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THE SUNDAY TIMES

The Dickensian plague returns to haunt Britain

TB remains a huge killer worldwide but had been almost eradicated here. Now it is back and London is the TB capital of Europe. Louise Tickle explains why

Louise Tickle Published: 16 March 2014

A barefoot girl in a bright red cardigan is dancing beside her hospital bed. Nokubegha is 12 and has multi-drug-resistant TB. The disease recently killed her mother. Two weeks after her mother's burial Nokubegha was diagnosed with the disease and sent to a clinic far from home to be quarantined for at least the first six months of a gruelling two-year drug treatment regime. She is the only child in the hospital. And she is all alone.

She lives in Swaziland, southern Africa, the global centre of TB. But the disease is not just a public health emergency there. It is the second-biggest infectious killer worldwide.

According to a paper in the medical journal *The Lancet*, London is now the TB capital of Europe, with rates that rival those of some developing countries.

Most people think of TB as a disease of the lungs, but it can also affect the spine and the brain. In the mid-19th century TB killed one in four adults in the West. It is a bacterial infection caught by breathing in droplets from the sneezes or coughs of an infected person.

The incidence began to fall as slum areas were cleared in the 1920s. As the pasteurisation of milk became common, the transmission of bovine TB to people dropped. After 1953, when the BCG vaccine was introduced to Britain, rates fell further and later that decade it was discovered that three drugs combined could cure it.

However, TB never disappeared, and increasingly it has developed resistance to drugs. There has been an overall rise in cases in the UK over the past two decades; about 300 people now die from it every year in this country.

Standard TB can be treated but more worrying is the growing number of people (up from 30 a year to 80) in the UK with the far more dangerous multi-drug-resistant variety.

Tsend, 41, originally from Mongolia, is one of them. She lives in London and is 13 months through her two-year treatment. The drugs have caused hearing loss. On top of that Tsend lost her job as a supervisor in a hotel because she could not work in close contact with other people while infectious.

The side effects of the treatment for multi-drug-resistant TB can be so gruesome that many patients struggle to cope. "I was first of all in hospital for 4 months in a room by myself," Tsend says. "Some of my friends were too scared to come and see me. It was lonely. And I was feeling sick every day after taking the medicine."

Tsend knows she cannot come off her antibiotics, even for a few days of relief. Failure to complete the course means the TB bacterium has the chance to develop resistance to yet another type of antibiotic and turn into an even more frightening strain, so-called extensively drug-resistant TB.

At the moment TB sufferers in the UK are predominantly people who were not born here. But TB is an airborne disease and does not discriminate. The largest number of sufferers are people aged 20-40, but there has been a rise in cases in older people, who may start taking immunosuppressant drugs for a different condition and then find that the latent TB they have harboured for years suddenly becomes active.

You are far more likely to catch TB if you live in poor-quality, overcrowded housing. "You won't get TB by being next to someone in a bus or a train," says Sarah Murphy, a clinical nurse specialist in TB. "But if you share airspace for eight hours or more with someone who has active TB, there is a risk."

Prevention now has to be the priority, believes Alistair Story, the clinical lead for the publicly funded Find and Treat x-ray service, which operates from a bus that drives around England to screen at-risk individuals. His team has x-rayed 10,000 people since 2005. "Our main work is in London — we screen in every borough — but we're regularly called out," he says. "We've recently done a chicken processing plant. Next week we're doing a fruit factory." Prisoners are also vulnerable, as are the homeless.

"Those with very advanced disease, who are not likely to go to a GP, present with an almost Dickensian type of TB," Story says. "These are people who are chronically tubercular. We will get them treated; we will not give up. And because there's no point in me picking you out of the gutter,

diagnosing you, treating you and popping you back in the gutter, we will help you address the issues that put you at risk in the first place.”

That philosophy goes as far as employing non-infectious patients to support others through their treatment — up to eight such people are members of the Find and Treat team at any one time.

The service also runs an eight-bed hostel for TB sufferers, because two years of debilitating drug treatment is all but impossible if the patient has nowhere to live. More space is urgently needed, however — Story says he could fill 20 beds tomorrow.

Tsend must take her daily handful of drugs for the next year. A full course of medication for MDR-TB costs about £75,000. Even for a First World nation this is a great deal of money. For developing countries it is a crippling cost.




TB: Return of the Plague will be on BBC4 at 9pm tomorrow


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