

# The TB Fact Sheet

The most common opportunistic infection in people with HIV in South Africa is TB. If you have TB it can be cured and prevented from occurring again. Many people with HIV die prematurely from TB.

## What is TB?

TB is caused by a bacterium (germ). The TB germ spreads through the air when a person who has the disease coughs, sneezes or breathes. TB can occur anywhere in the body, but only TB in the lungs and throat can infect other people. Anyone can become infected with TB, but all people with HIV are at greater risk of becoming sick with TB disease. People with HIV/AIDS with a CD4 count lower than 200 also stand a greater chance of dying from TB.

## What is the difference between TB infection and TB disease?

TB infection (latent TB) means that the bacteria are inside your body but they are not active. People who are infected with TB usually have no symptoms and most of them do not become ill. They also do not pass the disease on to other people.

TB disease is also called active TB. Active TB means the infection has become active in your body and will make you sick. People with active TB will pass it on to other people.

Therefore, active TB must be treated, cured and, where possible, prevented. If TB is left untreated it will be fatal.

## What are the signs and symptoms of TB disease?

Symptoms of TB disease in the lungs or throat include fever, night sweats, weight loss and tiredness. If you have active TB in the lungs, you will have a cough that will not go away. Sometimes your sputum (spit) will have blood when you cough. If you have HIV and TB, you

can get other opportunistic infections such as pneumonia. If you have a persistent cough for more than three weeks you must go to a clinic.

## How can health workers tell if I have TB?

Health workers can test for TB in different ways. The most common and reliable test for TB used in South Africa is a sputum test. Other tests can be used to check for TB disease. A chest X-ray can also show TB disease.

## Can TB be prevented?

Yes. TB can be prevented but it is not guaranteed. Seek counselling from an experienced TB doctor to discuss the advantages and disadvantages of prevention. Isoniazid, also called INH, is an antibiotic pill used to prevent TB disease. It must be taken for at least six months. People with HIV and a CD4 count lower than 500 must take TB prevention medication. INH is cheap and provided free of charge at hospitals and clinics. Your healthworker must check every month for serious INH side effects. If you have active TB, then you cannot take medicine to prevent the disease. When the TB is cured your doctor may recommend INH

prevention to stop a relapse of TB. Relapse means getting TB disease again.

If you live, work or study in an area with TB disease, prevention may be critical. Always use a tissue or handkerchief for coughing and sneezing. Encourage other people to do the same.

## Can TB be treated?

Yes. TB can be treated and cured with medication. TB treatment starts with three or four drugs. People with severe TB might spend time in hospital. After two months, the number of drugs are reduced. If you have HIV, you may need the drugs for a longer period. TB medication must be taken until the doctor says that your TB is cured. Stopping or skipping TB medication just because you feel better might lead to relapse. When you relapse and get TB again, it might become more difficult to cure. By not finishing your medication you could also develop drug resistant TB. Treatment of drug resistant TB is more difficult; most people die. Resistant TB treatment is much more expensive.

Treat TB and finish all your medication until the doctor says you are cured.

## What is DOTS?

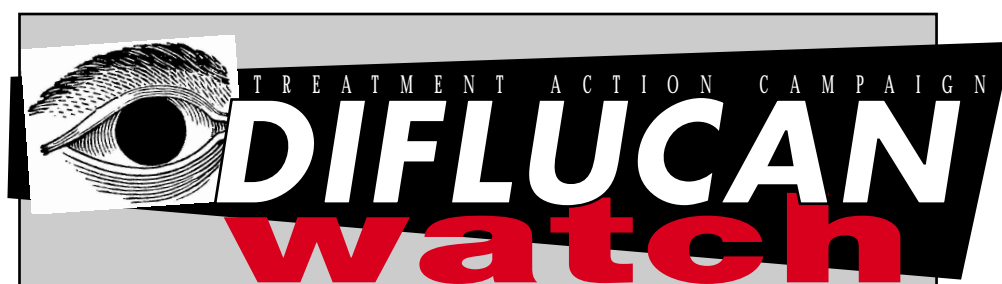
DOTS or directly observed treatment short-course is a strategy used by health authorities to ensure that people finish their TB treatment. You can ask a family member, colleague, friend, or partner to help you remember when to take your pills and to make sure that you finish your treatment. You can also go to your local clinic or any place where DOTS nurses or volunteers work from (shops, churches, factories) to take your TB medicines.

But, the best way to take your medicine is to develop your own discipline and support system. It is critical that new, easy to use medicines are developed.

## What drugs are used to treat TB?

There are five drugs produced and used to treat TB. The same drugs are used in people co-infected with HIV and TB, and in HIV negative people. Because TB is mainly a disease of poor people and countries, drug companies have not developed or researched any new drugs for more than 30 years. HIV treatment activists must campaign for more TB drug and vaccine research, as well as, better access to existing TB drugs in clinics and hospitals.

Isoniazid (INH), Rifampicin (Rifadin), Rifabutin (Mycobutin), Ethambutol (Myambutol) and Pyrazinamide (PZA) are the key drugs used to treat TB. TB drugs like all medicines may have side effects. Alcohol often causes problems with medications. Ask your health worker about alcohol use with any medications. Sometimes you have to take TB pills with food and sometimes without food. It is important to remember that drugs always cause side-effects in a minority of patients.



The drug company Pfizer and the Minister of Health have entered into an agreement called 'The South African Diflucan Partnership Programme'. Under this agreement, Pfizer will donate Diflucan (Fluconazole) to the Minister of Health for distribution in government hospitals and clinics. Diflucan is a patented antifungal medicine that is used for the treatment for Aids related illnesses. The agreement stipulates that Pfizer will donate Diflucan for treating patients living with HIV/AIDS: who are treated in government hospitals and clinics, who have been diagnosed with cryptococcal meningitis and/or oesophageal candidiasis and who cannot afford to pay for Diflucan

## TAC Says: Lower the price in the private sector!

In the private sector people needing Diflucan will continue to pay over R80 per capsule. TAC continues to demand that Pfizer lowers its price to R4 per 200mg capsule in the private sector or grant a license to generic manufacturers to sell their Flucanazole here in South Africa. Failure to do so will result in more people being pushed from the private health care sector to the government hospitals, increasing the load on our already overburdened public hospitals and clinics. TAC will continue the Defiance Campaign to import generic Flucanazole until this demand is met.

## Delivery of free Diflucan will be made to the following destinations:

- Eastern Cape Pharmaceutical Depot, Port Elizabeth
- Umtata Medical Depot, Umtata
- Gordonia Hospital Pharmacy, Upington
- Central Karoo Hospital Pharmacy, De Aar
- The Provincial Vaccine Store, Bellville
- Kimberley Hospital Pharmacy, Kimberley
- Community Health Services, Woodstock
- Provincial Medical Supply Centre, Mobeni
- Free State Provincial Medical Depot, Bloemfontein
- Medical Supply Depot, Auckland Park
- Mpumalanga Provincial Depot, Ekandustria
- Northern Province Pharmaceutical Depot, Seshego
- Mmabatho Medical Stores, Mmabatho
- South African Health Services, Pretoria and 17 other depots for Correctional Services

In order to monitor the progress of this Partnership Programme, TAC has launched Diflucan Watch. TAC undertakes to regularly monitor 8 hospitals in order to ascertain whether the promised medication is supplied. If you have information on the availability or unavailability of Diflucan in your clinic. Please contact TAC at: Phone: (011) 403 7021 Email: info@tac.org.za



## INH

INH side effects can include rash, liver problems and tingling in the hands and feet. Avoid alcohol to stop liver problems. Ask the clinic or hospital for vitamin B6 to reduce tingling in hands and feet. INH must be taken with food to prevent stomach problems.

## Rifampacin (Rifadin)

Rifampacin can cause you to change colour. Your pee, tears and faeces can turn orange with Rifampacin. It can also cause flu-like symptoms, fever and liver problems. Rifampacin must be taken without food on an empty stomach. This drug can stop contraceptives such as the pill and injection from working properly. Avoid alcohol. If you are on any anti-retroviral treatment inform your doctor. Rifampacin may interfere with anti-retrovirals special caution is necessary.

## Ribafutin (Mycobutin)

Ribafutin can cause irritation in the eyes, skin rash, stomach pain and nausea. It sometimes also changes the colour of your body fluids to orange.

## Ethambutol (Myambutol)

Ethambutol may cause nausea, vomiting, rash and vision problems.

## PZA (Pyrazinamide)

PZA can cause pains and aches in the joints, nausea, vomiting, rashes and liver problems. When taking PZA always drink a lot of water.

## Multi-drug resistant TB (MDR-TB)

MDR-TB is resistant to more than one of the main TB drugs, particularly INH and Rifampicin. MDR-TB can infect anyone. In people with HIV/AIDS, MDR-TB can cause death rapidly. MDR-TB is difficult and very expensive to treat. It is a small but growing epidemic. MDR-TB can be prevented by completing all TB medications when you have active disease and by rapid treatment of anyone with active TB. It is crucial that generic and state production through compulsory licensing of MDR-TB drugs be undertaken by the South African government.

# e t r e a t m e n t

Newsletter of the Treatment Action Campaign

## AFFORDABLE TREATMENT FOR ALL

TAC 1st National Congress 18 to 21 March 2001 - Johannesburg

Over the last two years TAC has built the foundations for a formidable mass movement to fight for access to treatment. Treatment is *the* critical issue in fighting the HIV/AIDS epidemic today. People are now aware that HIV/AIDS does not have to be a death sentence. With political will, the obstacles to treatment access and decent healthcare for all people can be overcome. TAC's first National Congress in Johannesburg from March 18 to 21, 2001, will provide an opportunity for all civil society sectors to unite and plan the way forward to AFFORDABLE TREATMENT FOR ALL!

## What We've achieved

As a result of the pressure brought to bear on drug companies like Pfizer and Glaxo Smith-Kline and the government, there is, for the first time, a sense of optimism that something can be done to stop the HIV/AIDS epidemic. Comrade Zwelinzima Vavi, general secretary of COSATU, speaking at the joint TAC - COSATU march to the US Embassy, threatened mass action unless the drug companies dropped their opposition to the Medicines Act and agreed to measures to make medicines more affordable. TAC has shown that clear, reasonable demands and consistent pressure



on big drug companies and government can put us on track to stop the HIV/AIDS epidemic.

Through ceaseless campaigning by many thousands of people in the two years since TAC was founded in December 1998 major gains have been made. The most important are:

- Flucanazole (under the brand name Diflucan) is being made available free of charge in government hospitals by the patent holder Pfizer. Diflucan is used to treat oral thrush and cryptococcal meningitis. This concession is almost entirely as a result of the tireless TAC campaign against Pfizer's abuse of its patent.
- The government has begun the phased introduction of a mother-to-child transmission prevention programme (MTCP) using Nevirapine - which

Boeringher-Ingelheim has also offered to supply free of charge. TAC has led the demand for all pregnant woman to have access to HIV testing and to MTCTP. • TAC has joined the government in defending the Medicines Act which will makes all medicines more affordable. • Above all, TAC has empowered thousands of people with the knowledge that with effective treatment, they can live with HIV.

## Affordable Treatment for HIV

There are many issues which confront us at this congress – including pressuring government to extend MTCTP to all clinics and hospitals. But clearly the next goal is to make Anti-Retroviral Therapy (ART) accessible for all who need it. ART is a



COSATU General Secretary, Zwelinzima Vavi threatens a general strike if drug companies delay on providing access to affordable treatment for all.

combination of medicines which can control the replication of HIV and prevent the weakening of the immune system. Winning the demand for affordable ART, will mean that, like in Brazil, the US and elsewhere, the death rate from HIV/AIDS would come down by more than half.

To allow drug companies and government to delay on this crucial question is to sentence millions of people in our country and tens of millions throughout the developing world, to premature and unnecessary death. Ensuring that access to affordable treatment and good quality healthcare is achieved, will be one of the major tasks of the TAC National Congress. The Congress will be an opportunity to learn from other countries like Brazil, India and Thailand – where access to medication to treat opportunistic infections and to anti-retrovirals to treat HIV is much more advanced than in South Africa. You can join the partnership against HIV/AIDS and for access to affordable, decent healthcare by attending the National Congress. TAC invites you to attend the opening of our first National Congress.

## Rally for Affordable and Equal Treatment Now!

When: Sunday 18 March, 15:00 Where: Evangelical Lutheran Church, Jabavu, Soweto  
Speakers: Minister of Health, Dr Manto Tshabalala-Msimang, COSATU, Ezio Santos-Filho, from Brazil

## HIGH COURT ACCEPTS THE RIGHT OF PEOPLE WITH HIV TO BE HEARD!

On Tuesday 6 March in Pretoria, Judge Bernard Ngoepe accepted the Treatment Action Campaign's request to be admitted as "friend of the court" in the case of Pharmaceutical Manufacturers Association versus the South African Government.

TAC was admitted to represent the interests of people with HIV/AIDS. Government welcomed TAC's admission, but the Pharmaceutical Manufacturers Association, representing 39 multi-national drug companies, opposed it. TAC will give evidence about how brand name medicines are unaffordable for millions of people living with HIV in South Africa.

At stake is the Medicines and Related Substances Act (90 of 1997). The drug companies are opposed to three aspects of the new Medicines Act:

- the provision which allows for parallel importation – meaning

that South Africa would be able to shop around internationally for the cheapest price from a particular company.

- The establishment of a price committee which would require drug companies to justify their prices and agree to a single price for each medicine.

• the generic substitution provision, which requires pharmacies to offer patients cheaper generic alternatives to patented medicines, even if these are aren't mentioned by the doctor.

"For the first time, the pharmaceutical industry will have to justify to South Africa and to the world why their drug prices are so high and why their patents should be so aggressively protected, when millions of people are dying and cheaper drugs exist," said Zackie Achmat, chairperson of the Treatment Action Campaign. This follows a week of worldwide demonstrations in support of the South African government, and calling on companies



Michael Chaskinson and Anita Kleinschmidt argue the case for TAC

What the drug companies did not want you to hear...overleaf



# What the drug companies did not want the court to hear!

The Treatment Action Campaign's application for admission as a "friend of the court", supported by government, gave a voice to people with HIV/AIDS in the courtcase. The Pharmaceutical Manufacturers Association is opposing the Medicines Act because they want to place their right to profit before our right to life!

IN THE HIGH COURT OF SOUTH AFRICA (TRANSVAAL PROVINCIAL DIVISION)

Case No: 4183/98

PHARMACEUTICAL MANUFACTURERS' ASSOCIATION OF SOUTH AFRICA AND OTHERS  
and  
THE PRESIDENT OF THE REPUBLIC OF SOUTH AFRICA AND OTHERS

## AFFIDAVIT

HELEN MAKEBESANA



I am a 27 year old woman residing at Site C Khayelitsha. I had been suffering from terrible fever and I decided to do an HIV blood test. I was diagnosed with HIV in April 2000. I was very shocked to know that I was HIV positive. I decided to get strong and fight the disease. I am not working and there is no one supporting. The doctor advised me to apply for a disability grant to be able to buy some food. I am worried now that if my CD4 count goes down I will start developing AIDS and I normally think that if I can have access to treatment I will be able to live longer. Sometimes I feel sorry and worried by the fact that our campaign is not producing the expected results of cheaper treatments. I don't want people to die because they can't access treatment. My family has been very supportive and always encourage me to attend TAC activities with the hope that one day treatment will be yesterday's problem not today or tomorrow.

*H. Makebesana*  
HELEN MAKEBESANA

## AFFIDAVIT

ROSE FENI



I am a 34 year old female currently residing in an informal settlement at Philippi, Cape Town. I am unemployed and have one child, Matthew, who is 15 years old. In 1990 I suffered from thrush in my mouth, rashes, headaches and a tight cough. I went for an HIV test and was diagnosed HIV positive. Since being diagnosed I have been sick on and off. I currently have aches in my legs, a sore throat, swollen glands and my eyesight is deteriorating. For these symptoms I take multivitamins, iron tablets and paracetamol. I cannot afford any additional treatment. My CD4 count is 224. I do not use any antiretroviral treatment, but my name has been on the waiting list at Somerset Hospital to participate in clinical trials which will allow me access to treatment. I have been open about my status and participate in the Sakhela support group in NY1 and the Treatment Action Campaign. People are scared of living openly with HIV. If people knew that HIV can be treated, I think they won't be so scared, same as with TB treatment. I find it difficult to explain to people about HIV and to help them, because they are scared and uninformed. I hope that the government can win the case against the drug companies so that people can get treatment for HIV. I want discrimination to stop, people must understand that AIDS is the same as other diseases, we must treat each other as normal and love others

*R. Feni*  
ROSE FENI

## AFFIDAVIT

MKHANYISELI MPALALI



I am a 26 year old male currently residing at New Crossroads in Cape Town. I live with my mother, brother and two sisters. In February 1997 I had swollen glands and was sick. I agreed to being tested and was diagnosed HIV positive. After being diagnosed in 1997, I failed matric. In 1998 I got severely sick and had to drop out of school. I was unable to walk and went to Jooste Hospital. They transferred me to Groote Schuur Hospital where I was diagnosed with pneumonia. After that I had TB but have since recovered after completing my TB treatment. My CD4 count has been dropping, in June 2000 it was 187, it is now 145. I spend my days taking part in support groups and showing videos at clinics on mother to child transmission of HIV and testing. I know many people who are very sick or have full blown AIDS. I try to do home visits, they want help and their families don't know what to do. I strongly believe that if there were treatment available, things won't be the way that they are. There is nothing, no treatment, nothing to depend on, and it is hard to survive. Without treatment people die in larger numbers, but if there were treatment, this number will reduce. I don't agree with what the drug companies are doing. It seems as if they don't care about people and depend on money before people whilst people are dying on the ground.

*M. E. Mpalali*  
MKHANYISELI MPALALI

## AFFIDAVIT

ABDURRAZACK "ZACKIE" ACHMAT



I live in Muizenberg, Cape Town and am a founder member of the Treatment Action Campaign (TAC). Since 1976, I have been involved in anti-apartheid and human rights work. I have HIV. In December 1998 I became quite ill with systemic thrush – a condition associated with HIV/AIDS progression. Over a period of three weeks, I paid more than R3500.00 for Diflucan (generic name fluconazole) and made by Pfizer – a United States-based multinational corporation. My friends assisted me to buy the medication as I could not afford it. I recovered and realised that without their financial assistance I could have become severely ill and died. Later I learned that a generic equivalent of the same medicine cost less than R450.00 in Thailand where fluconazole is not patented.

Since that bout of illness, my friends have insisted that I use anti-retrovirals. These are medicines that stop HIV from replicating and can reduce the virus to undetectable levels in the bloodstream. For many people in Europe, North America, and Brazil (for different reasons) as well as small minorities in poor countries, anti-retroviral combination therapy has transformed HIV/AIDS from a fatal condition to chronic, manageable disease. Anti-retroviral therapy has allowed many people who were dying to return to a full and productive life. I have personally witnessed people regain their dignity and life through the use of these medicines.

Currently, combination therapy costs between R1800.00 and R3500.00 per person per month. In 1998, before the global campaign to lower the prices of HIV medicines, these medicines cost more than R4000.00 per person per month. At these prices, the South African public sector cannot afford to provide anti-retroviral therapy for people who need these medicines. A majority of medical schemes still do not provide access to anti-retroviral therapy because the high prices will undermine the viability of such schemes. I cannot afford anti-retroviral medicines. However, my friends have indicated their willingness to provide the money so that I can access anti-retroviral therapies. In December 1998, I made the decision not to take anti-retroviral therapy unless it becomes available in the public sector. This decision is based on the principle that everyone has the right to life and dignity.

I believe that the Medicines Act, No. 90 of 1997 introduces a legal framework that will allow the government to reduce the costs of medicines. The generic substitution, price controls and parallel importation provisions of the Medicines Act will assist the Minister of Health and the government to contain the costs of health care. Together with provisions in the Patents Act, such as compulsory licensing, the government will be placed in a position where it can legally and without undue hardship to pharmaceutical companies provide anti-retroviral therapy for all people who need it in the public sector. This will also reduce the prices of anti-retroviral therapy in the private sector allowing many more people access, while maintaining the viability of medical schemes.

I want to take anti-retroviral medicines and to continue to be healthy and productive. Above all, I want to live in a world where poor people have an equal right to health and life. The only obstacle to these ordinary desires and needs is the unjustifiably high prices of anti-retroviral medication. The only hope to overcome these unfair prices is not the charity of the drug companies, nor their discretionary price reductions but a legal framework that will allow the government to fulfill its constitutional duty to all people in South Africa.



*Zackie Achmat*  
ZACKIE ACHMAT

COMMISSIONER OF OATHS



Willie Madisha, COSATU President on the march for affordable treatment.

## COSATU TREATMENT VIGIL

Under the watchful eye of Paul Kruger who challenged the might of the British Empire at the beginning of the last century, workers, youth, people living with HIV/AIDS and NGO leaders signalled their determination to struggle against the most powerful industry in the world.

The multinational pharmaceutical industry faces one of the most important post-apartheid coalitions in a challenge on the right to life.

more than 100 leaders of South Africa's strongest and largest labour federation COSATU and its affiliates led a vigil in support of the Medicines Act and for treatment for people with HIV/AIDS. But the wait was worth it.

Cosatu President Willie Madisha said that unions had to apologise to all people for the deaths of more than 400 000 people with HIV/AIDS in South Africa because of drug company profiteering. He stressed full union support for government efforts to make medicines more affordable. Madisha pointed out that people in South Africa, Africa, Latin America and Asia would suffer if the drug companies won this battle in the Courts. He called on all of civil society to mobilise to stop drug company profiteering and to campaign for treatments for people with HIV/AIDS.



Prudence Mabele of Positive Women's Network welcomed union support for affordable medicines and condemned profiteering by drug companies. Zackie Achmat of TAC called on all people to defend Brazil against US bullying.

Cosatu secretary-general Zwelinzima Vavi, the director of the South African NGO Coalition Abe Dithlake and leaders from metal, health, farm, teachers and other trade unions were joined by youth and health organisations from East Rand in preparation for the march on Monday 5 March. Mark Heywood, TAC deputy chairperson conducted a workshop for all the people on Church Square in Pretoria on the Medicines Act, TRIPS and the need for unity to place life before profit.

One could almost hear Paul Kruger sigh.

## "From Cape Flats with love"

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Where: Baxter Concert Hall  
Price: R35

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## Minister Erwin Issue compulsory licences



## Produce generic anti-retrovirals!

## TAC calls on DTI Minister Alec Erwin: "Issue licenses for generic anti-retrovirals"

TAC and COSATU are asking Minister Alec Erwin to use his powers under section 78 of the Patents Act of 1978 to request voluntary licenses for the production of anti-retroviral medication used to treat HIV, from the patent holders in South Africa.

A voluntary license means that the patent holders' – companies like Galxo-Smith Kline, Boehringer Ingelheim, Merck, Bristol Myers Squib and others – would give up their monopoly right to sell their products at whatever price they please in South Africa.

The license would allow other companies to produce and sell these medicines here – bringing down the price of these medicines. In return they would get a royalty on the sales. Through this simple means, life saving anti-retroviral therapy (ART) which controls HIV, could be made available to tens of thousands more people. No doctor should be loosing patients to HIV merely because the medicine needed to treat that person is too expensive. This is not only immoral, it is costing the Health Department a fortune in dealing with the many diseases such as TB, pneumonia, thrush, shingles that affect people living with HIV/AIDS. Once patients are on ART most of them will not get these diseases.

Generic medicine manufacturer CIPLA – based in Bombay, India – has offered a three drug anti-retroviral combination for \$600 per year, about R385 per month. Hetra, another Indian company, in association with SA's largest generic company, Aspen Pharmacare has offered generic anti-retrovirals at \$347 per person per year, or only R222 per month. There is no doubt that it would be cheaper to treat the approximately 500 000 people in South Africa who are in desperate need of anti-retroviral medication, than to leave them as they are. If they were treated, the vast majority of them would regain their health, go back to work and support their families, instead of overwhelming the public sector hospitals with opportunistic infections, as is happening at the moment.

CIPLA has offered the same combination to Medicine Sans Frontiers (Doctors Without Borders) for less than \$350 per year, or only R224 per month. With competition from other generic manufacturers – including South African companies like Aspen Pharmacare – there is no doubt that prices as low as R200 per month are possible even in the short term.

TAC and COSATU are calling on Minister Erwin and the South African government to show the political will to take the bold steps necessary to negotiate voluntary licenses with pharmaceutical companies. If they fail to cooperate, use the power given to you by the Patent Act to issue compulsory licenses. This will ensure that the AIDS crisis is brought under control.

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