

EDITORIAL

TO SHARE KNOWLEDGE, NOT TUBERCULOSIS

Abraham Aseffa^{1*}, MD, PhD

A challenge of communicable disease control programs is early access to sources of transmission. Communicable diseases sustain themselves because of the successful infection of several new hosts before their course runs out in the index case with death or cure. Interventions that block transmission are thus the most effective tools in disease control. They also have the better potential to eliminate a disease. Colleges and universities are congregate settings where crowd diseases find a suitable environment to thrive in. Respiratory illnesses spread rapidly within classrooms and dormitories. Most outbreaks due to viral pathogens such as rhinoviruses are very common, benign and short lived. Some infections may spread quietly and are only recognized because of a small proportion of cases who develop severe illness. Tuberculosis (TB) is one of those sinister diseases where infection may lead to latency only to emerge when immunity is compromised due to several factors including stress. Those who develop active disease may have mild symptoms for months but remain infectious. A case of active TB may infect 10-15 other individuals over the course of a year untreated (1). The problem is compounded by the increasing rate of failure of available drugs to cure some cases of TB.

The TB epidemic in Ethiopia, despite commendable progress in reducing disease incidence and prevalence in recent years, is still far from controlled. The epidemic thrives on a low case detection rate and delayed initiation of treatment. A number of challenges could be listed to explain why tested measures of TB control are not successfully implemented across the nation. Some are understandable: "limited resources", "absence of infrastructure", "human resource gap". Others are not: those we might refer to as "missed opportunities" in hind sight. These could come from lack of information, unawareness of magnitude, poor evidence, tolerance, resignation, indifference or simple negligence on the part of those whose actions would make a difference. When work load is high and priorities are not defined, a tendency sets in to leave some problems to solve themselves in their own time. In particular, shared responsibilities often have the tendency to fall between the cracks.

It can be debated to which category a high burden of TB among university students would fall in our context, as reported in the contribution of Mekonnen and Beyene (2) in an article in this issue of the EMJ, and by others (3,4). The report, despite its arguable limitations in methodology, clearly highlights that symptomatic university students are not systematically screened for TB at enrollment and treated before their colleagues are exposed to infection. It is not clear from the report whether there is a national policy of the Ministry of Education requiring higher learning institutions to screen students for TB at all. In a high TB burden country such as ours, one would expect free TB screening and treatment of suspects to be an obligation of higher learning institutions in close cooperation with the national TB and leprosy control program, a frequent practice else where (5).

The terrible health menace which this disease poses to the youth cannot be underestimated. The history of TB in Ethiopia is unfortunately not yet written and we do not know what devastation TB might have caused in Ethiopian centers of learning in previous centuries. Much has however been written about the loss of great intellectuals and scientists to tuberculosis in Europe in the pre-chemotherapy era (6). There is no evidence that TB thrives better among scholars *per se*. The relative abundance of such reports is more likely a reflection of the attention, respect and value given to institutions of learning. Universities are places where knowledge is shared across generations. Students are among the most precious resources that determine the fate of a nation, especially today where we are forced to compete in a rapidly globalized world increasingly geared towards knowledge economy. Their health and wellbeing is of paramount importance. This is true for us as for other countries and that is why we should not tolerate preventable major health threats such as TB in our universities. It is high time to make sure that health screen-

¹ Armauer Hansen Research Institute (AHRI), Ethiopia

* Corresponding author: aseffaa@gmail.com

ing programs, such as symptom based TB screening, are routinely implemented across higher learning institutions in our country. With appropriate education and mobilization, students can themselves be organized to play an active role in the process. Our universities and colleges should be places where we share knowledge, not TB.

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