HOW IS IT TREATED?

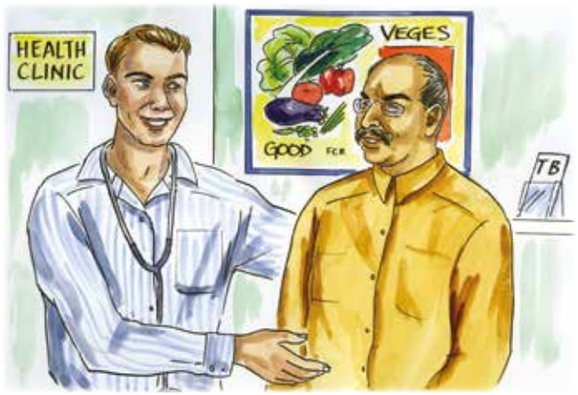
TB Disease is treated with a combination of special antibiotics for up to six months. A TB nurse will watch for side effects and support the patient to make sure treatment is completed.

People with TB can be cured if they complete their treatment.

People with TB can return to normal activities while on treatment as soon as they are no longer infectious.

If people with TB **do not take their medication, they can become seriously ill, and may even die.**

Take the medicine until the doctor says you are cured. Missed doses and incomplete treatment can lead to the development of disease that is drug resistant.



HOW TO STAY WELL AND GET BETTER FASTER

Eat healthy food and get lots of rest. Exercise when you are feeling better.

Cut out the cigarettes and alcohol. Cigarettes can damage your lungs. Try to stop or cut down.

Alcohol affects your liver and can dangerously increase the side effects of TB medications.

You should not drink alcohol while taking TB medications.

WHERE TO ACCESS TB TREATMENT

TB is treated through a network of specialised TB services throughout Australia. The goals of TB services are: to cure TB; reduce TB illness and prevent the spread of TB within the community. They provide TB treatment and prevention services free of charge.

FOR MORE INFORMATION

Contact your local TB Service/Chest Clinic, your specialist TB doctor or GP to answer any other questions or concerns you may have.

To locate your nearest TB Service / Chest Clinic, please use the details listed below for your relevant State or Territory.

State and Territory TB Program Contacts:

NSW:
http://www.health.nsw.gov.au/Infectious/tuberculosis

NT:
https://health.nt.gov.au/public-health-notifiable-diseases/tuberculosis-tb

QLD:
https://www.health.qld.gov.au/disease-control/conditions/tuberculosis

SA:
https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/services/hospitals/outpatient+services/outpatient+clinics/central+adelaide+lhn+specialist+and+outpatient+clinics/sa+tuberculosis+services+in+calhn

TAS:
https://www.health.tas.gov.au/

VIC:
https://www.thermh.org.au/services/victorian-tuberculosis-program

WA:
https://www.health.wa.gov.au/Articles/A_E/About-the-Western-Australia-Tuberculosis-Control-Program

Your Local TB Service:

arc
australian respiratory council
prevention and cure of respiratory illness

Email: arc@thearc.org.au
Website: www.thearc.org.au

arc
australian respiratory council
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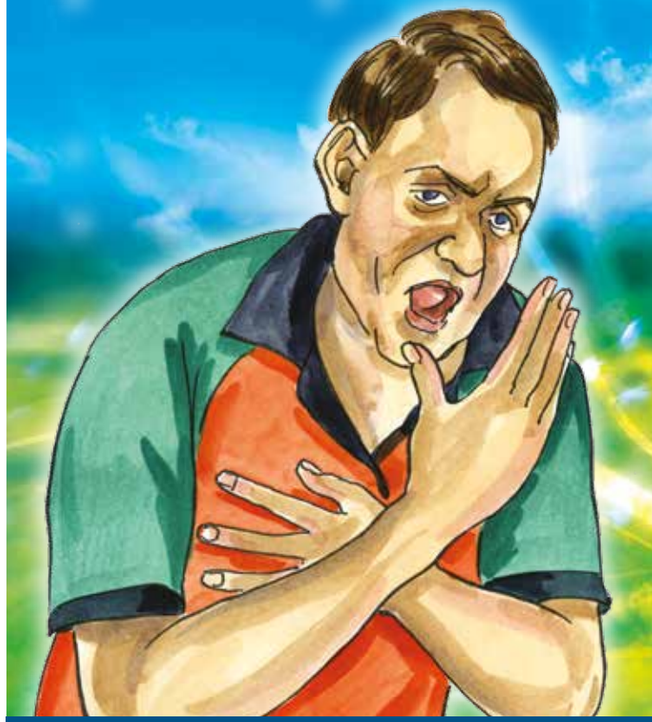
WHAT IS TB?



Tuberculosis

Prevention, Diagnosis and Treatment

WHAT IS TUBERCULOSIS (TB)?

TB is an infectious disease that usually affects the lungs but may affect other parts of the body causing serious illness, and in some cases death. It is caused by infection with the bacteria (germ) *Mycobacterium tuberculosis*.

TB is curable.

HOW IS TB SPREAD?

TB is spread through the air when a person with TB disease in the lungs or throat sends droplets of moisture (containing bacteria) into the air when they cough, sneeze, laugh, sing or speak.

Other people are infected when they breathe in the droplets. Most people get TB from someone they spend a lot of time with, like a family member or friend.

TB is not spread by objects that an infectious person has touched, such as household items, utensils, toilet seats, etc.

TB is also NOT spread by kissing, cuddling or hugging.

WHAT IS THE DIFFERENCE BETWEEN TB INFECTION AND TB DISEASE?

TB Infection: this term means that the TB germs are in the body but they are "inactive" and NOT causing illness. In most cases, the body's defences control the germs. These germs can stay alive in an inactive state, they cannot do any damage or be spread to other people. **The person is infected, not sick or infectious and is not a risk to other people**. For most people with TB infection, the germs will always be inactive.

TB Disease: this term means that the TB germs are "active" and causing TB illness. Inactive TB germs become active when the body's defences are weakened. This may be due to ageing, serious illness, stressful events, drug or alcohol misuse, HIV infection, or bad diet. When inactive TB germs become active, TB disease can develop.

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

Both TB infection and TB disease are curable.

WHO IS AT RISK?

People who spend long periods in close contact with a person with TB disease of the lung or throat are at risk for developing TB. Particularly at risk are people who have cancer (including lymphoma or Hodgkin's disease); take medication that affects the immune system (e.g. corticosteroids or chemotherapy drugs); have HIV/AIDS or a chronic illness that affects their immune system (e.g. diabetes, renal disease).

People with TB may experience some or all of the following:

- coughing for more than three weeks (which may or may not be bloodstained)
- sputum (a mixture of saliva and mucus coughed up from the respiratory tract) which may or may not be bloodstained
- night sweats
- unexplained weight loss
- feeling tired all the time
- fevers
- general feeling of being unwell
- loss of appetite
- pain and/or swelling in an area (occurs in the affected area when TB is outside the lungs).

Some people with TB disease may have only mild symptoms.

HOW IS IT PREVENTED?

- To stop the spread of TB, people with TB disease in their lungs should cover their nose and mouth when they cough or sneeze and avoid spitting
- People with TB disease in their lungs are isolated until they are no longer infectious
- People diagnosed with TB infection may be offered a course of preventative medication to stop TB disease from developing and/or be monitored closely over a number of years
- BCG vaccination, a vaccine which may give partial protection against TB, may protect children from life-threatening forms of TB. BCG is generally not recommended in Australia
- For more information please contact your local TB Service / Chest Clinic or your state's health department (see phone numbers and website details overleaf).

HOW IS TB DIAGNOSED?

TB in the lungs:

- A chest x-ray can show if TB disease is in the lungs
- A sputum test shows if TB germs are present in phlegm or sputum
- If the person cannot cough up sputum other tests may be needed
- Infection can be detected by a Tuberculin Skin Test.

TB outside the lungs:

Tests such as a fine needle biopsy, wound swab, surgical specimen or early morning urine sample can assist in diagnosing TB.