

bar and restaurant owners. However, such an unrestrictive ban is likely to be totally ineffective for the prevention of passive smoking among children and non-smoking adults.

Ultimately, the decision will be made by the Japanese Prime Minister, Shinzo Abe, the newly appointed Minister of Health, Labour and Welfare, Katsunobu Kato, and other lawmakers as to whether Japan can make the 2020 Tokyo Olympics smoke free and maintain population health, or alternatively, whether the country will have one of the most unrestrictive second-hand smoking bans in the world.

We declare no competing interests.

**Yusuke Tsugawa, Ken Hashimoto, Takahiro Tabuchi,\*Kenji Shibuya shibuyak@m.u-tokyo.ac.jp**

Division of General Internal Medicine and Health Services Research, David Geffen School of Medicine at the University of California, Los Angeles, CA, USA (YT); Haitian Ministry of Health, Port-au-Prince, Haiti (KH); Cancer Control Center, Osaka International Cancer Institute, Osaka, Japan (TT); Institute for Global Health Policy Research, Bureau of International Health Cooperation, National Center for Global Health and Medicine, Tokyo, Japan (KS); and Department of Global Health Policy, Graduate School of Medicine, University of Tokyo, Tokyo 113-0033, Japan (KS)

- 1 The Lancet. Where next for UK tobacco control? *Lancet* 2017; **390**: 96.
- 2 Japan Medical Association. Petition to support a policy that prevent secondhand smoke (in Japanese). 2017. [http://www.med.or.jp/people/info/people\\_info/005096.html](http://www.med.or.jp/people/info/people_info/005096.html) (accessed Aug 1, 2017).
- 3 Payne M. 'How would I live if smoking is banned?' Japanese politicians decry calls for smoke-free Olympics. *Washington Post* (Washington DC), May 2, 2017.
- 4 McCurry J. Japan urged to go smoke-free by 2020 Tokyo Olympics. *The Guardian* (London), Jan 31, 2017.
- 5 Japan Tobacco. Shareholder composition as of March 31, 2017 (in Japanese). <https://www.jti.co.jp/investors/stock/overview/index.html> on (accessed Aug 1, 2017).
- 6 Japan's government is in two minds about smoking. *The Economist* (London), June 22, 2017.



## Prevention of hearing loss in patients with multidrug-resistant tuberculosis

In their *Lancet* Review, Blake S Wilson and colleagues (July 10)<sup>1</sup> describe the

growing global burden of hearing loss caused by a range of possible factors. The use of ototoxic medication is a considerable contributor to hearing loss for both children and adults. The authors suggest a primary prevention strategy for reducing hearing loss, which includes the use of ototoxic drugs only when no alternatives are available and only for serious conditions.

Multidrug-resistant tuberculosis is a serious disease, for which, until 2012, few treatment options were available. In most countries, treatment for the disease includes the use of injectable drugs (eg, capreomycin, aminoglycosides). However, these drugs result in hearing loss in up to 50% of patients.<sup>2</sup> This iatrogenic adverse effect has a considerable effect on individuals' lives, restricting their ability to find meaningful work and participate in social relationships. Many survivors of the disease and individuals who have been cured describe a fate that is worse than death.

Encouragingly, new drugs to treat multidrug-resistant tuberculosis are now available. Bedaquiline and delamanid, and repurposed drugs such as linezolid and clofazimine, are now recommended and can be used as effective alternatives to injectable drugs.<sup>3</sup> However, access to these drugs has been slow to scale up and patients in most settings are still faced with the unenviable choice of death or deaf.<sup>4</sup>

Globally, half a million individuals are estimated to develop multidrug-resistant tuberculosis annually.<sup>5</sup> Offering these individuals the best possible treatment, without the risk of iatrogenic lifelong hearing disability, is both an urgent ethical responsibility and an essential preventive response to the global burden of hearing loss.

HC reports grants from the Wellcome Trust and the National Research Foundation of South Africa, outside the submitted work. AR, JF, and JS declare no competing interests.

\***Helen Cox, Anja Reuter, Jennifer Furin, James Seddon**  
[helen.cox@uct.ac.za](mailto:helen.cox@uct.ac.za)

Division of Medical Microbiology and the Institute for Infectious Disease and Molecular Medicine, University of Cape Town, Cape Town 7925, South Africa (HC); Médecins Sans Frontières, Cape Town, South Africa (AR); Department of Global Health and Social Medicine, Harvard Medical School, Boston, MA, USA (JF); and Centre for International Child Health, Imperial College London, London, UK (JS)

- 1 Wilson BS, Tucci DL, Merson MH, O'Donoghue GM. Global hearing health care: new findings and perspectives. *Lancet* 2017; published online July 10. [http://dx.doi.org/10.1016/S0140-6736\(17\)31073-5](http://dx.doi.org/10.1016/S0140-6736(17)31073-5).
- 2 Seddon JA, Godfrey-Faussett P, Jacobs K, Ebrahim A, Hesselting AC, Schaaf HS. Hearing loss in patients on treatment for drug-resistant tuberculosis. *Eur Respir J* 2012; **40**: 1277–86.
- 3 WHO. WHO treatment guidelines for drug-resistant tuberculosis: 2016 update. 2016. <http://www.who.int/tb/areas-of-work/drug-resistant-tb/MDRTBguidelines2016.pdf> (accessed July 14, 2016).
- 4 DR-TB STAT Task Force. Country updates. April, 2017. <http://drtb-stat.org/country-updates/> (accessed July 21, 2017).
- 5 WHO. Global tuberculosis report 2016. 2016. <http://apps.who.int/iris/bitstream/10665/250441/1/9789241565394-eng.pdf> (accessed Oct 14, 2016).

## Department of Error

Loewenberg S. Treating and preventing cholera in Bangladesh. *Lancet* 2017; **390**: 637–38—This World Report benefited from external funding from the European Journalism Centre via its Innovation in Development Reporting Grant Programme, which should have been declared. This information was added to the online version as of Aug 17, 2017.