

18% of workforce has HIV, deaths treble in prime group, survey finds

PRETORIA: Deaths among young adults have increased by 213% since 1997 and this can be attributed to the HIV/Aids pandemic, the SA Institute of Race Relations has said.

The number of people who died in the 30-34 age group in 1997 was 18 983, but by 2005 this number had risen to a staggering 59 360, according to the latest edition of the institute's annual survey.

Also, latest estimates were that more than 18% of the workforce was infected with HIV.

"The huge upswing in deaths of young adults can only be attributed to the progressing HIV/Aids pandemic," said Marco MacFarlane, head of research at the institute.

"Unfortunately that is not the worst of it, as the latest estimates show that HIV/Aids will soon account for more deaths a year than every other cause of death combined."

MacFarlane said the latest figures showed a decrease in infection rates, but it was too early to start celebrating.

"We saw a decrease in 1999 and there were comments back then that the epidemic had stabilised, but the following year the statistics showed a large increase again and they have increased every year again until last year," he said.

HIV/Aids was an issue not only about health care, but also about the economy, infrastructure, society and community.

"This disease needs to be fought on every front with equal vigour, by both the private and the public sectors, and by individuals." - Sapa

'Hospitals won't cope with rise in MDR TB cases'

ANSO THOM
Health-e News

DECENTRALISING the treatment of multidrug-resistant tuberculosis (MDR-TB) to community level is the way forward because the numbers will become so big that it will be impossible to continue putting patients in hospital for six months.

This is the concept that is gaining support among TB researchers, scientists, activists, doctors, nurses, the World Health Organisation, the UN and other agencies.

There is also agreement that the prospect of a six-month confinement in a hospital, the unstimulating hospital environment and the high death rate are deterring people from seeking a test or completing treatment.

Many delegates attending the 38th Union World Conference on Lung Health agree that most of the MDR-TB patients are not defaulters and will take their treatment if it is offered in their communities.

"The responsibility is taken away from patients and they are sent into

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'Centralised MDR TB care is a death sentence'

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isolation," Vuyiseka Dubula, a TB-HIV activist in Khayelitsha, told a satellite meeting co-ordinated by Doctors Without Borders.

"How can you tell a single mother of five, who has no support, she will be sent away for treatment and has to leave her children?

"People would rather die at home undiagnosed than go to a place (many) don't come back from. Centralised care is a death sentence."

The head of the Doctors Without Borders mission in South Africa, Eric Goemaere, said the 9 000 MDR-TB cases reported in South Africa were only the tip of the iceberg.

Treatment needed to be decentralised to primary health care level. Case detection would increase and stigma decrease.

"Institutions are saturated and

cross-infection is occurring in (them)."

Salmaan Keshavjee, of Partners in Health, said that in Lima, Peru, more than 6 000 MDR-TB patients had been treated successfully in the community. Many measures could be put in place, such as building an extra room at home for the patient. In Peru, this could be done for \$80.

Pheello Lethola, who works for Doctors Without Borders in Lesotho, where the numbers of TB-HIV patients and the defaulter rate are high, said a "one-stop shop" had been created at primary health care and hospital levels. Patients were seen on the same day for their TB and HIV and nurses trained to diagnose TB.

The South African government seems opposed to the decentralisation of MDR-TB care. Health director-general Thami Mseleku has said more hospital beds are to be made available.