

Tuberculosis

TB – the disease, its
treatment and prevention



Tuberculosis

TB (tuberculosis) is an infectious disease that usually affects the lungs, although it can affect any part of the body.

About 150 years ago it caused about one in eight of all deaths in the UK, but by the 1980s, with better housing and nutrition and effective treatments, it had become uncommon in the UK – with 5,745 cases in 1987.

However, TB had not been wiped out completely. Over the past 20 years, numbers in the UK have been rising slowly. About 7,000 people now get TB each year (of which approximately 60–80 are from Northern Ireland).

TB is not easily caught – you have to be in close and lengthy contact with someone with TB (for example, living in the same household) – but everybody should be aware of the symptoms of the disease so they can seek treatment as soon as possible.

**TB is curable
with a course
of special
antibiotics.**



How is TB spread and am I likely to get infected?

TB can only be caught directly from someone with infectious TB in their lungs or throat. Although TB is spread through the air when people who have the disease cough or sneeze, it takes close and lengthy contact with an infectious person to catch the disease.

Not everyone with TB of the lungs is infectious, and as long as they are taking the proper treatment most people that were infectious become non-infectious pretty quickly – generally after about two weeks – **as long as they are taking the proper treatment.**

While anyone can catch TB, some groups of people are more at risk than others.

These include:

- children with parents or grandparents whose country of origin has a high rate of TB, such as many countries in Asia, Africa and eastern Europe (for an up-to-date list of countries with a high rate of TB, see www.hpa.org.uk/infections/topics_az/tb/epidemiology/who_table2.htm or ask your GP)

Also, people who:

- have lived in the same household – or been in close and lengthy contact – with someone with infectious TB
- are living in unhealthy or over-crowded conditions, including those who are homeless or sleeping rough
- have lived, worked or stayed for a long time in a country with a high rate of TB
- may have been exposed to TB in their youth when the disease was more common in this country
- have been in prison
- are unable to fight off infection (immunosuppressed) due to illness (eg HIV infection) or treatment
- are addicted to drugs or misuse alcohol
- do not eat enough to stay healthy.

How will I know if I've got TB?

The most common symptoms of TB include:

- a persistent cough that gets progressively worse over several weeks
- loss of weight for no obvious reason
- fever and heavy night sweats
- a general and unusual sense of tiredness and being unwell
- coughing up blood.

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

If you are a close contact of someone who has been diagnosed with TB and there is a risk you may have the infection, you will be offered a check-up.

If I have TB, can I be cured?

Yes, TB can be treated with special antibiotics. Once treatment starts, you will begin to feel better after about two to four weeks. But the treatment has to continue for at least six months. It is vitally important to complete the whole course of antibiotics to cure TB. If you don't, the infection may return in a form that is resistant to the usual drugs and much more difficult to treat. And you may pass on this more serious form of the infection to your family and friends.

If TB is not treated properly, it may lead to death.

How can TB be prevented?

The most important and effective way to prevent TB spreading in this country is to diagnose people with the disease as soon as possible and make sure they all have a full course of correct treatment. Close contacts of that person must also be checked to ensure they haven't got TB as well. That is why it is so important to know about the disease.

I thought TB was prevented by a vaccine?

There is a vaccine (BCG) that has been in use for many years to help protect against TB. BCG works best to prevent the more serious forms of TB in children. However, the BCG vaccine does not prevent TB in all cases so you still need to know the signs and symptoms of TB.



Who is offered BCG vaccination?

BCG vaccine is offered to:

- all babies and infants under 12 months of age with a parent or grandparent who was born in a country with an annual incidence of TB of 40/100,000 of the population or greater
- previously unvaccinated children under 16 years of age whose parents or grandparents were born in, or come from, a country with an annual incidence of TB of 40/100,000 or greater
- previously unvaccinated new immigrants from high prevalence TB countries
- previously unvaccinated 16-35 year olds in certain occupational groups, such as healthcare workers and others likely to come into contact with people with TB
- people who have been in close contact with someone with infectious TB.

I'm going abroad, do I need a BCG injection?

If you are going to be visiting, living or working in a country with a high rate of TB for more than one month, it's important that you are protected from TB. Ask for advice at your doctor's surgery or clinic.

TB - common concerns

Most people living in Northern Ireland will never encounter a person with TB. The risk of developing TB in Northern Ireland is low. Nevertheless, it is important that people are aware of TB symptoms, and know how TB is spread and treated. It is also important that people understand the real risk to themselves and their families.

Public transport and enclosed public places

Using public transport and going about your normal daily business does not put you at increased risk of getting TB.

TB in schools

This is very rare but can cause great anxiety. Children with TB hardly ever spread the disease. Children catch TB from adults with TB of the lungs. If a child in school were found to have TB then screening would be organised to make sure no one else is infected and to identify the source of infection. The source is usually a close family member or someone from the same household. If an adult member of staff were found to have infectious TB then children would be screened following local public health advice.

Why has the schools' BCG programme stopped if TB is increasing?

The pattern of TB has changed considerably since the schools' BCG programme was introduced in 1953. There is no longer a justification to vaccinate children at very low risk from TB (almost everyone in Northern Ireland falls into this category). The new policy offers BCG to those people who are at greater risk of developing TB and who are most likely to benefit from vaccination as early in life as possible when the vaccine is most effective.

More information

For more information on protecting yourself, your family and friends against TB, you can talk to your doctor or contact TB Alert.

TB Alert is a charity dedicated to raising awareness about TB and fighting TB worldwide.

TB Alert

22 Tiverton Road

London

NW10 3HL

Phone: 0845 456 0995

Email: info@tbalert.org

You can also visit:

www.dhsspsni.gov.uk/phealth

www.dh.gov.uk

www.hpa.org.uk

www.immunisation.nhs.uk

www.tbalert.org

For an up-to-date list of countries with a high rate of TB, see:

www.hpa.org.uk/infections/topics_az/tb/epidemiology/who_table2.htm

If you want this leaflet in other languages, speak to your doctor, or visit the DHSSPS website www.dhsspsni.gov.uk/phealth.



Health
Promotion
Agency



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

Produced by the Health Promotion Agency for Northern Ireland on behalf of the Department of Health, Social Services and Public Safety and the four Health and Social Services Boards. Crown Copyright material reproduced with the permission of the Controller of HMSO and the Queen's Printer for Scotland.