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# MOH given more power to fight spread of TB

Surge in new cases makes it vital that all patients follow treatment

**BY SALMA KHALIK**  
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TUBERCULOSIS (TB) patients can be barred from travel, forced to take their medicines and have their illness disclosed to other authorities from Monday.

The Ministry of Health (MOH) has made it possible for TB patients to be subjected to these strictures because the number of cases has started rising again, despite attempts to eradicate it.

TB is only the second disease after Severe Acute Respiratory Syndrome (Sars) to be handled this way.

Seven hundred new cases emerged between January and June, figures which represent a fresh surge, after the number of cases appeared to wane in 2006 and last year.

MOH has been hamstrung in its efforts to rid the country of TB because it has not had the authority to track down all the people a TB patient has come in contact with.

This is especially sticky when a TB patient crosses international borders and may have had contact with many passengers on the same long-haul flight.

The change means MOH can inform airlines of the problem and ask them for information on the passengers seated within two rows of the infected person.

TB is a bacterial infection that most of-

ten affects the lungs; it can also occur elsewhere, such as in the kidneys, brain or the spine.

Spread through close, prolonged contact with an infectious person, it can kill if left untreated or if treatment is not followed through.

Patients may feel weak, lose weight and appetite and have fever and chills or night sweats; TB in the lungs may cause chest pain and a bad cough which may bring up blood.

Associate Professor Wang Yee Tang, who heads the TB Control Unit at the Communicable Disease Centre (CDC), said late diagnosis is a major problem, in that an undiagnosed individual may spread the illness unknowingly.

About 5,000 new cases cropped up every year in the 1960s. The number tailed off in the decades following, until it went below 1,260 cases a year in 2006 and last year.

But with 700 new infections logged in just the first six months of this year, there is greater concern over the spread of the disease.

Aside from late diagnosis, the long-drawn treatment creates another problem for the health authorities.

TB can be cured if patients take the cocktail of drugs, usually for between six and nine months because the bug is stubborn.

Patients will need to stick it out - and stomach the slew of unpleasant side effects from the medication: Nausea, fever, skin rashes, blurred vision, hearing loss and easy bruising.

The side effects are why some patients

stop treatment midway. Two to three weeks into treatment, the symptoms often disappear but the person is still not yet cured.

Giving up on the treatment halfway could bring on a relapse; even worse, the patient could be hit with a drug-resistant form of the disease, the drugs for which bring on even worse side effects.

About a decade ago, on the advice of the World Health Organisation, TB patients here were required to turn up at a clinic daily for the first two months to pop as many as 11 pills, with some needing daily injections as well. After the first two months, they have to show up thrice a week for the remaining months of the treatment.

Dr Cynthia Chee, a senior consultant at the TB Control Unit, said that, left on their own, most patients may not take all the necessary pills, either because it is a bother or because of the side effects.

Prof Wang added that unlike diabetes or hypertension where only the patient suffers if he stops treatment, with TB, the community where the patient lives or works is put at risk if he is infectious.

A patient suffering severe side effects thus needs to "soldier on" for the good of everyone, unless the side effect is very bad, such as when the drugs are making him blind.

MOH said yesterday that it would take enforcement action against those who do not follow through on their treatment and put the community at risk of infection.

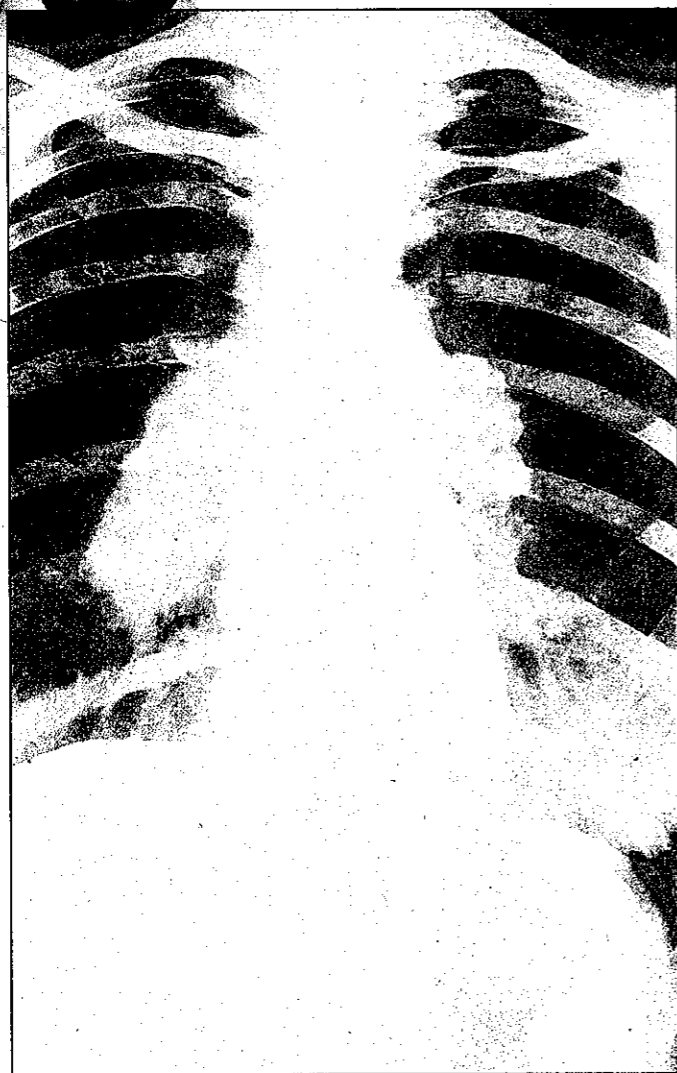
This includes holding such patients at the CDC until they are cured.

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## New powers

MOH can:

- Stop patients with TB from travelling on commercial flights
- Ask airlines for contact details of passengers seated within two rows of an infectious patient on flights lasting eight hours or more
- Force recalcitrant patients to go through treatment, and keep them at the CDC until they are cured
- Reveal to the police or the immigration authorities why it needs their help to find patients. The need to keep the patient's illness confidential has "sometimes led to operational difficulties" in requests to the police or the immigration authorities, said an MOH spokesman



A chest X-ray of someone infected with pulmonary tuberculosis.  
 PHOTOS: GETTY IMAGES, ISTOCKPHOTO