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TUBERCULOSIS DISEASE

What is TB Disease?

When the immune system becomes weak, TB germs can become active. They grow, spread and destroy tissue in the body. Some people become sick with TB shortly after being infected with TB germs, while others may not get sick until many years later.

TB disease can develop anywhere in the body, such as in the lungs, pleura, throat, lymph nodes, kidneys, bones, brain, spinal cord and abdomen. People with active TB usually have symptoms and feel sick. They are given medicine to treat and cure the TB disease. They take the medicine for six to 12 months or longer.

What Are the Symptoms of Active TB Disease?

The *most common symptoms* of active TB disease include:

- fever, chills
- weight loss, loss of appetite
- weakness, fatigue
- night sweats

People with ***TB in the lungs, pleura or in the throat*** may also:

- have a new or worsening cough lasting three weeks or longer
- cough up sputum or blood
- have chest pain

People with ***TB outside the lungs*** may have:

- unexplained pain that won't go away, such as in the bones, joints, abdomen, back
- a lump, often on the side of the neck
- swelling in bones or joints
- headaches, stiff neck, dizziness

People with ***TB disease in their lungs, pleura or throat*** are contagious and can spread TB germs to others when they cough, sneeze, speak, laugh, sing or play a wind instrument. Special precautions are required to prevent spreading TB germs to others. The Public Health Nurse will teach you about the precautions that must be taken and for how long.

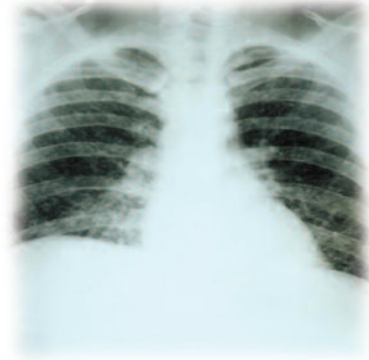
TB outside the lungs is usually not contagious and cannot be spread to others because the TB germs cannot get into the air to be breathed in by other people. Usually no special precautions are required.

TUBERCULOSIS DISEASE..continued

How is TB Disease Diagnosed?

A doctor diagnoses TB disease by asking you questions, listening to your concerns, and doing medical tests and an examination:

- Medical History – past history of TB infection or disease, past contact with someone who had TB disease, risk factors for infection and disease, other health problems and medicine taken
- Symptoms – a change in your body
- Chest X-ray, CT scans, MRI scans – to look for signs of TB in the lungs and other parts of the body
- Sputum (phlegm or mucous) from the lungs – to send to the laboratory to look for disease
- Bronchoscopy – a test to look at the lungs and remove liquid or tissue to look for disease
- Gastric washings – a test to remove liquid from the stomach to look for disease
- Biopsy – a test to remove a small piece of tissue to look for disease



What is Clinical TB?

Sometimes the lab tests on sputum (phlegm), tissue or body fluids do not show TB germs, but the doctor still thinks the person has active TB disease because of their history, symptoms, X-rays and other tests. This is called Clinical TB.

When the lab tests on sputum (phlegm), tissue or body fluids show TB germs, it is culture-confirmed TB or lab-confirmed TB.

What is Drug-Resistant TB?

Germs that can be killed by a specific medicine are said to be “sensitive” to that medicine. Germs that cannot be killed by a specific medicine are said to be “resistant” to that medicine.

TB is treated with several medicines at the same time that will kill TB germs or stop them from growing. When TB germs are resistant to one or more of the medicines normally used to treat and cure TB, the TB is considered resistant. This means these medicines cannot kill or stop the TB germs from growing. TB that is resistant to medicine is usually more difficult to treat. Drug-resistant TB can usually be cured, but it takes longer and the medicines may cause more side-effects.

The two best medicines to treat TB are Isoniazid and Rifampin. When TB germs are resistant to both Isoniazid and Rifampin, the TB is multi-drug resistant (MDR-TB). When TB germs are resistant to Isoniazid and Rifampin, plus certain other antibiotics, the TB may be extensively drug-resistant (XDR-TB).

TUBERCULOSIS DISEASE..continued

How do I get Drug-Resistant TB?

You get drug-resistant TB when:

- you breathe in TB germs from someone who has drug-resistant TB disease
- you do not take your TB medicine properly so the TB germs change and resist the medicine
- you have been given the wrong medicine or the wrong dosage
- you develop active TB disease again, after being treated in the past

How do I Prevent Drug-Resistant TB?

To prevent drug resistance you must:

- take every dose of TB medicine
- take the TB medicine until your TB doctor or nurse tells you to stop
- continue to take your medicine even when you start to feel better; it takes many months to kill all the bacteria and cure TB disease
- see a doctor who is a specialist in the treatment of TB and drug-resistant TB