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## Editorial Note

# Tuberculosis is Still Prevalent in Women of Gul Abad

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The present study was conducted in Gul Abad. The aim of the present study is to assess the frequency of tuberculosis in local population, awareness about the disease and also describe the frequency of new cases finding. Tuberculosis (TB) is a contagious and airborne bacterial disease caused by the mycobacterium tuberculosis. *Mycobacterium tuberculosis* spread through the air throat sneeze, cough, speak, or sing. The germs are spread most likely in people they spend time with every day, such as family, friends or coworkers [1]. General symptom of TB include, cough, breathlessness, chest pain, chills, loss of appetite night sweat, fatigue etc [2]. TB is still one of the major health problems for the whole world and especially in poor countries. TB is a disease of poverty mostly affecting the young adults in their most productive years. It is also cause of poverty by affecting the productive age group. The 95% of TB deaths are occurring in the developing countries [3]. The TB is nearly completely eradicated in the Western world. Among the infectious diseases the TB is second leading cause of death (4% of all deaths) [4].

In 2010, 8.8 million new cases of TB occurred Worldwide, including 1.1 million TB were found among those people who have HIV. There were 1.4 million TB-related deaths occurred in 2010, including the TB-related deaths among HIV-positive individuals were 0.35 million. In 2010 320,000 women died from TB. In 2009 9.7 million orphan children died from TB [3]. In 1993, the World Health Organization declares TB is a global emergency. For the detection and treatment of TB the WHO developed an internationally recommended strategy called "Directly Observed Treatment, Short-course" (DOTS) in 1993. The "Global Plan to Stop TB" which included global targets for TB control from 2001 to 2005 was launched by the WHO and its partner in 2000. WHO released updated plans in 2006 and 2010 [5]-[6]. The Stop TB Partnership was established in 1998, in 2000 WHO set up Green Light Committee (GLC) while in 2002 the Global Fund was established, to provide significant financial support for global responses to TB [7].

Out of the total TB cases (59%) occurred in Asia, (26%) in Africa, (7%) in the Eastern Mediterranean Region, (5%) in Europe, and (3%) in the Americas were reported in 2010 [3]. The Twenty-two high-burden countries (HBCs) contribute the 81% of all TB around the World; in 2010 the largest numbers of new TB cases were recorded in India, China, South Africa, Indonesia, and Pakistan [3]. The purpose of this study to find the case detection rate, treatment facility, awareness and provide knowledge about the TB in Gul Abad area Dir (Lower) Khyber Pukhtoom Khwa Pakistan. From January, 2010 to March, 2012 total of 110 cases diagnose in RHC Gul Abad. Out of the total cases the 42 (38%) were positive for TB, include 8/42 (19%) male and 34/42 (81%) were female. The ratio of occurrence of TB in female is much higher than male which is similar to the study of others. Where the age is concern the high burden of the TB 35/42 (83%) is recorded in age group 10-50 years. The result shows that the TB highly affected the young adult and economically productive age group in Gul Abad area. The female involved in household activities and have closed contact with children. The possible reason for high burden of TB in female is due to social exclusion, ignorance of disease, lack of knowledge, no early treatment, lack of facility, war and economic depression, poverty, poor hygienic condition, default of treatment, joint family system, malnutrition etc. The ratio of TB in Gul Abad shows that it is substantially higher than the world average of 3% [8]. The case detection rate and high occurrence of the TB in younger adult and female shows the failure of DOTS program in this area. Focus on the lack of education regarding TB, poor housing and sanitation, TB diagnosis curative treatment should necessary in this area. If the government authority and local people of the area do not gives the focus on the disease diagnosis and treatment. So they can lead to affect a large population of the area [9]. The local authority should need to arrange seminar and work shop for the local community. For the successful implementation of national tuberculosis control program the epidemiology is essential.

## References

[1] Centers for Disease Control, "Questions and Answers about TB". 2007. [Online]. Available:

(http://www.cdc.gov/tb/faqs/qa_introduction.htm#Intro 1) [9 July 2008].
[2] World Health Organization, "Global tuberculosis control - surveillance, planning, financing". WHO Report, 2006.
[3] World Health Organization, "Global Tuberculosis Control". WHO Report, 2011 (http://www.who.int/tb/publications/global_report/2011/gtbr11_full.pdf).
[4] John Hopkins Centre for Tuberculosis Research, "Global Tuberculosis Control". WHO Report, 2002.
[5] Stop TB Partnership, "The Global Plan to Stop TB: 2011-2015". World Health Organization, 2010.
[6] (http://www.stoptb.org/assets/documents/global/plan/TB_GlobalPlanToStopTB2011-2015.pdf).
[7] World Health Organization, "Groups at Risk: WHO Report on the Tuberculosis Epidemic". World Health Organization, Geneva, Switzerland, 1996.
[8] The Global Fund to Fight AIDS, Tuberculosis, and Malaria. "The Global Fund is Alive and Well, but Global Health Progress is in Peril". December, 2011. (http://www.theglobalfund.org/en/mediacenter/announcements/2011-12).
[9] World Bank, "Health, Nutrition and Population Unit, South East Asia Region, Pakistan's towards a health sector strategy". Report No; 16. 695 Pak, 1998.

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