

CMScript

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Member of a medical scheme? Know your guaranteed benefits!



Tuberculosis

Tuberculosis (TB) is one of the top 10 causes of death in the world, ranking above HIV and Malaria. A total number of 1.8 million people died from TB in 2015. An estimated 10.4 million new cases of TB were recorded globally in 2015. Sixty percent (60 %) of these cases were recorded in India, Indonesia, China, Nigeria, Pakistan and South Africa. Tuberculosis is a leading cause of death in South Africa. In 2014, more than 37 000 lives were lost due to Tuberculosis.

by Evelyn Thsehla - Clinical Researcher

What causes TB?

Tuberculosis is an infection that is caused by a germ called mycobacterium tuberculosis, a bacterium (germ) that most often leads to TB of the lungs (pulmonary tuberculosis). Extrapulmonary (outside the lungs) TB is TB that has spread to other parts of the body, such as the digestive and urogenital tracts, the brain, bones, joints, the nervous system, lymph nodes and skin.

There are two types of TB conditions;

- Latent TB: In this condition, you have a TB infection, but the bacteria remains in your body in an inactive state and causes no symptoms.
- Active TB: This condition makes you sick and can spread to others. It can occur in the first few weeks after infection with the TB bacteria, or it might occur years later.

TB germs usually spread through the air when a person infected with TB of the lungs coughs, sneezes or talks.

Who is most at risk?

People who have weak immune systems such as young children, adolescents, the elderly and people who suffer from illness such as cancer, HIV/AIDS, diabetes, and silicosis are at risk of being infected with TB. People who smoke and drink alcohol excessively are also at risk of getting infected with TB.

A graphic with a white background and a grey border. It features the text 'UNITE TO' in large, red, bold, sans-serif capital letters at the top. Below it, a large red arrow points horizontally to the right. To the right of the arrow, the words 'END' and 'TB' are stacked vertically in large, black, bold, sans-serif capital letters.

What are the symptoms of TB?

Symptoms of Active TB of the lungs may include:

- A cough that lasts more than 2 weeks
- Night sweats
- Weight loss
- Chest pain
- Coughing up blood
- Fever and Chills
- Loss of appetite

How is TB diagnosed?

If the signs and symptoms indicate that you could have TB, the treating doctor will conduct the following tests to confirm the diagnosis.

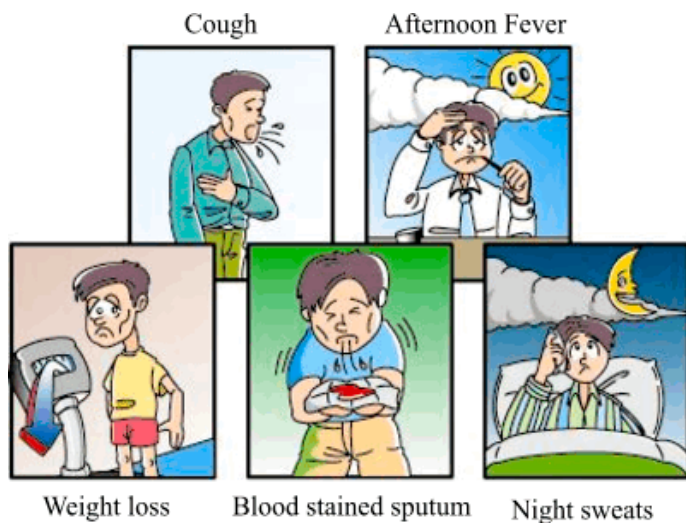


Figure 1: Symptoms of TB

- Medical History: a full history of symptoms and exposure to TB.
- Physical examination: an examination of the body to check general signs and symptoms.
- A sputum examination: this includes direct examination under a microscope of the sputum and the culture of the TB germs, and the testing to establish which medicines would be most effective to treat the germs.
- Chest x-ray: usually used in patients who cannot produce sputum and where it is suspected that extra pulmonary TB is present.
- Xpert MTB/RIF: this is an automated test that can detect both TB and drug resistance TB within 2 hours.
- Biopsies: In cases where TB occurs outside of the lungs, biopsies may have to be taken and/or body fluids (such as the fluid surrounding the lungs or the fluid around the spinal cord) may have to be examined in a laboratory.

If you have been exposed to, or diagnosed with TB, people living close to you especially children younger than 6 years have to be examined as well.

How is TB treated?

TB is treatable and curable, but requires rigorous unbroken treatment that lasts for at least six months. The aim of the treatment is to get rid of the bacteria/germ that causes TB. These bacteria remain in your body even when you start feeling better. To prevent the development of drug multidrug-resistant bacteria, you need to take the medicines as prescribed and finish the course of treatment. The development of multidrug-resistant TB (MDR-TB) is almost always caused by the irregular, or otherwise improper, use of TB drugs. Drug-resistant TB

is much more difficult to cure and requires a range of additional drugs, including regular injections. In addition, the treatment of drug-resistant TB frequently requires prolonged hospitalisation.

Treatment for TB can include a combination of medications for a period of 6-18 months, depending on whether you suffer from non-resistant TB, multi-drug resistant TB or extreme-drug resistant TB. The most common medications used to treat tuberculosis include:

- Isoniazid
- Rifampin
- Ethambutol
- Pyrazinamide

Additional medications such as Pyridoxine (Vitamin B6) and Steroids may be used to prevent side effects caused by the TB medications. Common side effects caused by TB medication include:

- Burning, numbness and tingling sensation in the feet
- Joint pains
- Anorexia
- Nausea
- Abdominal pains
- Skin rash with/ without itching
- Changes in the colour of urine
- Impaired vision
- Yellowing of eyes
- Confusion

Children 6 years of age and younger who live in close contact to a person with TB may be put on treatment to prevent infection.

Complications

Without treatment, tuberculosis can be fatal. Untreated active TB typically affects your lungs, but it can spread to other parts of your body through your bloodstream. Examples of tuberculosis complications include:

- Spinal pain: tuberculosis can affect the spine causing back pain and stiffness.
- Tuberculous arthritis: usually presents as pain in joints of the hips and knees.
- Meningitis: complications of TB can lead to lasting or intermittent headache that occurs for weeks due to swelling of the membranes that cover the brain and spinal cord. Mental changes also are possible.
- Liver or kidney problems: liver and kidneys can be affected. The liver and kidneys help filter waste and impurities from your bloodstream. These functions become impaired if the liver or kidneys are affected by tuberculosis.

- Heart disorders: in rare cases, tuberculosis can infect the tissues that surround your heart, causing inflammation and fluid collections that may interfere with your heart's ability to pump blood effectively.

What is covered under PMB level of care?

Tuberculosis is a prescribed minimum benefit under diagnosis treatment code 11S as stated in Annexure A of the Medical Schemes Act.

According to the Annexure, the benefits for TB, include the diagnosis, acute medical management thereof, and successful transfer to maintenance therapy in accordance with the guidelines of the Department of Health. PMB entitlement includes the diagnosis, treatment and care costs of the condition. Medical Schemes must therefore provide cover for the consultation(s) and appropriate investigation(s) (radiology and pathology) that are necessary to make the diagnosis as well as medication.

Medical schemes may use designated service providers (DSPs) to provide PMB-related services such as medication, consultations, investigations, and hospitalisation. DSPs could be radiology and pathology practices, doctors, pharmacists, hospitals and other healthcare providers where you can obtain your PMB-related services without having to co-pay for them. However, medical schemes may never indicate that they do not cover the costs of diagnosing, treating and/or the care of TB and that you can only get this cover in the public sector.

Your scheme may refer you to a state facility only if it has DSP arrangements with the state or public facilities. Co-payments may apply if you choose to use a non-DSP. But the medical scheme cannot refuse to cover TB treatment. If a medical scheme initially covered these costs from your savings account, you should ask them to review the claims and allocate the costs to the risk pool since PMB-related services may not be paid from savings accounts. If your funds were depleted and you had to pay for the diagnosis yourself, the medical scheme must once again be notified and requested to re-process the claims and refund you accordingly.

Members who are HIV-positive have additional PMB entitlements for screening and preventative therapy and treatment of TB, regardless of the outcomes of the tests. Hospitalisation for acute TB, TB meningitis and cases where surgery is required, is included in the PMBs for the disease.

References:

1. National Department of Health. (2014). *National Tuberculosis Management Guidelines*. Fishwicks PTA.
2. World Health Organization. (2016). *Tuberculosis*. Switzerland. Irwin Law.
3. Steingart KR, Schiller I, Horne DJ, Pai M, Boehme CC, Dendukuri N. Xpert(R) MTB/RIF assay for pulmonary tuberculosis and rifampicin resistance in adults. *Cochrane Database Syst Rev* 2014;1:CD009593
4. Figure 1: Clayhealth.com. (2017). [online] Available at: <http://www.clayhealth.com/ImageRepository/Document?documentID=151> [Accessed 24 Mar. 2017].

“Every person with tuberculosis has the right to be treated for his or her disease. TB can be cured. This scourge can be defeated. So let us stop denying them this basic human right.”

- Archbishop Desmond Tutu

WHAT ARE PRESCRIBED MINIMUM BENEFITS?

Prescribed Minimum Benefits (PMBs) are defined by law. They are the minimum level of diagnosis, treatment, and care that your medical scheme must cover – and it must pay for your PMB condition/s from its risk pool and in full. There are medical interventions available over and above those prescribed for PMB conditions but your scheme may choose not to pay for them. A designated service provider (DSP) is a healthcare provider (e.g. doctor, pharmacist, hospital) that is your medical scheme's first choice when you need treatment or care for a PMB condition. You can use a non-DSP voluntarily or involuntarily but be aware that when you choose to use a non-DSP, you may have to pay a portion of the bill as a co-payment. PMBs include 270 serious health conditions, any emergency condition, and 25 chronic diseases; they can be found on our [website](#)

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