

Health Care Education Tuberculosis



Hidayah Foundation

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And when I am sick, then He heals me. - - - Al Quran – Ash-Shuraa, Verse 26:80

Tuberculosis

What is Tuberculosis? Tuberculosis (TB) is a disease caused by bacteria called *Mycobacterium tuberculosis*. TB bacteria usually attack the lungs, but they can attack any part of the body including the kidney, spine, and brain. If not treated, TB can be fatal.

What are lungs? All of us have two lungs in our chests that perform the respiration function – a process of transferring oxygen from incoming air to the blood and extracting carbon dioxide, a waste gas, from the blood. The cells in our bodies use this oxygen.

What are the symptoms of TB? Symptoms of TB depend on which part of the body is infected. The active bacteria begin to multiply in the body, attack the body and destroy tissue. If this occurs in the lungs, the bacteria can actually create a hole in the lungs.

A person with latent (inactive or dormant) TB infection has no symptoms (does not feel sick); he/she cannot spread TB to others.

A person with active TB disease can have any of the following symptoms:

- A bad cough that lasts 3 weeks or longer
- Pain in the chest
- Blood or sputum (phlegm) in cough
- Weakness or fatigue
- Weight loss
- No appetite
- Chills
- Fever
- Sweating at night
- May have an abnormal chest x-ray, or positive sputum smear or culture

How can you get infected with TB? Anyone who comes in contact with some one infected with TB may have to be treated with preventive antibiotics. Infected persons must be identified

quickly so that he/she can be isolated from others and treated.

How is TB spread? TB is spread through the air. When someone with active TB disease (of the lungs or throat) coughs or sneezes, those nearby may breathe in these bacteria and become infected. TB cannot be spread through handshakes, sitting on toilet seats, or sharing dishes and utensils with someone who has TB.

If you are infected with TB, how can you keep it from spreading?

- The most important thing is to take your medicine regularly, as prescribed.
- Always cover your mouth with a tissue when you cough, sneeze, or laugh. Put the tissue in a closed bag and throw it away.
- Do not go to work or school. Avoid close contact with anyone. Sleep in a bedroom away from other family members.
- TB spreads in small closed spaces; air out your room with a window or exhaust fan to the outside of the building (if it is not too cold outside). If you open other windows in the room, a fan also will pull in fresh air. This will reduce the chances that TB bacteria will stay in the room and infect someone who breathes the air.

How do you know if you have TB?

a) **Through the TB skin test:** A small amount of testing fluid (called tuberculin or PPD) is injected just under the skin on the under side of the forearm. After 2 or 3 days, you may have a swelling where the tuberculin was injected. The doctor will measure this swelling and tell you if your reaction to the test is positive (which usually means that you have been infected) or negative.

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If you have recently spent time with and been exposed to someone with active TB disease, your TB skin test reaction may not be positive yet. You may need a second skin test 8 to 10 weeks after the last time you spent time with the person. This is because it can take several weeks after infection for your immune system to react to the TB skin test. If your reaction to the second test is negative, you probably do not have latent TB infection.

b) Through QuantiFERON®-TB Gold: A blood test that measures the response to TB proteins when they are mixed with a small amount of blood. The test only requires one visit, at which time your blood is drawn for the test.

Who should get tested for TB? If you can answer “YES” to any of these questions, please see your doctor immediately because you might be at risk for TB.

Please answer these questions honestly

Currently, or in the past – have you:

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| - Had HIV infection or another condition that puts you at high risk for active TB disease? | Yes | No |
| - Come from a country where active TB disease is very common? | Yes | No |
| - Lived somewhere where active TB disease is more common such as a homeless shelter, migrant farm camp, prison or jail, and a nursing home? | Yes | No |
| - Injected narcotics or drugs? | Yes | No |
| - Had a bad cough for 3 weeks or longer? | Yes | No |
| - Noticed blood in your cough or sputum (phlegm)? | Yes | No |
| - Felt weakness or fatigue, lost weight, and had no appetite? | Yes | No |
| - Do you have a fever with chills and sweating at night? | Yes | No |
| Have spent time with a person known to have active TB disease or suspected to have active TB disease? | Yes | No |

What should you do if test Positive for TB? If the TB skin test or the QFT turns up positive, your doctor may require a chest x-ray and a test of the phlegm you cough up to determine if you have active TB. Because the TB bacteria may be found somewhere other than your lungs, the doctor may check your blood or urine, or perform other tests.

TB can almost always be cured with medicine. But the medicine must be taken as prescribed. Active TB disease may require several different medicines. The most common medicines used to cure TB are:

- Isoniazid (INH)
- Rifampin (RIF)
- Ethambutol
- Pyrazinamide

If you have active TB disease of the lungs or throat, you need to stay home from work or school so that you don't spread TB bacteria to others. After taking medicines for a few weeks, you will feel better and you may no longer be infectious to others. Your doctor will tell you when you can return to work or school or visit with friends.

If you have latent TB infection, how can you keep from developing active TB disease? Many people have latent TB infection, which never develops to an active TB disease. However, some people who have latent TB infection are more likely to develop active TB disease than others. People who are at high risk for developing active TB disease include:

- Those with HIV infection
- Those who became infected with TB bacteria in the last 2 years
- Babies and young children
- Those who inject narcotics or drugs
- People who are sick with other diseases that weaken the immune system
- Elderly people
- Those who were not treated correctly for TB in the past