

Tuberculosis (TB)

Information and advice for patients

Infection Prevention and Control

What is Tuberculosis?

Tuberculosis (TB) is a curable infectious disease which most commonly affects the lungs, but can also affect any other part of the body.

What causes TB?

TB is caused by an organism called *Mycobacterium tuberculosis*, which can be caught from a person infected with TB. As TB affects different parts of the body, it can be passed on in different ways. If someone has TB in their lungs they can pass it on when they cough or sneeze and their saliva droplets are inhaled by others.

Who is most at risk?

TB can affect anyone at any age; however, there is a higher incidence of TB in certain countries and people who were born in, or visit these countries may be at a higher risk of getting TB. Your GP will be able to advise you if the country you were born in or have visited is high risk for TB.

Certain groups of people may also be more at risk of infection, such as those who are immuno-suppressed, malnourished or those with a chronic disease.

Those who have received the BCG injection (vaccination against TB) have a lower risk of getting TB, however no vaccine can give 100% protection.

What are the symptoms of TB?

The commonest symptom of TB is a cough. Other symptoms include:

- blood-stained sputum (phlegm)
- a loss of appetite
- weight loss
- night sweats
- chest pain
- fever (high temperature)

If TB affects the lymph glands there may be lumps in the neck. Because TB can affect any part of the body other symptoms may be present.

How is TB diagnosed?

Tuberculosis of the lungs is usually diagnosed by a chest x-ray and examining a sample of sputum (phlegm). TB in other parts of the body may be discovered following a variety of other investigations.

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If you are diagnosed with TB, close members of your family may also be infected. You will be notified by the Chest Clinic about any tests that your family may require, such as a chest x-ray.

What is the treatment for TB?

Treatment for TB consists of a course of tablets which need to be taken regularly for around 6-9 months. If you are diagnosed with TB you may be admitted to hospital for further investigations and to start treatment.

After you have been discharged from hospital you may need to come back to see a consultant in the outpatients department every 3-4 weeks initially, and then less frequently after that and may be also followed up at the Chest Clinic.

In many instances people with TB are treated in their own home. In this event your care will be managed by the Community TB nurses and the Chest Clinic. It is important that you follow the advice you are given by the nurses and continue to take your medication. If you have any concerns please speak to your community TB nurse or GP.

What are the benefits of the treatment?

Successful treatment usually means that an infected person recovers without major complication.

What are the risks of treatment?

The tablets do have some side-effects such as:

- discolouration of urine
- nausea/vomiting
- jaundice, rashes, pins and needles sensation, dizziness and visual disturbances.

If you develop any of these problems report it to your doctor as soon as possible.

What are the risks of not having treatment?

If you do not take your medication or complete the full course given your infection may become worse and in severe cases may be fatal. In addition to this, if you do not get treated or complete your treatment you are at risk of infecting other people and developing multi drug resistant TB (TB that does not respond to treatments).

Are there any alternative treatments?

There are no other effective treatments available.

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How can the spread of TB be prevented?

You may continue to be contagious until you have been on treatment for several weeks. To prevent spreading the illness to others:

- cover your nose and mouth when coughing
- dispose of tissues carefully in a bin and wash your hands thoroughly
- take all of your TB medication exactly as your doctor has prescribed
- stay away from work/school until your GP or TB nurse/doctor tells you it is safe to return

If you are admitted to hospital

If you are in hospital you will be nursed in a single room on a ward and it is important that you stay in your room. This is to protect other patients who may be susceptible to infection. If you need to leave your room for tests/investigations (e.g. an x-ray) you may be asked to wear a face mask if you are infectious. You will probably need to stay in isolation for about 2 weeks and will have more sputum specimens taken to see if the treatment is working.

It is important to let the hospital know if any family members visiting may have TB. If they are deemed infectious they may be requested not to visit (unless in exceptional circumstances) until they are no longer infectious.

Contact details

If you have any questions or concerns please speak to the doctor looking after you, your GP or the hospital.

Hospital Infection Prevention and Control Service

0121 554 3801 (ask for Infection Prevention and Control Service)

Further Information

NHS Choices

For information about TB:

www.nhs.uk/conditions/tuberculosis

For information about the BCG vaccination against TB:

www.nhs.uk/conditions/bcg

NHS Direct

For health information and reassurance:

www.nhsdirect.nhs.uk

Health Protection Agency (HPA)

www.hpa.org.uk

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For more information about our hospitals and services please see our websites www.swbh.nhs.uk and www.swbhengage.com, follow us on Twitter @SWBHnhs and like us on Facebook www.facebook.com/SWBHnhs.

Further Infection Prevention and Control information leaflets can be found on our website, or you can ask a member of staff for a copy. You may find the following leaflet useful:

- Helping us to reduce the risk of cross infection

Sources used for the information in this leaflet

- National Institute of Health and Clinical Excellence, CG117, 'Tuberculosis: clinical diagnosis and management of tuberculosis, and measures for it's prevention and control', March 2011
- Joint Tuberculosis Committee of the British Thoracic Society, 'Control and prevention of tuberculosis in the United Kingdom: Code of Practice', 2000
- Joint Tuberculosis Committee of the British Thoracic Society, 'Chemotherapy and Management of Tuberculosis in the United Kingdom: Recommendations', 1998
- Health Protection Agency, Tuberculosis guidelines, March 2011
- Department of Health , 'Immunisation against infections: Tuberculosis: Green Book chapter 19, 2006 (updated July 2011)

If you would like to suggest any amendments or improvements to this leaflet please contact the communications department on 0121 507 5495 or email: swb-tr.swbh-gm-patient-information@nhs.net



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