Endangering LIVES

Tuberculosis and mutation

World Health Organization
Regional Office for the Eastern Mediterranean

Stop TB Partnership
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Tuberculosis and mutation
WHO calls on the national programmes for tuberculosis control, donors and financing institutions, civil society, media and communities to join hands in the intensifying fight against tuberculosis and its drug-resistant forms—MDR- and XDR-tuberculosis.
Have you ever wondered why tuberculosis is infecting people with a deadly new form?

Tuberculosis kills more than 110 000 people a year in WHO’s Eastern Mediterranean Region: Afghanistan, Bahrain, Djibouti, Egypt, Islamic Republic of Iran, Iraq, Jordan, Kuwait, Lebanon, Libyan Arab Jamahiriya, Morocco, Oman, Pakistan, occupied Palestinian territory, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates and Yemen.
If Omar gets inconsistent tuberculosis treatment
If Taha and Mohammed take the wrong medication

If Doha does not receive her anti-tuberculosis drug supplies on time
Tuberculosis can mutate into
Multidrug-resistant TB (MDR-TB) is a form of tuberculosis that does not respond to the standard 6-month treatment using first line-drugs. It can take 2 years to treat MDR-TB with drugs that are more toxic, and 100 times more expensive. If the drugs to treat MDR-TB are mismanaged, further resistance can occur.

Multidrug-resistant tuberculosis
is much more difficult to treat
is much more expensive to treat
and takes much longer to treat
and cure

...than ordinary tuberculosis
MDR-TB patients can also infect others with this deadly form of the disease
MDR-TB has turned tuberculosis into a critical threat to the people of this Region...
If MDR-TB is not taken care of, it will mutate into XDR-TB, which is even more deadly than MDR-TB
Extensively drug-resistant tuberculosis (XDR-TB) is a form of tuberculosis caused by bacteria that are resistant to all the most effective drugs.
MDR- and XDR-tuberculosis will jeopardize the efforts we have made in saving people from tuberculosis so far
MDR- and XDR-tuberculosis are highly infectious and most of the drugs available are not entirely effective.
All of this can be avoided...
If patients like Omar get early diagnosis and treatment, and take their medication regularly

If patients like Taha and Mohammad complete their treatment
If health providers like Doha receive their anti-tuberculosis drug supplies on time
If diagnostic facilities are made available both for tuberculosis and drug-resistant tuberculosis
If patients are aware of the need to attend a health centre regularly for diagnosis and treatment
Then, this unnecessary suffering could be stopped
Let's put an end to it
Let’s join hands to face the challenge and save lives

We need to increase political commitment for control of tuberculosis. We need to ensure sustained financing. The capacity of the national tuberculosis programmes to strengthen drug-resistant tuberculosis care needs to be enhanced immediately.

ACT NOW...
Every contribution counts

We need development partners to come forward and provide financial support in order to help poor communities in this fight.
Spread the story... Stop the disease.

All of us should promote and support tuberculosis and drug-resistant tuberculosis care by creating awareness and larger societal commitment.
Further information:

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