

STATUS REPORT OF *MYCOBACTERIUM TUBERCULOSIS* IN REPUBLIC OF MALAWI, CENTRAL AFRICA (14.32'39.954'S AND 35.11'26.269'E)

Vaitheeswaran Thiruvengadam*¹, Carolin Sheril², Loyola Aumose², Mike Mwale³, Paul Eric Mwale³, Charles Chazemba³, Marvecous Msuzi³, Dumilani Njolomole³, Ackson Beza³,

MemoryNkhata³, Neema Thindwa³, Sybil Kaduya³, Faith³, James Nyirenda³, Josophine Chinyama³, Eneless Gama³, ChrisyMsisya³, Dhummie Kaunda³, Hellen Moyo³, Dennis Mdala³,
Connis Chisale³

*¹ Lecturer 1,
2. Lecturer in Department of Social Work
3. III Year Students of Department of Social Work
DMI St. John the Baptist University
Mangochi Campus
Republic of Malawi
Central Africa

*¹Corresponding Author: frs69@rediffmail.com

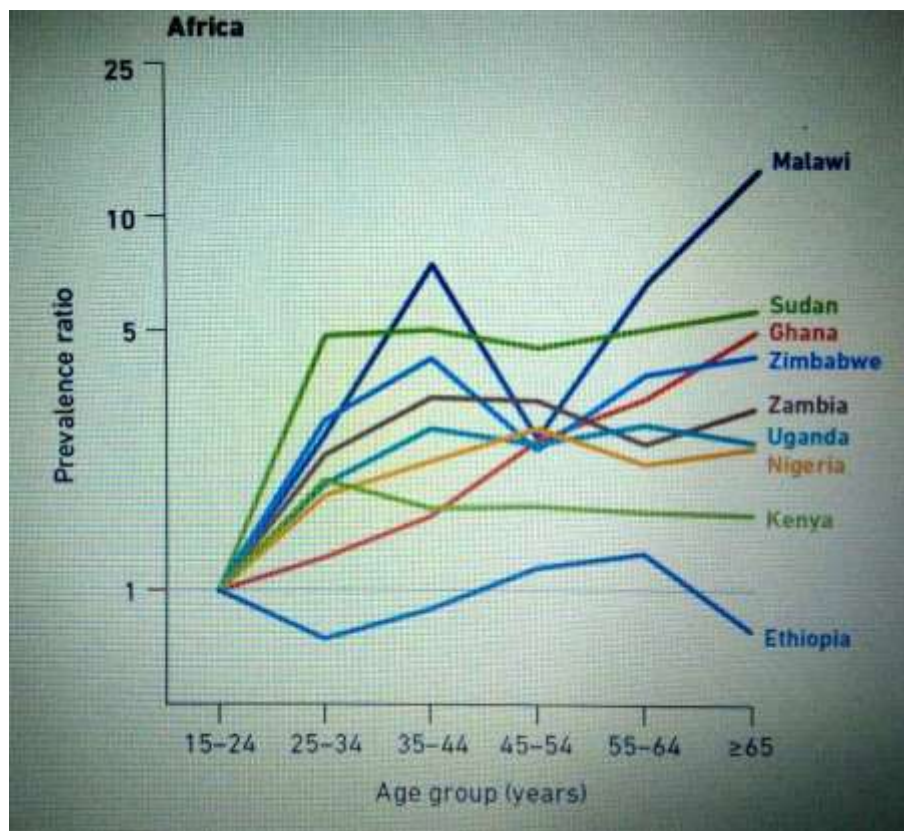
STATUS

Worldwide, Tuberculosis has one of the top ten causes of death and the leading cause from a distinct infectious agent (HIV/AIDS). In 2017, MTB has been affected and it was estimated 1.2 - 1.4 million (WHO, 2018). Globally MTB was estimated 10.0 million people have developed of ailments in 2017, for men 5.8 m and women 1.0 m children. In global they are different age group and overall 90% were adults (aged ≥ 15 years), 9% was affected and living with HIV (72% in Africa including Malawi) and two thirds were in eight countries: India (27%), China (9%), Indonesia (8%), the Philippines (6%), Pakistan (5%), Nigeria (4%), Bangladesh (4%) and South Africa (3%) (WHO, 2018). In Asia and African countries (Ghana, Malawi, Rwanda, the United Republic of Tanzania, Ethiopia, Gambia, Nigeria, Sudan, Uganda, Zambia and Zimbabwe) the occurrence per 100,000 population peaks among the aged range about 35-54

years (Fig 1), (Horton *et.al.*, 2018). According to Pradeep Seth (2011) has reviewed and highlighting that more-than 5000 people have been affecting TB and more specifically was mentioned the ranges from 1000 people to suffer to die and 2 deaths every 3 minutes. World Health Organization, TB assessing for India for 2016 were estimated 2.79 million cases of TB from India (Anon, 2017). According to the Centers for Disease Control and Prevention (CDC) and Malawi Ministry of Health (2017), Republic of Malawi was committed to achieving the UNAIDS goal of 90-90-90 by 2020 (90% of all human being incarnate with HIV, this is status of Malawi and to incorporate with 90% people has been HIV infection with persistent cure, and 90% of Malawian people has receiving treatment will have viral suppression (Malawi-Fact-Sheet, 2017). Most of the African and Asia in very-low, low and middle-income countries to provide national/international and in different geographical public health tuberculosis (TB) regulate programmes an undetected TB to implement case finding one among people project to infectious cases of TB. The encumbrance of TB is declining gradually in global level, hence, is being progress in controlling TB in and around mileu and an enhanced early diagnosis and treatment. Lönnroth *et al.*, (2009) have reviewed that the awareness in local communities people health to identify the TB symptoms and provide the health facilities. He highlighting the points, it's an affordable coast to prevent the TB. He suggested that in the most powerful way to maximize utilization to enhance the high standard excellence, manageable and reasonable facilities in and around mileu. According to WHO (2018) have highlighting the comments for TB, about 10 million human being fell ill with TB in 2017, including 0.9 million among people living with HIV. WHO, has reviewed that the TB was one among the 10 causes of death worldwide in 2017, when compared to the HIV. WHO was assessed in 2017, 1.6 million people died from TB, including 0.3 million among people with HIV. Horton *et.al.*, (2018) has been

reported the number of people newly enrolled in HIV was reported 1,68,972 and more accurately the number case has identified as a TB was estimated 1,286 (0.76%)/2017. Vaitheeswaran and Monisha (2018) has suggested that the ailment to be spreading the sources of sputum, unhealthy fisheries selling market, near bus stand, cinema theatres and hospitals. TB is epidemic, to urgent need to therapy intensive care, conservation and preventive methods at Republic of Malawi, Central Africa.

Fig 1. Age-specific prevalence ratios were calculated using the prevalence of the 15–24 year age group as the baseline. Data in the presented age groups were not available for Gambia and Rwanda. (Sources from WHO, 2018).



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