

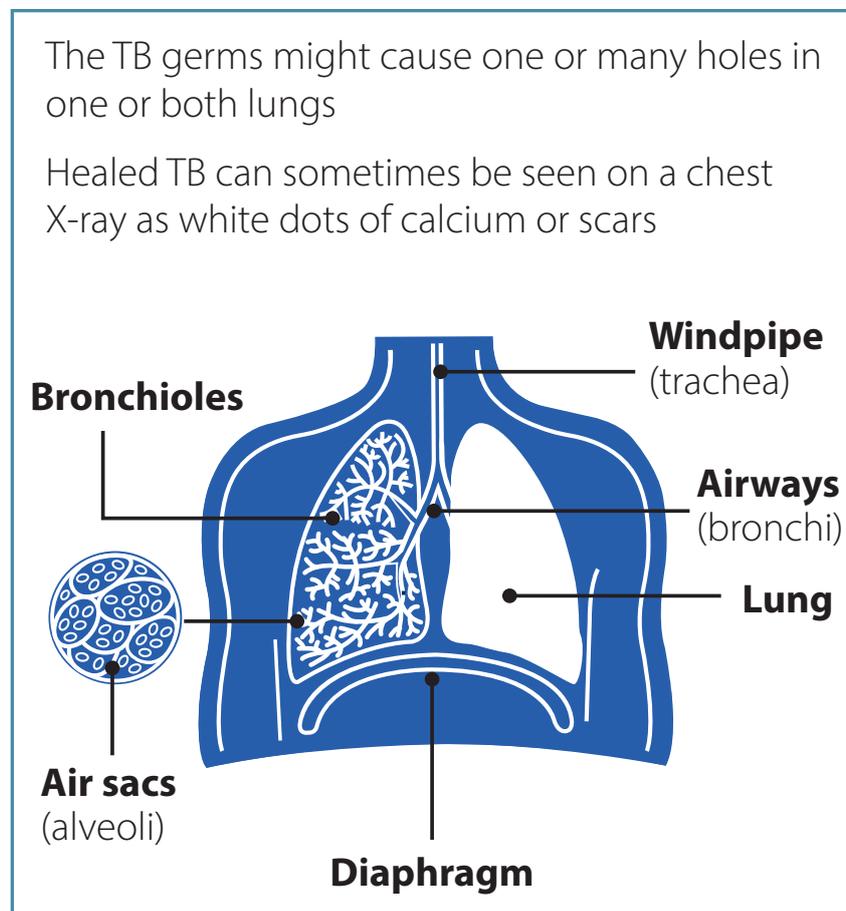
# Tuberculosis

## What is tuberculosis?

Tuberculosis (TB) is a disease caused by a germ called *Mycobacterium tuberculosis*. It usually affects the lungs and is caught from other people. Your body's natural defences, its immune system, usually control or destroy the germs once they are inhaled leaving them inactive. This is called latent TB.

If you develop TB symptoms this is known as active TB. Some people go on to develop active TB weeks or months later. In others TB can remain latent for many years before becoming active. This is more likely if your body is weakened by other medical problems.

You are most at risk of developing active TB if your immune system is damaged or if it works less well following an organ transplant or treatment for conditions such as cancer and rheumatoid arthritis.



## What are the symptoms?

TB can affect any part of your body but it usually affects your lungs or lymph glands. The most common symptom is a cough sometimes with phlegm, also called sputum. Your phlegm might be blood-stained. You could also feel pain in your chest, lose weight or your appetite and have a fever with sweating, particularly at night. When TB affects your lymph glands lumps might appear on your neck.

## How is TB diagnosed?

TB is usually diagnosed by a chest X-ray and examining a specimen of your phlegm.

## Can I infect other people?

You can pass TB onto others if you have lots of TB germs in your phlegm. Doctors sometimes call this 'open TB' or say you are sputum positive. If you are infectious you must stay at home and have no new visitors. To avoid passing TB on, cover your mouth with a tissue when you cough, then wash your hands and dispose of your tissues carefully.

Once you start treatment, you stop being infectious very quickly. After two weeks, there is generally no risk to other people. But you should not return to work, school or college until your specialist or GP confirms you are no longer infectious.

There is no risk of you infecting others when TB germs cannot be seen in your phlegm. When TB affects only your lymph glands or other parts of your body, but not your lungs, this is not infectious.

People you live with, those you spend a lot of time with and sometimes work colleagues will be offered a check-up. They are rarely found to have TB.

The check-up usually includes a chest X-ray, a simple skin test and/or a blood test.

**Negative test results** show they are not infected, so they will be offered a BCG vaccination if they haven't previously been vaccinated.

**Positive test results** show they have been infected with TB at some stage. A simple course of anti-TB medication is given to people, particularly children, who appear healthy but are at increased risk of illness if their latent TB becomes active TB.

### The BCG vaccination

Babies and young people will be offered the BCG vaccination against TB if:

- they live in an area where there has been a lot of TB or
- their parents or grandparents were born abroad in an area with a lot of TB.

The BCG vaccination does not protect you completely against TB, but it does help your body's defences to fight it off. The BCG vaccination lasts for many years. You only need to have it once.

## How is it treated?

TB can be completely cured if you take a course of tablets for at least six months.

Many people are treated at home only. But you might be admitted to hospital for the first week or so especially if you are very ill at the time of diagnosis or your doctor thinks you are highly infectious.

If you are treated at home for TB there is no need for you to take special precautions such as using separate dishes or cutlery.

You do not need to follow a special diet but eating well will help you to recover. Most people find that their appetite improves once they start taking their tablets.

### Remember

- You should take most TB tablets half an hour before eating.
- Try not to miss taking your tablets. If you do forget them in the morning, take them later in the day.
- Don't run out of tablets. Always get a new supply before they are finished.
- If you're worried about your symptoms or your treatment, speak to your nurse or other health care professional.
- TB can be cured completely but only if you take your tablets regularly – and for the whole course. Do not stop just because you're feeling well again. Only stop when your doctor tells you it is safe to do so. TB can become resistant to treatment if you stop taking your drugs.

## Are there side effects?

- One of the medications commonly used to treat TB, called Rifampicin, will give your urine an orange-red colour. This happens to everyone taking this drug.
- Rifampicin might also permanently discolour your soft contact lenses.
- Rifampicin makes the oral contraceptive pill less effective. If you're taking the pill, ask your doctor about other methods of contraception while you are on TB treatment.
- Tablets for TB do not usually cause problems, but if you develop yellowness around your eyes and on your skin, called jaundice, or a rash, itchiness, dizziness, difficulty seeing or you feel sick or experience pins and needles, consult your doctor at once. If your medication is upsetting you, your treatment can be changed, but it must not be stopped completely until you are fully cured.

## How long does treatment last?

You will have to visit the hospital clinic until your treatment is finished and sometimes a little longer. This will normally take six months. Most people only have to attend once every two to four weeks at first, then less often.

## Returning to work

You should discuss returning to work with the specialist in charge of your treatment and your GP. Sometimes the TB is so mild that you will not need to stop working. Other people might need to stay off work until they are no longer infectious or they are strong enough to be fully active again.

Always make sure you let your employers know that you are being treated for TB.



British Lung Foundation  
73-75 Goswell Road  
London EC1V 7ER

Registered charity in England and Wales (326730) and in Scotland (SC038415)

**Code:** FL28      **Version:** 2

**Last medically reviewed:** September 2014

**Due for medical review:** September 2017

We value feedback on our information. To let us know your views, and for the most up to date version of this information and references, call the helpline or visit **www.blf.org.uk**

**Tuberculosis**

© British Lung Foundation 2014

