughout the partner countries. In the UK I, together with Kate Hawkins (Interact Worldwide) and Elaine Ireland (International HIV/AIDS Alliance) represent the UK arm of the Global Health Network.

We met recently in Paris with our other partners to determine what our main 'asks' will be from Europe over the course of the project. We decided not to focus on specific diseases but rather to advocate on broader health issues, these include: increased financing for health; investment in research and development for new tools to combat diseases; gender rights; and health systems strengthening.

Each year the Network commissions a report which charts each member country's progress towards realising the MDGs. The focus of this year's report will be increased financing for health which is due for publication in July 2007. There are also a wide range of advocacy activities planned for this year including on-going policy analysis, dialogue with decision makers, influencing stakeholders and public campaigning.

To learn more about the Network and to receive news updates visit our website at www.globalhealthnetwork.eu

TB gets a seat in Parliament

An All Party Parliamentary Group (APPG) focused specifically on Tuberculosis was launched on 25th October 2006 with a meeting in the House of Commons.

APPGs, formed by MPs and Peers, are not a part of the formal legislative process but are recognised by Parliament, and offer a useful mechanism to increase the attention given to a subject by parliamentarians. There has long been an APPG on AIDS, and more recently on malaria.

An outcome of the event on the TB Global Plan which TB Alert, together with RESULTS and AMREF, ran in the House of Commons last March was interest in setting up an APPG for TB. Consultation followed and crucially, several MPs and

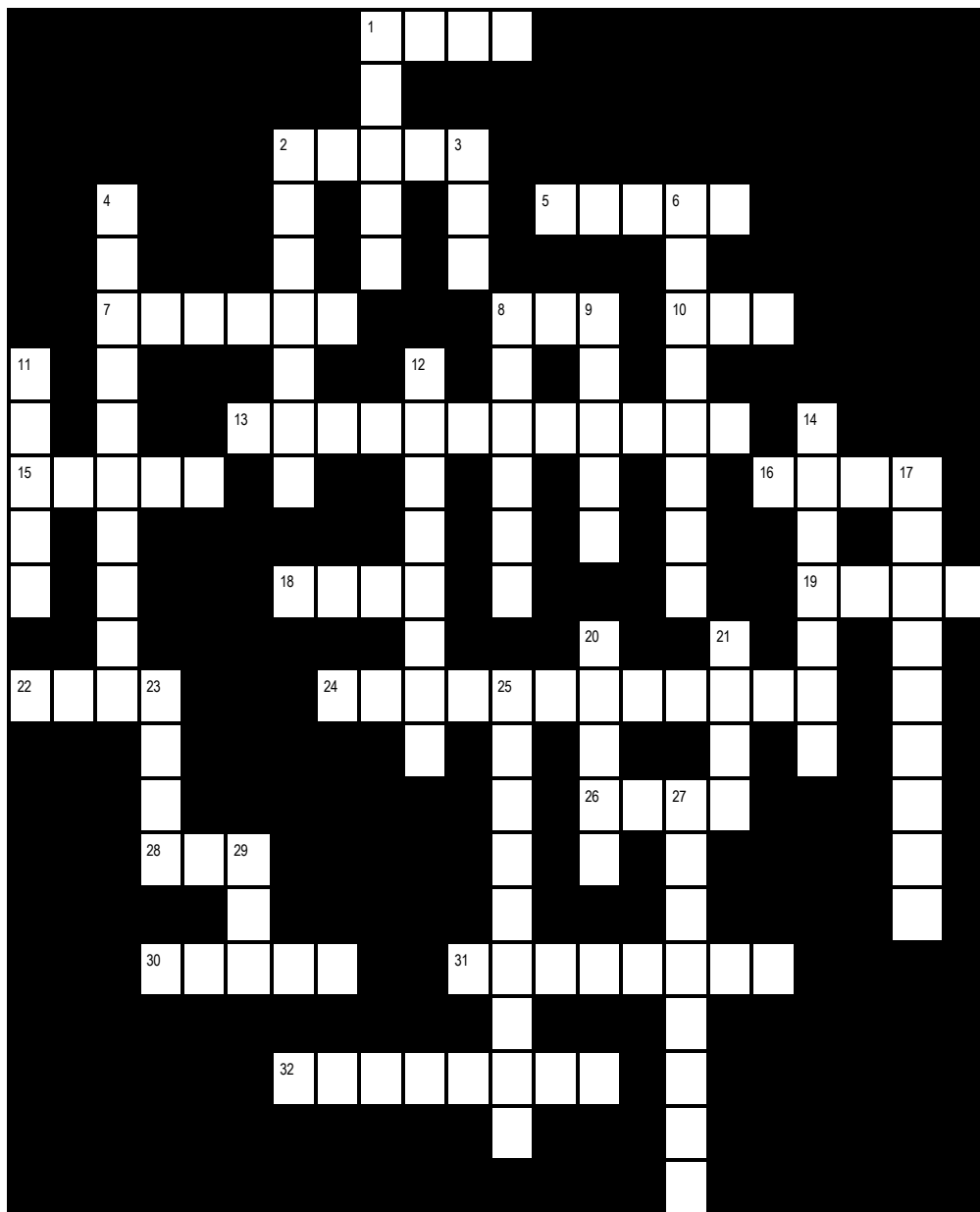
Peers expressed a willingness to be involved. RESULTS was in a position to offer to act as Secretariat for the APPG - without dedicated staff time little would happen.

The launch meeting, led by Co-Chairs, Andrew George (Lib Dem), Nick Herbert (Conservative), and Julie Morgan (Labour), was a powerful overview of the global TB situation. The next meeting, (22nd March 2007), is expected to publish a Call to Action on needs to combat TB globally and in Britain and the contributions this country could make to accelerate the worldwide effort. These are public meetings so if you want to be on the mailing list for notice of them, please contact louise@results-uk.org.

Crossword competition fundraiser—win a HUGE luxury box of chocolates!

To celebrate World Stop TB Day this year we would like you to test (and maybe enhance) your knowledge of TB by entering our Crossword competition. Enter individually for one chance to win OR why not circulate the crossword to a group of people at work, school or at a club you belong to? Ask each person for £1 to enter, and send all the entries together in an envelope with a cheque. If one of the entries in your pack wins, you win a prize too! (Make sure to give us your details as well).

Each entry must be attached to a note with the entrant's NAME, EMAIL (if you have one), TELEPHONE NUMBER, and ANSWER TO THE TIE-BREAK QUESTION, and sent, with the £1 fee per entrant to: Paul Dawson, TB Alert, Community Base, 113 Queens Road, Brighton, BN1 3XG. Grateful thanks to Che Cootauco, TB Specialist Nurse, St George's NHS Trust, who compiled the crossword (sorry Che—you can't enter!). We cannot be responsible for entries which don't reach us or which are unreadable. The judges decision is final!



TIE BREAK QUESTION

What new activity would you suggest TB Alert does to raise funds for our cause? Innovative but practical wins!.

ACROSS:

1. Radiology test used in medical imaging to diagnose diseases
2. Tuberculosis that is resistant to Isoniazid and Rifampicin
5. TB was found in the spinal column fragments of mummies in ancient _____
7. One of the classic symptoms of tuberculosis
8. Shortness of breath
10. Length of time quadruple TB treatment is taken
13. Disease caused by the tubercle bacillus that usually affects the lungs
15. TB of the spine
16. Amount of drug used in quadruple treatment
18. Body part involved in pre-ethambutol test
19. Facial protection used to avoid the TB germ
22. German scientist who discovered the TB germ in 1882
24. The first TB drug
26. _____ compliance to TB treatment=cure
28. The removal of tissue or fluid with a needle for examination under the microscope
30. The _____ Health Organization has declare TB a global health emergency in 1993
31. This year's World TB Day theme is "TB _____ is TB everywhere"
32. TB is caused by a _____ called Mycobacterium Tuberculosis

DOWN:

1. TB showing resistance to at least 2 first line drugs (Isoniazid and Rifampicin) and 3 or more of the six classes of second line drugs
2. A tuberculin skin test in which a small amount of tuberculin is injected under the skin
3. Vaccination against TB, also named after the two French scientist who produced it
4. TB of the abdominal lymph glands usually caused by the consumption of milk from cows infected with TB
6. Original Greek name for tuberculosis
8. Specimen tested to determine pulmonary TB
9. Haemoptysis is coughing up _____
11. _____ vulgaris is TB of the skin
12. Negative _____ room is where open TB cases should be kept in hospital
14. The presence of evidence for TB infection from a positive TB skin test in a person with normal chest x-ray and no symptoms
17. Drug _____ TB is the opposite of fully sensitive TB

20. One of the classic symptoms of TB
21. The presence of _____ fast bacilli in microscopy of the sputum determines the infectious state of a TB patient
23. A tuberculin skin test formerly used in UK, but discontinued in 2005
25. The most common type of TB
27. Directly _____ Therapy is a component of case management that helps to ensure that patients adhere to therapy
29. TB is an _____ borne disease

Stigma—not a new problem for people with TB

19th century medical ideas led to social stigma and prejudice towards people with TB, and this stigma was often reinforced in Victorian novels. For example, the medical theory that ‘consumptives’ could be identified by their appearance and behaviour encouraged novelists like Charles Dickens to rely on lazy stereotypes, rather than showing ‘the consumptive’ as a real individual with a personality separate from their disease. Victorian doctors also believed that TB was a disgusting hereditary disease; one scientist seriously argued that it should be illegal for consumptives to marry because they gave birth to monsters covered in slime and scaly skin!

TB awareness made more accessible

(Continued from Page 1)

TB Alert has produced a new large (A2) bright poster detailing the symptoms in other languages (see right). The DoH has changed and expanded the cartoon range piloted last year—as well as the A5 card, there will be a poster and a mini info card. The DoH are continuing to produce their standard poster, leaflet and fact sheet, the look and content of which will be reviewed later in the year.



For health professionals who have told us they are holding a Stop World TB Day event, the materials will arrive in two parcels, one from TB Alert and one from the DoH, due to land on your doorsteps by 15th March.

As well as the poster, TB Alert is also providing postcards aimed at awareness raising among the general public, pens, balloons and a quiz sheet.

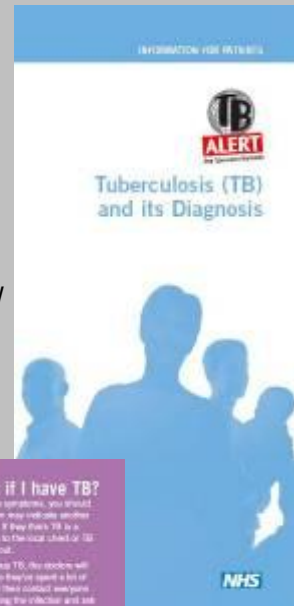
Huge thanks go to Genus Pharmaceuticals for sponsoring our World Stop TB Day materials—we simply couldn't have done them without their generous support. To order TB Alert materials, contact Tina as detailed on the front page. For DoH materials, call the DoH Publications line on 08701 555 455

We have had a few comments on the “orangeness” of the character—the colour was chosen simply because there is no race we're aware of on the planet which is orange (certain television presenters and pop stars don't count just because they dye themselves orange!).

TB and its Diagnosis leaflet

With the changes from Heaf to Mantoux testing and the publication of the NICE guidelines for TB last year, our Skin Test leaflet had become a little out of date.

For those who haven't had chance to see it yet, last November we printed a new leaflet -TB and its Diagnosis.



How do I find out if I have TB?
If you have three or more of these symptoms, you should see your GP. Although one of them may indicate another condition, if you have TB, you will need to be treated. TB is a potentially fatal disease, but it can be cured if you take the right medicine. If you have TB, you will need to see your GP or TB clinic, where tests will be carried out.

The Skin test (Mantoux)
The skin test (Mantoux) checks whether your body has been exposed to TB germs. The test is done by injecting a small amount of TB protein into the skin. The test is done on the inner side of your arm. It is a painless test. The results are usually ready in 48-72 hours.

What does a positive skin test mean?
A positive skin test can mean several things. It may mean that you have TB. It may mean that you have been exposed to TB germs. It may mean that you have a latent TB infection. It may mean that you have a false positive result. Your GP or TB clinic will explain the results to you.

The leaflet talks patients through the entire diagnostic process, covering the difference between latent and active TB, the Mantoux

and what the results can mean, the blood test, chest x-ray, sputum sample and culture test.

To see the full text and to order, go to www.tbalert.org/resources/clinical.php

RSM Academic Conferences—Screening for TB

Wednesday 13 June 2007—A one-day conference organised by the Royal Society of Medicine in association with The Section of Respiratory Medicine and TB Alert. This meeting aims to inform participants about the usefulness and practicalities of screening for tuberculosis; both active disease and latent infection. Accreditation: 5 CPD credits

Topics include: *Where might screening be best targeted? What is screening and how effective is it? The tools for screening; Practicalities of screening in difficult circumstances—a respiratory physician's role; the spot test for latent infection; the interferon gamma release test; Cost effectiveness of screening*

For further details please contact Primrose Ante-Bennett on tel (+44) 020 7290 2965; fax (+44) 020 7290 2977 or email primrose.ante-bennett@rsm.ac.uk and to book on-line visit the website at <http://www.rsm.ac.uk/academ/c10-tb.htm>



Questions, Questions—more about BCG

In our last issue we covered a few of the commonly asked questions from concerned parents about the changes to the BCG vaccination programme. We weren't able to fit it all in, so as promised, here is the final set of remarks/questions and our answers. If you missed our last newsletter or for any other reason would like a copy of the full sheet of Q&As, contact Tina at awareness@tbalert.org, telephone 0845 456 0995.

I know someone who caught TB from sitting next to an immigrant on a bus/train – they said their TB would have been much worse if they hadn't had the BCG vaccination

This clearly illustrates that having BCG does not necessarily prevent someone from developing TB. There is no medical evidence to show that a person who has had BCG develops a weaker form of the infection. It is highly unlikely that anyone could catch TB while travelling on a train or tube, since prolonged close contact (estimated at 8 hours plus) with someone with infectious TB of the lungs or throat is usually required to contract TB. TB can affect any part of the body but may only be infectious when active in the lungs or throat and then not in all cases.

If someone does breathe in enough TB bacteria to present risk of infection, approximately 60% of healthy adults have an effective enough immune system to completely fight the infection and kills off the bacteria, presenting no further harm to the individual or risk of infection to others.

Approximately 30% of people's immune systems do not kill off the bacteria completely but control the infection enough for it to remain dormant or latent. Approximately 10% of these latent cases later develop into active infection, meaning 90% do not.

You can see from this that TB is not as highly infectious as many think. While TB can affect anyone, it is more likely to affect those with poor nutrition and general health whose immune systems are less able to fight the bacteria. This is

why TB is so closely associated to poverty, since good general health and housing conditions are a major help in combating the spread of the infection.

Why is the BCG vaccination not being given to English children any more but other nationalities can get it easily?

Health authorities with high TB incidence are guided by government policy to give BCG to all children in the area, irrespective of race, shortly after birth, rather than at school age. The recommendation is then to assess older children for risk factors and give BCG where high risk factors are considered to be present.



The policy is therefore geared towards risk rather than race and is not carried out universally in schools, even in high incidence areas. Many authorities with high TB incidence in London switched to neo-natal BCG some years ago.

The UK is not alone in moving to a risk based vaccination policy – Holland, Sweden and Switzerland have had this type of policy in place for some time now and they are not experiencing an increase in cases. The United States has never used BCG

since they believe it is not effective enough and it confuses the diagnostic skin test.

Why don't they give BCG to everyone in countries where there's a lot of TB and stop it that way?

Many countries with high TB rates do give BCG, the problem is that it doesn't work for everyone. It seems that BCG is most effective at preventing the more severe forms of TB, such as TB meningitis, in young children, than it is at preventing lung TB in adults. Since only adult lung or throat TB can be infectious (but isn't always), BCG alone can't stop the cycle of infection, so it's important to make sure that people are diagnosed and treated as soon as possible.

The effectiveness of BCG also varies across the world and it becomes less effective nearer the equator – this is due to a much higher number of environmental mycobacteria (TB is a mycobacterium) occurring naturally. Other factors for the variable effectiveness of BCG in different countries are thought to be nutritional differences, differences between BCG vaccines, although this is not a significant factor (one type offered good protection in UK but no protection in Malawi) and differences in human genetic types and strains of TB – these need more research.

What we really need is a more effective vaccine – there are some in development but they still have to go through more medical trials so, if any are successful, they won't be available until around 2012.

Could your school match the Bolton Boys?

The pupils at Bolton School for Boys choose a different charity each year to benefit from their summer term fund-raising activities. Last year they raised over £5,000 for our work by raising sponsorship from family and friends for their charity fancy dress fun-run.

Pictured below is Professor Peter Ormerod—a TB consultant who spoke at the school and inspired them to raise money for children around the world with TB. Here he is in taking part in the fun-run—pushing his grandson Ethan who, says Peter, had the good sense to be born on World Stop TB Day!



If you, your children or grandchildren know a school which could fundraise for TB Alert please let us know.

Check out our schools web page on <http://www.tbalert.org/help/org/edu.php> for fundraising ideas, information about children and TB and posters. Or phone us to arrange for a volunteer speaker to come to the school—we have speakers all over the country.

Donate your tax repayment to TB Alert

Did you know you can donate all or part of your tax repayment to *TB Alert* using your **Self-Assessment** return? Its very simple – this is how it works:

Tell the Inland Revenue how much you want to give. If you want to give **all of the repayment**, tick box 19A.1. If you want to specify a **maximum amount**, enter that in box 19A.2. Enter **TB Alert's** charity code... **DAF85TG** on your return at box 19A.3. For Gift-Aid to apply, tick box 19A.4. This will mean that **TB Alert** will get an extra 28% from the Inland Revenue – making your donation go further without costing you anything more.

If you make a donation using Gift-Aid and are a higher rate taxpayer you can claim further relief on this in your next tax return.



Our grateful thanks to the kind donor(s) who donated through their tax returns this year—a very welcome £458 . They donated anonymously but if you want us to know who the gift is from just tick box 19A.5.

A Rose by any other name....

We are delighted to announce the launch of the Gladys Quine Rose—a rose against TB. Named in memory of a very special lady who died of TB, by her granddaughter and TB Alert supporter, the rose is sold in aid of TB Alert.



The Gladys Quine Rose is a strong, stunning rose with a lovely scent. It starts off deep apricot in bud, turns paler in bloom and then pink before going over. The rose blooms throughout the summer with each flower lasting really well.

see www.hatfield-house.co.uk and click on Events or phone 01707 287010 .

If you can't make it to Hatfield House, but would like to buy a rose in aid of TB Alert call the World of Roses order line on 08452 606888 or email enquiries@worldofroses.com

The rose will be launched at a special Rose Weekend event on 16/17 June at Hatfield House—a glorious celebration of roses and summer flowers with music, shopping, talks and demonstrations. Entry to the House is included in the £10 ticket price. To find out more

£8.95 each Bare Rooted and £12.95 Potted. 3 pack £24.95 bareroot, £29.95 potted. Postage and packing £3.50. **£2.00 from each single rose sold goes to TB Alert and £10 per 3 pack.**

£1 on the bill for World Stop TB Day

In Brighton this year, in the fortnight surrounding World Stop TB Day (24th March) selected restaurants will be adding £1 to each table's bill which will be donated to TB Alert. For more information, including participating restaurants see our website www.tbalert.org. The scheme is extremely simple to set up—if you own a restaurant or know a restaurateur you could approach personally, please call Melanie on 0845 223 5293. There's still time for campaigns to start 24th March.