

Community participation has to work towards ensuring equal access to services and comprehensive care. Participation should also include identification of problems, weaknesses, needs and strengths relevant to a person's health and well being. Communities will be empowered in the process to be able to take part in the treatment process, thus turning from being service recipients to being partners in the treatment process. Patients on treatment require the same amount of home-based care and support as people living with HIV. Mostly communities have done home support, and this is an important component of the treatment process.

#### Integration of TB/HIV services

TB is one the most common opportunistic that affects people living with HIV/AIDS. People living with HIV/AIDS have a 10% chance of being infected with TB annually hence the need to integrate TB/HIV services. TB/HIV collaborative services have the effect of minimizing the movement of infected people in seeking treatment for what essentially is one condition, and thus creating a one-stop treatment facility where treatment can be effectively coordinated.

#### Treatment Literacy

Education on HIV and TB treatment is critical in helping people to prevent the spread of infection, manage side effects, maintain treatment adherence, and monitor for potential treatment failure. TB and HIV treatment literacy has proven to have a self-sustaining and cumulative effect, for improving TB and HIV health behaviour, increasing support for patients on HIV or TB treatment and generating community-driven advocacy.

Communities in response to TB and TB/HIV co-infection can also do the following:

- Psychological support
- Palliative care
- Referral to services
- Adherence support
- Community mobilization and out reaches
- Encouraging people to go for testing
- Follow up of people on TB treatment

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**DEMAND**  
**TIMEOUS**  
**FULL COURSE**  
**UNINTERRUPTED**  
**TREATMENT**

### **What is Tuberculosis?**

Tuberculosis (TB) is a disease caused by a germ called Mycobacterium tuberculosis (MTB). The germ is spread from person to person through the air. TB usually affects the lungs but it can also affect other parts of the body, such as the brain, the kidneys, or the spine.

### **Pulmonary and Extra pulmonary TB**

When TB is in the lungs it is called pulmonary TB, but when it is in other parts of the body outside the lungs, it is called extra-pulmonary TB. TB of the lungs is the most infectious form of TB.

### **How is TB spread?**

TB germs are expelled into the air when a person with TB disease of the lungs or, in rare cases, of the esophagus (throat) coughs, sneezes, speaks or sings. These germs can stay in the air for several hours depending on the environment. Persons who breathe in the air containing these TB germs can become infected. However not everyone infected with TB bacteria becomes sick. As a result, two stages of TB Infection exist: Latent TB infection and active TB disease.

### **People with latent TB infection (LTBI):**

- Usually have a skin test or blood test result indicating TB infection
- Have a normal chest x-ray and negative sputum test
- Have TB bacteria that are alive but are not active
- Do not feel sick
- Cannot spread TB to others
- Need treatment to prevent TB disease.

In some people, TB bacteria weaken the immune system and begin to multiply, resulting in the progression from latent TB infection to active TB disease.

### **General symptoms of active TB disease include:**

- Unexplained weight loss
- Loss of appetite
- Night sweats
- Fever
- Fatigue

### **Symptoms of TB of the lungs include**

- Coughing for 3 weeks or longer
- Hemoptysis(coughing up of blood)
- Chest pains

### **How Can I Stop the Spread of TB?**

It is important to note that NOT all people with TB are able to infect others. A person must have active TB disease that is untreated or under-treated to be potentially infectious. Active TB disease that is in the lungs (pulmonary TB), has large amounts of TB bacteria in sputum (phlegm) and can be detected through the smear test (smear positive TB) is the most infectious form of TB. After two weeks of treatment a person may no longer be infectious.

If you are infectious while you are at home, there are certain things you can do to protect yourself and others near you. Your doctor may tell you to follow these guidelines to protect yourself and others:

- The most important thing is to consult your doctor and start treatment as soon as possible
- Always cover your mouth with a tissue when you cough, sneeze, or laugh. Put the tissue in a closed bag and dispose of it properly.
- Do not go to work or school while you are still infectious. Separate yourself from others and avoid close contact with anyone. If possible, sleep in a room away from other family members. If this is not possible, other means of infection control must be used.
- Air should flow out of your room often to the outside of the building.
- Because TB spreads in small closed spaces where air does not circulate, it is important to create airflow. Put a fan by the window to blow out exhaust air that may be filled with TB bacteria.

### **Resistance to Treatment**

People taking TB treatment should adhere (take their medication as prescribed).If they do not adhere, the TB bacteria may become resistant to some of the key drugs they are taking .That will lead to a drug resistant TB.

- o Multi-drug resistant TB (MDR-TB) is resistant to at least two of the key anti-TB drugs, Isoniazid and Rifampicin .These drugs are considered first line drugs and are used to treat all persons with TB.
- o Extensively drug-resistant TB (XDR-TB) is resistant to the most powerful first line and second line drugs that are used to treat TB e.g. Isoniazid and Rifampicin and at least one of three injectable drugs (i.e. Amikacin, Kanamycin or Capreomycin).

### **Who is at a risk of getting MDR-TB or XDR-TB?**

Drug- resistant TB (MDR-TB or XDR-TB) is more common in people who:

- Do not take their TB medicine regularly
- Do not take all their medicines as told by their doctor.
- Develop active TB again, after having taken TB treatment in the past.
- Have spent time with someone known to have drug-resistant TB
- Come from areas where drug resistant TB is common

If you think, you have been exposed to someone who has TB you should contact your doctor or local hospital about being tested.

### **Community Involvement in the fight against TB/HIV**

People living with HIV/AIDS or TB or both can join hands in striving for access to comprehensive health care services to provide the highest possible quality of care. This can be done if they incorporate into their actions a series of elements to ensure effective outcomes. Participation in health related matters by community representatives must be permanent, systematic and open minded to ensure better health for all individuals, families, and communities.