

## Zulu Prince scores with strong TB message

Zulu royal prince Nhlenganiso Zulu has urged the people of KwaZulu-Natal to be vigilant against Tuberculosis and seek medical help as soon as the first signs and symptoms of the disease start manifesting themselves.

The former professional footballer, who turned out for Amazulu Football Club as a striker in the mid-1990s, is now a TB Ambassador under the KwaZulu-Natal Department of Health's HIV/AIDS, Sexually Transmitted Infection and Tuberculosis (HAST) programme. He speaks openly about his own battle with TB, which resulted in the removal of one of his lungs a few years ago.

Speaking at an event to chart the Department's successes against TB and thank all healthcare workers involved in the fight against TB in Durban on Friday, Zulu said he now knew first-hand that the disease does not discriminate and can affect anyone.

"Unfortunately, anyone can get TB. Look at me, I'm from the royal household. I'm from a family of 23 boys and 17 girls. I have all these people around me, protecting me... I used to wonder what on earth TB has to do with me, but TB was able to escape all of those boundaries and I contracted it.

"Many people remember me as an Amazulu soccer player, but today I can't even run. Now that I only have one lung, I have to look after it with all that I have. If it collapses, I'm gone. That is why I'm saying the TB workers are doing an extremely good job. If we don't fight TB, it becomes even more and more difficult to treat it," he said.

Signs and symptoms of TB include: a cough for longer than 2 weeks, chest pains, tiredness and weakness of the body, loss of appetite and weight, night sweats, even when it is cold and Coughing up blood.

Zulu decried the fact that people with TB symptoms did not immediately seek help, and urged them to change this.

"There's nothing more painful than being unable to breathe when you have TB. God gives us two lungs, but when I had TB breathing, which is supposed to be an easy and natural process, it became extremely difficult. And don't let people fool you; taking TB medication is not easy. It took me nine months to treat it. Therefore, people must not delay. If you have TB symptoms, seek help. Do not waste any time. Go to hospital immediately, where you will get help."

KwaZulu-Natal's TB Treatment success rate stands at 86,6% - up from 18% 10 years ago. The defaulter rate is 3,6%; down from 24% 10 years ago, while rate of death from TB is 5%.

However, according to the World Health Organisation, South Africa ranks 7th amongst the 22 high burden TB countries. And KwaZulu-Natal is singled out as the most affected, together with Eastern Cape; Gauteng and Western Cape. Our TB situation in actual numbers as recorded in 2013 stood at 99 067 notified cases; of which 6 916 [7%] were children under the age of 5.

The leading Districts with more than 1000 cases per 100 000 population were Ugu; EThekweni and UThungulu respectively.

The province was also the hardest hit when it came to the high co-infection rate of TB and HIV as it currently stands at 65%. We know that the biggest impediment here is the issue of a delay in the diagnosis and treatment of TB in people with HIV.

In her keynote address, KZN Health Head of Department Dr Sibongile Zungu paid tribute to King Goodwill Zwelithini for his wisdom in bringing back the culture of UKUSOKA, (Medical Male Circumcision) because for each person who will be circumcised, the Department had been able to expand and increase its screening for HIV; Tuberculosis and other opportunistic diseases.

"We also reserve special appreciation for our TB defaulter tracing teams as well as the TB/HIV outreach teams for ensuring that all those who go astray are harnessed and made to toe the line in as far as adherence to medication is concerned.

"We will also never leave out the good work performed by our Community Care Givers (CCGs) who visit households to provide Directly Observed Treatment and watch patients drink medicine, with special emphasis on those with drug resistant TB who have to stay for 24 - 36 months on treatment.

"As we acknowledge those who add value, I can never leave out the management and cadres who continue identifying TB hot spots in the communities and those that assist in curbing the spread of TB in correctional facilities; hostels; Taxi Ranks; Truck Stops and coal mines," she said.

Dr Zungu said the TB Programme's target were to ensure that 95% of smear positive cases are started on treatment, bacteriological coverage is increased to 90%, smear conversion at 2 months is increased to 85%, the defaulter rate remains at under 5%, the MDR treatment success rate is 65 %, the MDR death rate is reduced to 10%, the XDR treatment success rate is increased to 35% and the XDR death rate is dropped to 30%.

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