

DR TB in Armenia

Article #1

Larisa, a teacher determined to beat DR TB

Yerevan, Armenia, February 2010 - Larisa recalls with a shudder the moment she was diagnosed with Drug-Resistant Tuberculosis in the central TB clinic in the Armenian capital Yerevan.

"I thought first of all, that's all, I will die. I thought there was nothing worse in this world. The colours all around changed. All was black," said the 29-year-old who taught English at a university prior to her diagnosis.

Drug resistant TB (DR TB) occurs when TB bacilli present in a patient are resistant to the first line drugs that are most effective in combating the disease. Patients with regular TB can develop resistance if they do not complete the full course of drugs, or a person can be directly infected by drug resistant TB strain from an infected DR TB patient.

Armenia has one of the highest per capita rates of DR TB in the world, and since 2004 Medecins Sans Frontieres has been collaborating with the Ministry of Health, running the only DR TB treatment programme in the former Soviet Union country.

MSF provides the drugs - which can cost up to 15,000 dollars per patient for a two-year course - supervises the treatment and gives patients psychological and social assistance. Through the World Health Organization's Green Light Committee approved MSF programme, the drugs are now accessible at a reduced cost to the program and available free of cost to the patients.

Larisa was lucky. Armenia has a modern, well equipped national laboratory for detecting DR TB, with results from sputum tests available within three weeks. But still, to be tested in the national laboratory, she had to be referred by a TB doctor, and in Armenia as elsewhere, it is a new intervention and the TB program and its staff are in a stage of developing this expertise with the support of MSF

In Africa and other underdeveloped countries, the complex testing equipment needed to diagnose DR TB is not available, and people frequently go undiagnosed and continue to spread the infectious, air-borne disease.

Before her diagnosis, Larisa knew a little about TB, but when Armenian health authorities periodically sent text messages about free of charge treatment for the air-borne disease, she automatically deleted the messages.

"Now communication is so great people come and go, different parts of the population work together. Now in transport, all is very developed and communication is more. It is not only the problem of people who live bad," said Larisa, the mother of a one-year-old boy.

Dr Stobdan Kalon, the MSF head of mission in Armenia agrees.

"Now the extent of the spread of TB is so generalized that it is very much likely that TB can affect anybody and now we are starting to see TB in the general population, even the well-to-do affluent population," said Dr Stobdan, who is in charge of the MSF project with around 40 national staff and eight expatriate volunteers.

After her diagnosis in August last year, Larisa was hospitalized and treated for two months until she was no longer spreading the disease and is now six months away from completing her treatment.

She had two months of treatment in the MSF supervised DR TB ward and three months of treatment at an clinic, and she still has six months of treatment to go.

Like the majority of patients, the toxic cocktail of drugs she must take result in strong side effects, but Larisa is determined to complete the treatment and resume her life fully.

"I could not imagine it (the treatment) was so hard. It really is," said Larisa, who lives in a neat, two-bedroom apartment with her mother. "But I'll go to the end and I'll take all the medicine."

*Patient names have been changed*

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