

TUBERCULOSIS

WHAT IS TUBERCULOSIS?

- Tuberculosis (TB) is a curable disease caused by the bacteria (germ) *Mycobacterium tuberculosis*.
- TB can damage a person's lungs or other parts of the body and cause serious illness.

HOW IS TB SPREAD?

- TB is spread through the air when a person with TB in the lungs or throat coughs, sneezes or speaks, sending germs into the air.
- When other people breathe in these germs they can become infected.
- Most people get TB germs from someone they spend a lot of time with, like a family member, friend or close co-worker.
- TB is *NOT* spread by household items (for example, by cutlery, crockery, drinking glasses, sheets, clothes or telephones) so it is not necessary to use separate household items.

WHAT IS 'TB INFECTION'?

- TB infection means the TB germs are in the body but they are '**inactive**'. After TB germs enter the body, in most cases, the body's defences control the germs. However, these germs can stay alive inside the body for years in an **inactive** state.
- While TB germs are **inactive**, they can't do any damage, and they can't spread to other people. The person is '**infected**', but not sick. For most (90 per cent of people) the germs will always be inactive. The only way a person will know if they have been infected is if they have a positive result to a special skin test.

WHEN DOES 'INFECTION' BECOME 'DISEASE'?

- It is possible, even after many years, for inactive TB germs to become active when the body's defences are weakened. This may be due to ageing, a serious illness, stressful event, drug or alcohol misuse, HIV infection (the virus that causes AIDS) or other conditions.
- When inactive TB germs become active, they begin multiplying and can damage the lungs or other parts of the body. If the TB germs become active, TB disease can develop.
- Only about 10 per cent of people who are infected with TB germs will get TB disease.

WHAT ARE THE SIGNS OF TB?

TB can attack any part of the body, but the lungs are the most common site. People with TB may have some or all of the following symptoms:

- a cough that lasts for more than three weeks
- fevers
- unexplained weight loss
- night sweats
- always feeling tired
- loss of appetite.
- Sometimes, a person with TB can cough up blood stained sputum. Some people with active TB disease may have only mild symptoms.

WHAT ARE THE COMMON TESTS FOR TB?

- The **Tuberculin Skin Test** (Mantoux test) shows whether a person is likely to have been infected.
- A **chest x-ray** can show whether TB has affected the lungs.
- A **sputum test** shows if TB germs are present in the sputum coughed up.

WHAT SHOULD YOU DO IF YOU THINK YOU HAVE TB?

Contact your local Chest Clinic or see your family Doctor.

SHOULD I GET TESTED FOR TB?

- If the chest clinic or your doctor thinks you may have TB infection or disease, then you may need to be tested. The tests can be done at the chest clinic.
- All TB investigations and treatment are provided free and confidentially at chest clinics.

HOW IS TB TREATED?

- **TB Infection:** the doctor may prescribe a course of tablets (preventive therapy) or follow up with regular chest x-rays.
- **TB Disease:** a combination of special antibiotics is prescribed for at least six months. A chest clinic nurse will watch you take the TB antibiotics, to check for any side effects and make sure treatment is completed.
- People with TB can be cured if they complete treatment.

- People with TB can continue treatment and normal activities when they are not infectious.
- If people with TB do not take their medication, they can become seriously ill, and may even die.

ARE TB PATIENTS ALWAYS INFECTIOUS?

- People with TB of the lungs or throat can be infectious to others.
- People with TB in other parts of the body are not infectious.
- In most cases, after two weeks of taking medication, patients with TB disease will no longer spread germs.

WHO DO TB PATIENTS HAVE TO TELL ABOUT THEIR TB?

Like any other illness, only the doctors and chest clinic staff need to know a person has TB.

The chest clinic staff will decide which 'contacts' need testing. 'Contacts' are often other family members, but sometimes may be close friends or work mates. Contact tracing is always done sensitively and confidentially.

CHEST CLINIC SERVICES INCLUDE:

- all the necessary contact tracing and screening
- the care and management of patients with TB.

Note:

- a referral from a doctor is *NOT* needed to attend a chest clinic.
- a Medicare card is *NOT* needed.

For more information, please contact your local Chest Clinic, Public Health Unit or Doctor. ☎

COMMUNICABLE DISEASES, NSW: AUGUST 2000

TRENDS

This month we introduce four small changes in our presentation of notifications of communicable diseases:

- the title of this presentation will change from Infectious Diseases to Communicable Diseases;
- in Figure 6, a graph showing the number of cases of influenza diagnosed by virological techniques from six major public laboratories replaces our usual graph showing the number of cases of rubella. (Rubella notifications will continue to be reported in Table 1.) Voluntary reports of influenza are received from May through to September each year. The number of participating laboratories increased from four to six in 1998;
- to compensate for reporting delays, Figure 6 now includes a line in each graph showing predicted notifications after adjusting for likely reporting delays;

- Table 1 now includes a column for cases residing in prison (that is, within the Corrections Health Service).

The data in Table 1 and Figure 6 show:

- a decline in notifications of **arbovirus infections** (expected with the fewer mosquitoes as a result of colder weather);
- a rise in notifications of **meningococcal disease** (cases usually increase in mid-winter) serving as a reminder for clinicians to have an increased level of alertness for cases, to treat suspected cases early with intravenous antibiotics, and to notify suspected cases to the local public health unit;
- a rise in **pertussis** notifications in some areas of the State, notably New England, and a continuing high level in the Hunter;
- **Influenza** activity remains at low levels, with 17 influenza type A and 10 influenza type B diagnoses