

What is Tuberculosis?

Also known as **T.B.**, Tuberculosis is an infection caused by micro-organisms (bugs) called **MYCOBACTERIUM TUBERCULOSIS**.

- It is a curable disease.
- It most commonly affects the lungs
- Like a cold or the flu it can be passed on to other people when coughing or sneezing
- Once inhaled the micro-organism/bugs may be destroyed by the body's own immune system and cause no problem.

OR

- The bugs may cause illness a few months later.
- TB sometimes causes no immediate problem, but remains dormant (not active) in the body. Illness can develop many years after the original infection, particularly if the body is weakened by other medical problems.

Vaccination

Most children will have had a vaccination against TB called the BCG at about twelve years of age in school. (However, this is no longer part of the school programme). BCG vaccination may not give complete protection against TB; however, it does help the body's defences to fight against disease.

What are the symptoms of TB and how is it diagnosed?

TB can affect any part of the body, but most commonly the lungs and lymph glands are the areas most affected. Symptoms can include:-

- **Cough.**
- **Production of sputum, (phlegm) which can be blood stained.**
- **Chest pains, loss of appetite and weight loss.**
- **A fever (temperature).**
- **Lumps may appear in the neck if TB affects the lymph glands.**

The diagnosis of TB is usually confirmed after a chest x-ray has been taken and a sample of sputum (phlegm) has been examined in the laboratory.

Can I infect other people?

If there are lots of TB micro-organisms in your sputum (phlegm), the laboratory can actually see them under a microscope. You may be infectious to other people if you are coughing. Doctors may say you are "sputum positive".

How can I help prevent the spread of infection?

Cover your mouth and nose with a tissue when you cough. Dispose of it carefully and wash your hands.

How long will I be infectious?

After about 2 weeks of successful treatment there is much less risk of infection to healthy people.

What about my family?

By law, Doctors have to report any case of TB to the **Public Health Department**. They in turn will automatically check your family and other close contacts. Family members are rarely found to be ill with TB.

- All close contacts will be offered a chest x-ray.
- Children and younger teenagers will have a simple painless skin test. If the test is negative, they have not been infected and will be offered a BCG vaccination.

- If the skin test is positive, it either means they have already had BCG vaccination in the past, or they may have been infected with TB at some stage.
- Very often no treatment is needed, but the individual will continue to have check-ups.
- Occasionally a simplified course of anti-TB medication is given to people who appear entirely well but are at increased risk of becoming ill with TB in the future.

What is the treatment for TB?

Treatment is a combination of tablets. They must be taken every day for six to nine months.

Treatment may be given at home. However, sometimes you may need to be admitted to hospital if you are ill or thought to be highly infectious.

If treated at home, there is no need for special measures i.e. separate dishes/cutlery.

What happens if I am admitted to hospital?

You will probably have to be nursed in a single room away from other patients, (isolated) until you are thought to be non-infectious.

The door of your single room will have to be kept closed to prevent the spread of infection.

The nurses and doctors will be wearing gloves and aprons and sometimes a mask if required when they are dealing your sputum (phlegm) particularly if you are coughing a lot. Close family contacts do not need to wear gloves/apron/mask.

If you need assistance to make you cough e.g. coughing exercises with the physiotherapist, staff will be asked to wear a mask.

If you need to be transported around the hospital for any other investigations, we may ask you to wear a mask. **We will try to be discrete as far as possible.**

Are there any side effects with the treatment?

One of the red tablets used to treat TB discolours urine and gives it an orange/red colour.

(Soft contact lenses may also become permanently discoloured).

Tablets used to treat TB **do not usually** cause any problems.

If however, you develop any of the following, **you must consult your doctor at once:**

- Jaundice
- A rash
- Feeling of sickness
- Difficulty in seeing
- Pins and needles

Occasionally one of the tablets used to treat TB can cause problems with vision. Your consultant will advise you to have regular eye tests. You must report any problems you may experience with your vision to your doctor. Your doctor will decide if it is one of the tablets which is affecting you, and if your treatment needs to be changed.

Do I need a special diet?

No, however a healthy diet will help with recovery.

What about returning to work?

This should be discussed with the specialist who is caring for you, and your GP.

You may need to stay off work until you are no longer infectious or until you feel strong enough to return. However, sometimes the TB is so mild that you may not even need to take time off work.

How long will I have to attend hospital as an outpatient?

At least until the treatment is finished. (Usually six to nine months).

You only have to come to clinic every three to four weeks at first then less frequently after that.

You may need to attend clinic once or twice a year for two years after you complete the treatment.

Will the TB or the TB medication affect my sex life?

You are infectious only if you are "sputum positive". It is best to avoid close contact until you have had two weeks of treatment, otherwise sexual relations need not be interrupted. Some of the medication can make the oral contraceptive pill less effective. If you are taking the oral contraceptive pill you should ask your doctor about other methods of contraception whilst on TB medication.

Remember: NEVER MISS TAKING YOUR TABLETS. If you forget them in the morning take them later in the day. Do not let yourself run out of tablets – get a new supply before they are finished. If you are worried about the symptoms or your treatment, speak to your doctor.

Tuberculosis can be **CURED COMPLETELY** but **ONLY** if you take your tablets **REGULARLY** and for the whole course. **DO NOT** stop because you are feeling well again. Only stop when your doctor tells you it is safe to do so.

For further information about Tuberculosis and lung disease, please contact your chest clinic.

Your hospital will be able to give you the number.

You may also contact the British Lung Foundation, 8 Peterborough Mews, London, SW6 3BL or Tel. 071 371 7704. Public Health are also available for advice on 0300 003 0032.

INFECTION PREVENTION TEAM

Nevill Hall Hospital

01873 732048

Royal Gwent Hospital

01633 238101

Community

01495 768781/07903 324603