

## Coronavirus is real, so is Tuberculosis

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News of the deadly Coronavirus has swept the globe like a plague, with more than [46 000 known cases](#) and over 1300 deaths in 24 different countries. Even South Africa held its breath for a few hours on 6 February when two suspected cases were reported in KwaZulu-Natal, only to be cleared a few hours later.

Meanwhile, there's another infectious disease in South Africa on our newsfeeds this month receiving far less attention. While the Coronavirus has an estimated fatality rate of approximately [2%](#) in China (and just under 5% in Wuhan), this one claims the lives of approximately [320 000 South Africans](#) annually (based on the most recent statistics by the World Health Organisation) and remains the leading cause of death in the country.

24 March is World TB Day, which acknowledges the deadliness of the tuberculosis infection. "TB is a real concern," says Chief Medical Officer at Liberty Dominique Stott. "I don't think the average Liberty client is aware of the dangers. If you look at the insured population, it isn't well enough understood at all. They don't think they will be affected, but don't understand just how easy it is to be infected with TB."

Tuberculosis is unusual in that it can cause immediate disease but is also able to lie in wait, dormant, for a lifetime, according to Stott. "A huge number of the South African population has been infected with Tuberculosis. The majority's immune systems will destroy the bacillus and they won't go on to develop the disease. However, in some, the bacillus remains in the body, meaning they have latent TB which can remain inactive their whole lives. If their immune system is unable to control it, due to diabetes, HIV or cancer, the TB becomes active and infectious."

Compounding this issue is that Tuberculosis has been stereotyped into a 'poor man's disease', with many believing that those not living in rural or poorer communities aren't at risk.

"That's not true at all," clarifies Stott. "You catch TB mostly through droplet infection – someone coughs and you inhale the bacillus. A shopper could, for example, be infected by a teller paying at a till in a grocery store. He could be infected and infect members of his family, or have the TB lie latent within his system for years, only to suddenly become active once his immune system is compromised."

Here, again, Tuberculosis is often associated with stigma, related to HIV and AIDS when, in fact, many HIV negative people are as at risk of TB. "People speak of HIV and Tuberculosis all the time. However, if you're diabetic, this triples your risk of developing active TB or reactivating TB," says Stott.

Tuberculosis also exacts a high financial toll. While TB medication is widely available and free at government clinics, the collateral costs associated are far higher.

“Diagnosis of TB is not easy. Screening those who are not symptomatic using chest X-rays and possibly sputum testing is expensive and time consuming. Once you’ve been diagnosed and put on treatment you need up to four weeks of isolation to prevent infecting those around you. This is a problem for those with limited paid time off work or self-employed people who must provide for their families. They may require others to financially provide for them, who may only have limited cash resources themselves – a ‘family tax’ situation,” says Stott.

So, how do you safeguard yourself and your family from Tuberculosis? It’s all about awareness and protection, says Stott.

“Symptoms include weight loss, cough and fever, particularly night sweats. Unfortunately, that classic triad of symptoms can also be other diseases. So, anyone who experiences these things should go immediately to a doctor to be investigated – especially those who have travelled to a rural area recently, have a history of being immune-compromised with diabetes or cancer or works in a mine or medical environment or is in close contact with someone who does.

“Regarding insurance, we always advocate that someone should take out insurance before they get sick – not after. Loss of income insurance would be vital once someone finds out they have TB. However, if they want to take out insurance after they contract TB, their insurer may not cover it as it is a pre-existing condition. Or, at the very least, would probably wait until their course of treatment is completed to ensure no complications develop. Someone who develops complications regarding TB could be off work indefinitely. So, it’s vital to have adequate financial protection as soon as possible.”

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