ARUA

Treating TB in refugee camps still a challenge

By Robert Ariaka

Alison Sebit, a 29-year-old resident of the settlement who came from Mugo Payam in Yei River State, South Sudan, said he used to go to Yei Hospital for his HIV treatment. However, he was later diagnosed with tuberculosis (TB) and was started on treatment.

"I would go to the hospital to pick drugs to last me two months. It was, however, hard to manage both treatments amidst the war," Sebit said.

He said the drugs were not given in a timely manner, forcing him to cross into Uganda in 2016. Sebit was settled at Longamere Primary School in Imvepi settlement. He now collects his drugs from Yinga Health Centre III.

He said after taking the TB drugs for eight months, he returned to the reception centre for another diagnosis, only to be told he had been cured.

Sebit, who has also been on treatment for HIV for three years, says adherence kept him healthy, much as he was taking medication without a proper diet. He appealed to aid organisations to support HIV and TB patients with food supplements, to boost their immunity.

Ten cases of TB have been registered and are undergoing treatment at the reception health centre II of Imvepi Refugee Settlement, managed by Medical Teams International (MTI), several cases of TB remain untraced.

Sebit is one of the TB patients who were successfully treated between April and November last year.

Dickens Otim, a senior clinical officer with MTI, explained that TB remained a threat in the refugee settlements and many people were not going for testing. He said they had carried out a verification exercise for TB and found out that some people whose cough had persisted had the bacterial infection.

"We carried out tests on a number of people for TB. Those who tested positive were immediately started on the treatment," he said.

Otim said they were currently using the genexpert test for diagnosing TB. He explained that the Imvepi reception centre handled both first line and second-line treatment. but for patients with multidrug resistant (MDR) were referred to Arua Hospital for better treatment. He said out of the 10 cases of TB patients, one case of MDR had so far been found.

Otim explained that patients who failed to respond to treatment were categorised as treatment failures, while those who failed to complete treatment were referred to as treatment defaulters. He said the challenge the facility and the medical personnel were facing was that some TB patients would go missing and remain untraceable. He says other patients failed to complete treatment while others were always shifting from one settlement to another, making monitoring difficult.

He said 10 cases having been confirmed at the settlement implied a high prevalence rate, which needed attention and more support in terms of food supplements and treatment.

"The only supplement we use at the settlement for refugees is porridge and we are debating over whether we can afford to provide food supplements for all TB and HIV patients," he said.



Sebit being attended to at Imvepi Reception Health Centre II. Photo By Robert Ariaka

- Dickens Otim, a senior clinical officer with MTI, said TB was best defined by a two-week long continuous cough, weight loss, sweating at night, loss of appetite and decline in immunity. However, he said it was difficult to detect TB in children and called for the vigilance of parents and medical experts to ensure that children were well screened.
- Otim also said for patients suffering from both TB and HIV, some of the drugs were reactive, making the patients experience severe body weakness.

SIGNS OF TB AND THE DRUG SIDE EFFECTS

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