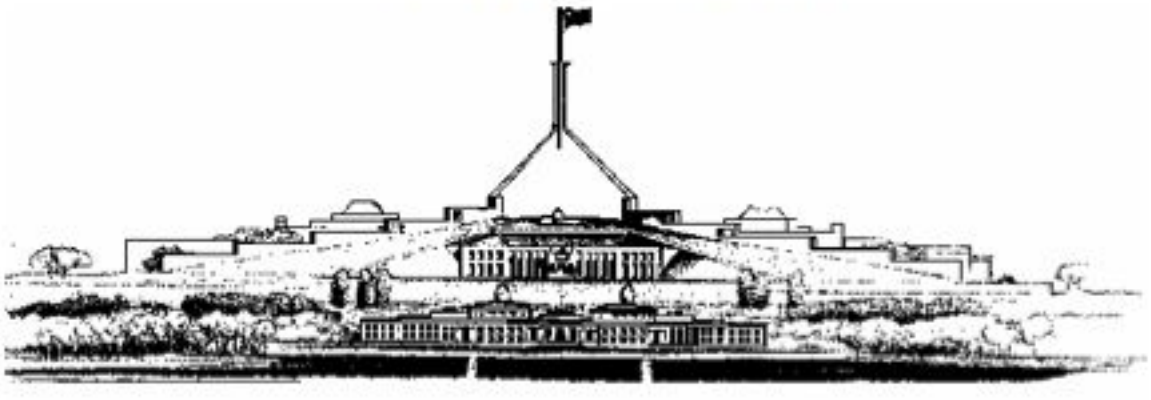
COMMONWEALTH OF AUSTRALIA

PARLIAMENTARY DEBATES



HOUSE OF REPRESENTATIVES

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Main Committee

PRIVATE MEMBERS' BUSINESS

World Tuberculosis Day

SPEECH

Monday, 21 March 2011

BY AUTHORITY OF THE HOUSE OF REPRESENTATIVES

SPEECH

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Questioner		**Responder**	
Speaker	Sidebottom, Sid, MP	**Question No.**	

Mr SIDEBOTTOM (Braddon) (7.35 pm)—I am very happy to support this motion moved by my good friend Laurie Ferguson. I remind everyone that one of the reasons that we are discussing it is that 24 March is World Tuberculosis Day. I would like to use this as an advertisement to remind us that together we can stop TB. We will be wearing our badges on 24 March, but we need to do more than wear a badge, I suggest. I was looking at the figures for tuberculosis around the world. Maybe I should not have been, but I was surprised to see that even in the United States TB is a killer. It is a very serious disease and health issue for many communities. In actual fact, it forms part of goal 6 of the Millennium Development Goals, which is to combat three of the most debilitating diseases across the globe: HIV-AIDS, tuberculosis and malaria.

Ms Saffin—The three Ds.

Mr SIDEBOTTOM—One of the foundation stones of the Global Fund to Fight AIDS, Tuberculosis and Malaria, which was established recently, was to make a difference by tackling head on three of the diseases that my colleague the member for Page quite rightly pointed out are called the three Ds. They condemn vast numbers of people to ill-health, discrimination and other human rights abuses, poverty and preventable early death. That is the sad thing about this: they are preventable. We, on our side of the economic ledger in the world, can do a hell of a lot more to help to combat these terrible preventable diseases.

TB kills someone approximately every 20 seconds. That is nearly 4,700 people every day or 1.8 million people alone, according to the latest estimates from the World Health Organisation. TB is second only to HIV-AIDS as the leading infectious killer of adults worldwide. It is among the three greatest causes of death in women aged 15 to 44 and is the leading infectious cause of death among people with HIV-AIDS. It is preventable. We can do something about it. We need to do something about it. On a global scale, although we are doing some things and there have been advances, we are not doing nearly enough.

Tuberculosis is global. The World Health Organisation estimates that two billion people—that is, one-third of the world's population—are infected with TB. Mycobacterium tuberculosis is the official title of the bacillus that causes the disease. Mycobacterium TB's unique cell wall, which has a waxy coating primarily composed of mycolic acids, allows the bacillus to lie dormant for many years. The body's immune system may restrain the disease but it does not destroy it.

While some people with this latent infection will never develop active TB, particularly in more advanced countries—and, in a discriminatory way, it develops in males more than females—five to 10 per cent of carriers will become sick in their lifetime. So, effectively, if 9.4 million new cases of TB per year are diagnosed, how many are not diagnosed? It is very sad. Once active, TB attacks the respiratory system and other organs, destroying body tissue. The disease is contagious, spreading through the air by coughing, sneezing or even talking.

Mr McCormack—Stop talking then!

Mr SIDEBOTTOM—Not about this, though, my good friend from Riverina. An estimated nine million new active cases develop each year, as I mentioned. At any given moment, more than 13 million people around the world are suffering from an active infection, and we know that there are many more millions with inactive, latent TB. As I also said, it is the third leading cause of death for women of reproductive age, from age 15 to 44, worldwide. In 2008, for example, 3.6 million women developed TB and approximately another 500,000 died as a result. Again, the sad thing is that it is preventable and we can do something about it, but we just do not do enough.

Despite enormous advances in the provision of services in recent years—and there have been—TB's deadly synergy with HIV-AIDS and a surge in drug-resistant strains are threatening to destabilise gains in TB control. From my research, I understand that if you do not take the full suite of drugs and remedies that you are prescribed, if you miss any, then it is too late; it becomes worse. I note my good friend Dr Washer, who knows a lot more about this than I do, is agreeing. So not only must we have the proper medicines and the proper diagnostic tools

on the job and in situ but also the treatment has to be carried out totally and comprehensively. Again, that is the great challenge that faces us.

While the incidence of TB is stable or falling in many regions of the world, global rates of new infections are still rising in many endemic areas where TB goes hand-in-hand with HIV-AIDS and the effects of poverty. There they are together, the triangle of poverty, disease and suffering. And, of course, without tackling health, which is concomitant with poverty, that leads unfortunately to very serious economic, social and political consequences, which we all know about. There are dreadful instances of communities suffering because there is no peace; where there is no peace, it is difficult to provide health care; without that health care, the poverty continues; and so the cycle goes on.

TB, I understand, will rob the world's poorest countries of an estimated $1 trillion to $3 trillion over the next decade. So, apart from the purely individual health, and social and political problems, there are economic implications. These are the terrible consequences of not being able to tackle TB. In some countries, lost productivity attributable to TB approaches seven per cent of gross domestic product—seven per cent.

I understand that there is a new test that can accurately diagnose tuberculosis in people within 90 minutes, compared to the six weeks needed for the current standard test—90 minutes compared to six weeks. It is called the Xpert MTB/RIF test, and I do not pretend to understand enough about it, but it can identify TB in 98 per cent of active cases. That is an improvement of more than 45 per cent on one of the current most commonly used techniques. It also, I understand, detects whether the TB-causing bacteria are resistant to rifampicin, a first-line drug for TB in 98 per cent of cases. According to Richard Chaisson, Director of the John Hopkins Centre for Tuberculosis Research in Baltimore, Maryland, who was not involved in the work:

It has the potential to be revolutionary …

So, on 24 March, I will join with all my colleagues in this place to remember World Tuberculosis Day and to do our part to ensure that we help tackle this preventable disease. Thank you.