Tuberculosis

What is Tuberculosis?

Tuberculosis (TB) is an infection caused by slow-growing bacteria that grow well in areas of the body that have lots of blood and oxygen (e.g., lungs). This is called pulmonary TB. TB can also spread to other parts of the body, which is called extrapulmonary TB.

Tuberculosis is either latent or active.

- Persons with latent TB infection are not infectious and cannot spread TB infection to others.
- Active TB means that the TB bacteria are growing and causing symptoms and therefore can spread the disease to others.

How is TB spread to others?

Pulmonary TB (in the lungs) is contagious (infectious and can spread). The bacteria can spread through the air from one person to another. Bacteria get released into the air by a person who is already infected e.g. through coughs, sneezes or talking. One may come in contact with this saliva from the air and get infected.

If TB is only in other parts of the body (extrapulmonary TB), this type of TB does not spread easily to others.

Who is most at risk for contracting TB?

Some people are more likely than others to get TB. These people include:

- Have close contact with someone who has active TB (e.g., Living in the same house as someone who is infected with TB).
- Care for a patient who has active TB, such as doctors or nurses or caregivers
- Live or work in crowded places, such as prisons, nursing homes, or homeless shelters, where other people may have active TB.
- Have poor access to health care, such as homeless people and migrant farm workers.
- Have HIV or another illness that weakens the immune system.

What are the symptoms of TB?

- A cough that brings up thick, cloudy, and sometimes bloody mucus from the lungs (called sputum) for more than 2 weeks.
- Tiredness and weight loss.
Night sweats and a fever.

A rapid heartbeat.

Swelling in the neck (when lymph nodes in the neck are infected).

Shortness of breath and chest pain (in rare cases).

Some of the ways TB is diagnosed?

Sputum culture- testing mucus from the lungs (sputum culture) is the best way to diagnose active TB together with chest x-rays.

Diagnosing TB in other parts of the body (extrapulmonary TB) requires more tests and scans.

How is TB treated?

Antibiotics are used to treat TB for at least six to nine months.

Multi-drug-resistant tuberculosis (MDR-TB)

If the TB bacteria are resistant (unaffected or are not destroyed) to the several antibiotics, this is referred to as multidrug-resistant TB. Treatment may need to be adjusted and taken for a year or longer time period.

Direct observational treatment (DOTS)

If doses of prescribed medicine are missed, or if one stopped taking their medicine too soon, treatment may fail or may need to go on longer. Treatment may be required to start over again. This can also cause the infection to get worse or may lead to an infection that is resistant to antibiotics.

TB can only be cured if all the doses of medicine are complete. A doctor or nurse may have to watch patients take medication to make sure that they never miss a dose and that it is taken in the proper way. Patients may have to go to the doctor's office every day or a nurse may go to their home or work. This is called direct observational treatment (DOTS).
References


