



## Can TB be prevented?

There is a vaccine for TB known as BCG. However, it does not work in all cases and it is most effective in young children against more severe forms of TB. In the UK, BCG is offered to babies who are more likely to be exposed to TB bacteria and some adults whose jobs put them at increased risk.

BCG is not a routine travel vaccine. If you would like the BCG for travel purposes, you will probably have to pay to have it done privately.

## How common is TB?

TB is much less common in the UK than it was early last century, but the number of TB cases has been rising since about 1990. TB is very common in some developing countries where many people cannot easily access the drugs they need to get better.

## Can anyone get TB?

Yes, anyone can get TB. The list of ex-patients includes a UK cabinet minister, world famous singers and an archbishop, amongst many others. However, TB is much more likely to affect people who live in poor housing conditions or do not have nutritious diets, as well as people who are affected by other illnesses that weaken their immune systems, such as HIV.

Whilst anyone can get TB, it is still rare to be exposed to TB bacteria in the UK. Two of the most effective preventions against TB are:

- ⦿ Early diagnosis, to stop the onward transmission to others
- ⦿ A strong and healthy immune system

For more information about TB and to read about real people's experience of the illness, please visit *The Truth About TB* at [www.thetruthabouttb.org](http://www.thetruthabouttb.org)



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If you have an enquiry about TB, or would like to find out more about the TB Action Group (TBAG) – a patient support and advocacy network – please call 01273 234770.

**TB Alert** is the UK's national tuberculosis charity. Our projects are in the UK, India and Africa, and we also work with international partners to tackle TB as a global issue. Our activities focus on three main areas:

- ⦿ Raising public and professional awareness about TB, and providing support to patients during their treatment
- ⦿ Bringing together statutory health services, voluntary organisations and people affected by TB to plan and deliver better TB services
- ⦿ Developing policy and advocating for the resources to improve the care of patients and the prevention and control of TB

This work supports our organisational mission of increasing access to effective treatment for all people affected by TB.

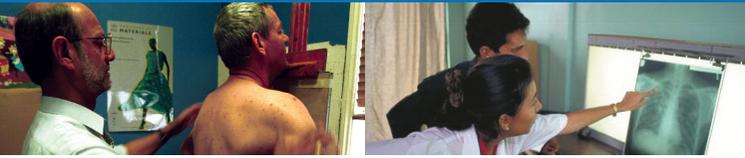
Any information in this leaflet regarding the diagnosis and treatment of tuberculosis is intended to give general information on the subject only. It is not intended as a substitute for the knowledge, expertise, skill and judgement of physicians, pharmacists or other healthcare professionals in patient care. None of the information contained in this leaflet is intended to be used for decisions on diagnosis or treatment. Questions and concerns regarding diagnosis and treatment should be directed to a healthcare professional.



# Tuberculosis (TB): Your Questions Answered



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**Tuberculosis (TB) is an illness that people often do not know a lot about. This leaflet is designed to answer some of your frequently asked questions about TB.**

## What is tuberculosis?

Tuberculosis (TB) is an illness caused by bacteria. TB most commonly affects the lungs, but you can get TB in almost any part of your body. TB is curable with a course of antibiotics, usually lasting six months. TB in the lungs or throat is the only type of TB that can be infectious, which means it can be passed on to other people. Most people will not be infectious within two weeks of starting to take the correct medicine.

## How is TB caught?

When someone with TB in the lungs or throat coughs or sneezes, TB bacteria can get into the air where they can be breathed in by other people. You are most likely to get TB yourself if you have spent a lot of time with a person with infectious TB, for example living in the same household. It is unlikely that you could catch TB sitting next to a person with TB on a bus or train, since close contact for a number of hours is usually necessary to be at risk of infection. TB is **not** spread by spitting or through sharing objects such as cups, plates and cutlery.

## What are the symptoms of TB?

People who are ill with TB may have some of the following symptoms:

- ⦿ A cough that lasts for more than three weeks
- ⦿ Fever (high temperature)
- ⦿ Heavy night sweats
- ⦿ Unexplained weight loss
- ⦿ Fatigue (extreme tiredness)
- ⦿ No appetite

TB will only cause a cough if it is affecting your lungs. If TB is in another part of the body it can also cause pain and swelling. All of these symptoms may also be signs of

problems other than TB, so if you are worried you should talk to a doctor or nurse at your local surgery or clinic.

## How is TB diagnosed?

If the doctor thinks you may be ill with TB in the lungs or throat they will ask you to give a sputum (phlegm) sample, which they will test for TB bacteria. If the doctor thinks you may have TB in another part of your body, they may do the same test using a sample of cells, fluid or tissue. You may also be offered a skin test, blood test or x-ray.

## If I have TB, will I have to stay in hospital?

Most people with TB do not have to stay in hospital, although you may be admitted briefly to confirm the diagnosis or if you are resistant to any of the drugs most commonly used to treat TB.

## What is the risk to my loved ones?

If you are diagnosed with TB that could be passed on to other people, you will be asked by the TB Nurse to make a list of people you spend most time with. The hospital will then invite these people to the clinic for screening for TB. They will be assessed for symptoms of TB and may be offered a skin test, blood test or x-ray.

## What is the treatment for TB?

Your TB doctor or nurse will usually start you on four different drugs. They are:

- ⦿ Rifampicin
- ⦿ Isoniazid
- ⦿ Pyrazinamide
- ⦿ Ethambutol

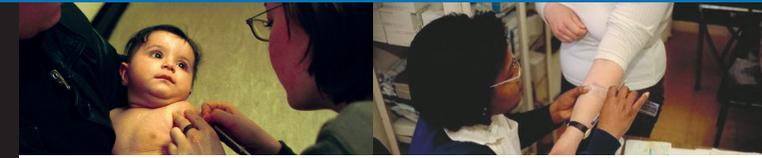
You may be given all of these drugs together in one tablet called Voractiv. You may be given Isoniazid, Rifampicin and Pyrazinamide together in one tablet called Rifater.

After two months, the treatment can usually be reduced to two drugs, Isoniazid and Rifampicin. These drugs may be given to you in one tablet called Rifinah.

## Can TB drugs cause side effects?

TB drugs can cause side effects, although not everyone gets them. Common side effects include:

- ⦿ Feeling sick or dizzy
- ⦿ Skin rashes
- ⦿ Pins and needles
- ⦿ Flu-like symptoms



In very few cases people may experience jaundice, which is the yellowing of the skin or eyes. **If this happens, stop taking your medication and seek medical attention straight away.**

Rifampicin may turn urine and other bodily fluids, such as tears, orangey red. It can also interact with other medicines. In particular, it *reduces the effectiveness of hormonal contraceptives* (oral pill, implants or other).

Ethambutol may rarely cause visual disturbances (blurred and red/green colour disturbance). Your doctor or nurse will arrange for you to have an eye test prior to starting Ethambutol. **If you develop visual disturbances whilst taking Ethambutol, please stop taking it and inform your doctor or nurse immediately.**

## Remember:

- ➔ It is important to tell your doctor that you are on TB treatment when being prescribed other medicines
- ➔ Women should use additional means of contraception when they are taking TB drugs
- ➔ Let your TB Nurse or doctor know if you are experiencing side effects

## Where can I go for support?

If you are affected by TB, there is help available so you don't feel alone.

Your TB Nurse is there to support you through your TB treatment. Make sure you attend all your appointments and let the healthcare professionals know if you are having any trouble taking your tablets.

You may find it beneficial to speak to someone else who has also had TB and is now better. TB Alert, the UK's national tuberculosis charity, can put you in touch with a member of the TB Action Group (TBAG) who will be happy to chat with you and help you through your treatment.