Hi!
I’m Ksusha.
And I had TB.

Kseniia Shchenina, TB-activist and human rights activist for 10 years.

Illustration by Paulina Siniatkina.
Me and Paulina Sinyatkina composed a great book. (In my humble opinion, of course).

Her paintings, my experience from long conversations with patients produced good results.

We have 10000 books in Russian. And English version was presents during HLM.

Now TB-REP translated it in 10 EECA languages.
ANTI-TB DRUGS
Classification of the anti-tuberculosis drugs (WHO, August 2018)

This information shows the regular anti TB regimens. Your personal medication may differ for various reasons. Never take any medication not prescribed by your doctor!

**FIRST-LINE ANTI-TUBERCULOSIS DRUGS**
(drugs used to treat “DRUG-SENSITIVE TB”)

**ISONIAZID (H)** This most powerful bactericidal agent kills rapidly-multiplying MTB, makes you feel better and stops you from being infectious. It is the main drug to treat sensitive TB.

**RIFAMPICIN (R)** This has a strong bactericidal and sterilizing effect. It kills the rapid and slow multiplying types of MTB as well as ‘dormant’ intracellular strains. By taking this drug, a course of treatment to treat sensitive TB takes only six months for most patients.

**ETHAMBUTOL (E)** This bacteriostatic agent does not kill MTB strains but it prevents their reproduction. It also prevents resistance to isoniazid and rifampicin, the main TB drugs.

**PYRAZINAMIDE (Z)** This has a sterilizing effect and suppresses bacterial growth. It works where other drugs cannot get in.

**MEDICINES USED IN MDR-TB**
(most are second-line ANTI-TB drugs, but sometimes some of the first-line TB drugs are still used)

**GROUP A** Medicines to be prioritized: LEVOFLOXACIN, MOXIFLOXACIN, BEDAQUILINE and LINEZOLID. All TB patients should get all three GROUP A medicines, provided their TB is not resistant and they can tolerate the drugs.

**GROUP B** Medicines to be added next: CLOFAZIMINE, CYCLOSERINE/ TERIZIDONE.

**GROUP C** Medicines to be included to complete the regimens and when agents from GROUPS A and B cannot be used: ETHAMBUTOL, DELAMANID, PYRAZINAMIDE, IMPENEM-CILASTATIN, MEROPEM, AMIKACIN (STREPTOMYCIN), ETHIONAMIDE/ PROTHIONAMIDE, P-AMINOSALICYLIC ACID.

The medicines are listed in a hierarchy based on effectiveness, adverse events that they might cause and how commonly they are resistant.
From text to real world. Extrim TB-trip: 7 days, 4 cities, 500 people. And many posts in social media. We are #tbzorro
Declaration on the Rights of People Affected by TB
What does Voldemort and tuberculosis have in common?"

(there is a need to convey to the broad audience that he is back and even more dangerous than before.)
Problems to be solved on the way to a brighter future:
- Stigma
- Interruption of treatment /drug supply
- The use of new drugs (registration)

This requires wide involvement of people.
Even if the statistics is improving from year to year
Even if famous people talk about it
Even if it is an art exhibition, or a powerful protest, or a beautiful social advertisement
Even if it is a history of victories over the disease

Why don't people want to hear anything about tuberculosis?
Stories of non-victories
From text to real world.

Extrim TB - trip: 7 days, 4 cities, 500 people. And many posts in Social media.

We are #tbzorro
There is a story of my childhood that I will never forget. I remember that we used to live so poorly that ice-cream was something rare. Sometime, when we had money, we both went to the shop and bought an ice-cream for each of us, and then we ate it right next to the shop. A boy approached us. He was around my age, all dirty and dressed in old clothes. I knew him, and he asked to leave him some ice-cream. I was just a capricious kid so I said him to go away. But my father had a half of his ice-cream left and he just gave it to that boy. I was so upset that my father did not have an opportunity to eat ice-cream properly because of that ragamuffin. I understood everything only when I became older.
Thanks for attention
Oh.

And one more...