Tuberculosis in the CNMI

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 Many people nowadays think of Tuberculosis as a disease of the past, and in many places that is true. However, one place it is not is in the CNMI. Compared to the US mainland, the rate of tuberculosis in the CNMI is 17 times higher(Encinares, 2018). Local health care professionals are working hard to stem the tide of this high infection rate, but have a way to go before it can be considered a disease of the past. Many people do not know what Tuberculosis really is, why it is an issue in the CNMI, and what risks it poses to the community. Education in those areas is the first step to combating the rise of Tuberculosis in the CNMI.

Tuberculosis (TB) is a bacterial infection that primarily affects the lungs. It is an airborne bacteria that is spread through exposure to infected persons. It is often difficult to diagnose TB when it is first contracted because it is not always infectious upon entering the body. Sometimes, the body’s natural defense system surrounds the bacteria in the lungs, making it unable to infect the host. This is called latent Tuberculosis. However, this defense is only a temporary solution. When the body becomes weakened due to another sickness or old age, the calcified bacteria breaks open and goes on to infect the host. Fortunately, latent TB is not communicable. Someone can carry TB for the majority of their life and not know until other complications arise. So, while the TB incidence rate for the CNMI between 2010 and 2013 was 10 per 100,000 people, this was only counting active cases and not latent cases(Country Cooperation Strategy, 2017, p.6). The amount of latent cases currently in the CNMI is impossible to know.

Compared to other parts of the world, the CNMI has a very low rate of tuberculosis. In

2017, an estimated 10 million people had active tuberculosis, 1.6 million cases of which were fatal(10 Facts on Tuberculosis, 2018, p.2). There is, however, a high rate of exposure opportunity to Tuberculosis in the CNMI due to the high case rate of active Tuberculosis in the community, according to Special Assistant to the CEO of the CHCC Subroto Banerji (Banerji, S. 2019 April 16. Personal Interview). Additionally, many places with high rates of TB are places that give the CNMI a large amount of tourism and immigration. China and the Philippines are among the countries with the highest rates of new TB cases worldwide(10 Facts on Tuberculosis, 2018, p.6). China is the main source of tourism in Saipan, and the Philippines is one of the main sources of immigration. Islands near the CNMI also have a high rate of TB. In the 1990’s there were around 180 active cases of tuberculosis per year in the Pacific Islands(Lirio, 2018). With the high amount of traffic between these places and the CNMI, there is a high exposure rate for the transfer of tuberculosis.

Another risk of tuberculosis is drug or multidrug-resistant tuberculosis (MDR-TB), which has become a public health crisis and health security threat in the recent years (10 Facts on Tuberculosis, 2018). Tuberculosis becomes drug resistant when a treatment goes uncompleted, like other forms of bacteria. When an antibacterial treatment is not finished, it gives the bacteria the opportunity to adapt to the medicine - making the medicine less effective or completely ineffective. This has become a problem with tuberculosis specifically because it has such a long treatment time, usually 6-9 months. In 2016 the success rate for TB treatment worldwide was 83%, meaning that 83% of active TB treatments were fully completed(10 Facts on Tuberculosis, 2018, p.8). There have been cases of MDR-TB in the CNMI.

The CNMI is not in a crisis regarding Tuberculosis, at least not for now. While there is a high rate of active cases, especially compared to the US mainland, it is not at pandemic level. However, with the emergence of MDR-TB and the proximity to countries with a higher TB rate, the risk of exposure is still reasonably high. It is up to the public health organizations in the CNMI to properly curb the tide of tuberculosis. Hopefully in the future tuberculosis can be completely eradicated from the CNMI.

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