



Is it worth having BCG in adult age or when travelling?

Research suggests BCG has little impact on those aged over 35. Only adults under 35 years old who work in special risk occupations such as those working in healthcare, with the elderly, in hostels for the homeless and refugees, laboratory staff, prison staff and veterinary staff may be recommended to have BCG. Children under 16 years old who have not had BCG and are going to visit/stay for more than three months in a country with a high rate of TB, are advised to get a skin test to see if BCG is needed. Usually, BCG for travel and the testing for it will need to be carried out privately.

Can anyone get TB?

Anyone can get TB (the list of ex-patients includes a UK Cabinet Minister, several world famous singers and an Archbishop!) but it is much more likely to affect those living in poor conditions or on poor diets (such as the homeless or people living in developing countries) and those with other illnesses – especially HIV.

Who should I talk to if I am worried about TB?

If you are worried that you or someone you know may have some of the symptoms of TB, you should talk to your doctor about it.

Can TB re-occur?

The simple answer is yes-it is possible, so if you have any doubts, please consult your GP.

How common is TB?

TB is very common in developing countries where people

either cannot access or afford to pay for effective treatment. The stigma surrounding the disease can also stop people from seeking treatment. **That is why TB kills over 1.5 million people every year – even though it can be cured.**

In the UK there has been an overall increase of 20% in the last decade with an increase of 80% in London. The figures are still rising.

Can I contact other patients/ groups for support?

If you would like to talk with other patients, please contact **TB Alert**. Contact details can be found on the back of this leaflet.

Is there anything I can do to help?

You can become a friend of TB Alert, the charity that aims to promote awareness about TB and to fund projects in the UK and developing countries.

Why we need your help and support

TB Alert works with medical professionals, the government, other non-government organisations and members of the public to raise awareness about TB in the UK. TB Alert also campaigns for greater priority to be given to TB, so that more people worldwide get access to the cure they deserve.

TB Alert supports projects in developing countries so that ALL patients can receive proper treatment.

TB Alert is the only specialist TB charity working in the UK and internationally to fight Tuberculosis.

You can help!

Protect your family and friends from TB



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For further information or copies of this leaflet, please contact 01273 234770 (office hours only).

To make a donation or volunteer to help TB Alert, please contact 01273 234784 (office hours only).

Or go to our website at www.tbalert.org

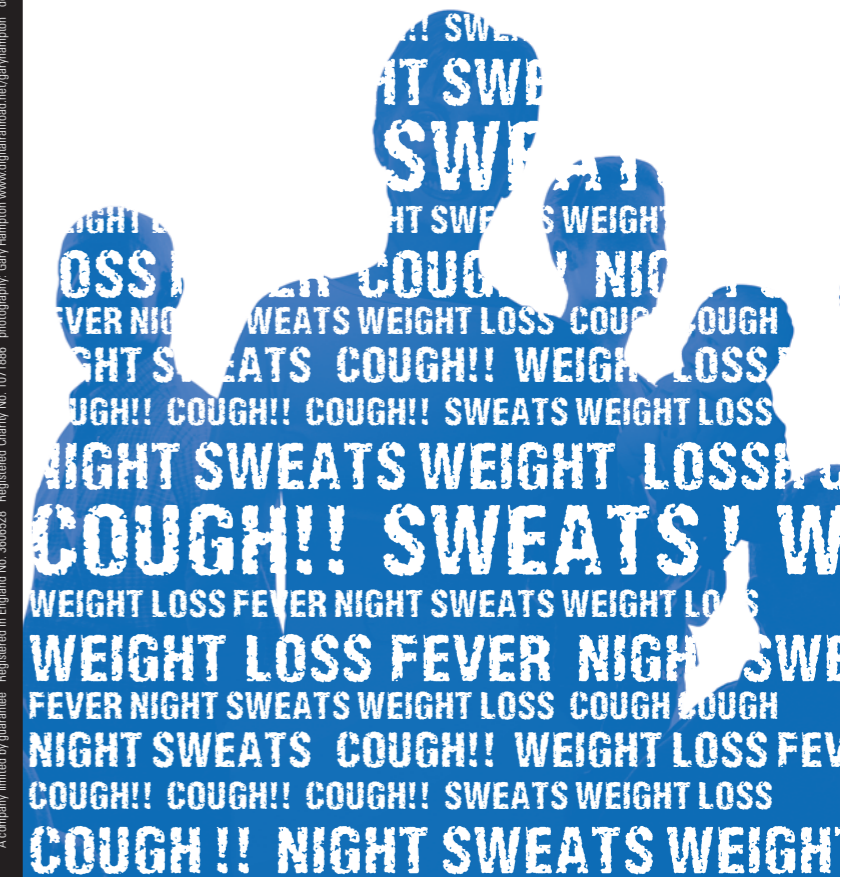
TB Alert is a unique charity, raising awareness of Tuberculosis in the UK and supporting the work of the NHS by providing information to patients. We also support projects in developing countries ensuring that all patients receive proper treatment. With your support we can make a positive, worldwide impact on Tuberculosis and save more lives.

Patron: Archbishop Desmond Tutu

Any information given in this leaflet regarding the diagnosis and treatment of Tuberculosis is intended to give general information about the subject. It is not intended as a substitute for the knowledge, expertise, skill, and judgment of physicians, pharmacists, and/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 Your Questions Answered



No one is safe until we are all safe!



What is Tuberculosis?

Tuberculosis (TB) is a bacterial infection mostly found in the lungs but which can affect any part of the body. TB is almost always curable with a course of medicine, usually lasting 6 months. Only TB of the lungs or throat may be infectious and most people will not be infectious within two weeks of taking the correct medicine.

How is TB caught?

When someone infectious with TB of the lungs coughs, the germs can get into the air in small droplets and other people can breathe them in. People most likely to catch TB are those who have spent a lot of time with the person with TB (usually partners and other people in the same household, or rarely close colleagues). It is unlikely that someone could catch TB in a place such as a bus or train, since contact for a number of hours with someone who is infectious is usually necessary to be at risk of infection. TB is not spread by spitting or sharing objects.

How may TB affect me?

Patients with TB may have some of these:

- Cough which lasts for more than three weeks, does not respond to normal medicine and keeps getting worse
- Fever (high temperature)
- Sweating at night so much that the bed sheets need changing
- Loss of weight for no reason

- Fatigue (lack of energy or extreme tiredness)
- Swollen glands
- Loss of appetite
- Coughing up blood (this is very rare but needs immediate medical advice)

TB in other parts of the body can cause pain and swelling. In children and rarely in adults, TB can cause meningitis.

All of these symptoms may be signs of other problems, but if you have three or more of them and are worried you should talk to a doctor or nurse at your local surgery or clinic.

How is TB diagnosed?

You will be asked to give a sputum sample in which the bacterium causing tuberculosis, if present, may be seen under the microscope or grown on a culture medium in the laboratory. In some circumstances, you may be offered a skin test, blood test or chest x-ray.

Will I have to be in hospital if I have TB?

No, although you may be admitted briefly to confirm the diagnosis.

What is the treatment for TB?

Your TB doctor or nurse will give you four different medicines for two months. They are:

- Rifampicin
 - Isoniazid
 - Pyrazinamide
 - Ethambutol
- (Isoniazid, Rifampicin and Pyrazinamide may be combined as Rifater).

After 2 months or when the bacteria have been tested against the medicine you are being given, the treatment can be reduced to two medicines, ISONIAZID & Rifampicin (may be combined as Rifinah).

Can these tablets cause side effects?

Rifampicin will turn urine and other body secretions such as tears orangey red.

It also interacts with other medicines, in particular, it *reduces the effectiveness of hormonal contraceptives (oral, implants or other)*. It is therefore important to warn your doctor when prescribing any other medicines that you are on TB treatment.



The tablets may rarely cause some of these:

- Rash
- Sickness
- Pins and needles
- Jaundice (yellowing of the skin or eyes). If you notice this, stop taking all your TB medicine and seek medical attention immediately.

If they do, get in touch with the TB nurse or doctor.

What about people who have been in close contact?

You will be asked by the specialist TB nurse to make a list of people you spend most time with. They will be asked to go for screening at the chest clinic. This may include a blood test or skin test, and/or a chest x-ray.

Can TB be prevented?

There is a vaccine known as BCG. Though it does not work in all cases, it is most effective in young children against the more severe forms of TB, such as TB meningitis. BCG is the most widely used vaccine on the planet but 9 million people (most of whom have already had BCG) each year still develop TB. There are new vaccines in development. In the UK, BCG is now offered to babies at higher risk of TB infection and some adults in special risk situations. For more detailed information, call 01273 234770 for our BCG leaflet.

I would like to be a friend to **TB Alert** in the following way(s) (Please appropriate box below)

A. By making a donation

- Cheque enclosed for £.....
(Payable to **TB Alert**)
- Please treat this and future donations as Gift Aid donations. I am a UK taxpayer.*

Date:

* If you tick this box, **TB Alert** may claim 28p from the Inland Revenue for every pound donated, and if you are a higher rate taxpayer you may reclaim the difference between the low & high rate tax yourself. Please remember to notify us if you no longer pay income tax or capital gains tax equal to the basic rate of income tax.

- I wish to set up a regular donation – please send me a standing order form.
- I plan to leave money to **TB Alert** in my will.

B. By becoming a volunteer

I am particularly interested in being involved in:

- Advocacy and press/media work
- Fundraising in my local area
- Challenging or sporting events
- Being interviewed by the press (Patients/ex-patients only)
- Assisting with administrative tasks

Please write in BLOCK CAPITALS

Date: Title Mr/Mrs/Miss/Ms or other:
(Please circle appropriate)

Surname:

First Name(s):

Address:

..... Postcode:

Telephone:

Fax:

E-mail:

- TB Alert** will keep your details on our database and send you updates on our work. We will not inundate you with mail! If you would prefer not to hear from us at all, please tick here.
- Please tick here if you do not wish **TB Alert** to pass your name on to other, like-minded organisations