



BASIC INFORMATION

DESCRIPTION

A chronic bacterial infection that mainly involves the lungs. Tuberculosis (TB) is occurring more often due to AIDS, poverty, homelessness, abuse of alcohol and other drugs, and failure of infected persons to take the prescribed drugs.

FREQUENT SIGNS AND SYMPTOMS

Early stages:

- No symptoms (often).
- Flu-like symptoms.

Middle stages:

- Low fever.
- Weight loss.
- Chronic fatigue.
- Heavy sweating, especially at night.

Later stages:

- Cough, with sputum that over time becomes bloody, yellow, thick, or gray.
- Chest pain and/or shortness of breath.
- Reddish or cloudy urine (sometimes).

CAUSES

Infection by the germ, *Mycobacterium tuberculosis*. Germs are transmitted in the air from one person to another. Many persons are infected with TB that is inactive and there are no symptoms (called latent TB infection or LTBI). About 1 in 10 of these people will eventually develop active TB.

RISK INCREASES WITH

- Adults over 60. General decline in health from aging.
- Newborns and infants.
- Chronic illness that lowers resistance (e.g., AIDS).
- Use of cortisone or drugs that suppress the immune system. These may cause inactive TB to become active.
- Crowded or unclean living conditions.
- Alcohol and drug abuse.
- Homeless people.
- Living in, or coming from, third world countries.

PREVENTIVE MEASURES

- Preventive treatment for several months with isoniazid (INH) if a tuberculin skin test is positive.
- Latent TB may be treated to prevent active TB.
- A vaccine called BCG is used in countries where TB is very common. It is less often used in the United States.

EXPECTED OUTCOMES

Usually curable with treatment.

POSSIBLE COMPLICATIONS

- Lung abscess, chronic obstructive pulmonary disease, bronchiectasis, or respiratory failure.
- Spread of infection to brain, bone, spine, and kidneys.
- Without treatment, TB can be fatal.



DIAGNOSIS & TREATMENT

GENERAL MEASURES

- Your health care provider will do a physical exam and ask about your symptoms. Medical tests may include TB skin test, blood studies, sputum study, and chest x-ray.
- Treatment is with drugs. It is important to take the drugs as prescribed to be sure the infection is cured. People may stop the drugs once they feel better, but the infection is still active. If this happens, the patient can spread the infection to others. In addition, this allows the TB bacteria to "outwit" the TB drugs and soon those drugs become ineffective.
- A TB infection that becomes resistant to drugs is termed multidrug-resistant TB (MDR-TB). Stronger TB drugs have to be used which have serious side effects. MDR-TB is more difficult to cure, and it can be fatal.
- If you are infectious, use tissue to cover your mouth when coughing, sleep in a separate bed, keep away from others, and don't go to work or school.
- It is sometimes necessary to isolate (separate from other persons) or have hospital care for a TB patient.
- Have regular follow-up visits with your health care provider to see if treatment is working.
- To learn more: Centers for Disease Control & Prevention (CDC), 1600 Clifton Rd., NE, Mailstop E-10, Atlanta, GA 30333; website: www.cdc.gov/nchstp/tb.

MEDICATIONS

Antitubercular drugs, usually for 6 to 12 months. Several types are given at the same time to avoid bacterial resistance to the drugs. Patients are probably not infectious after 10 days to 2 weeks of treatment. MDR-TB may need treatment for up to two years.

ACTIVITY

Rest in bed until symptoms improve. You may need to restrict activities for 6 months.

DIET

No special diet.



NOTIFY OUR OFFICE IF

- You or a family member has symptoms of TB.
- Symptoms persist or worsen, despite treatment.
- New, unexplained symptoms develop.

Special notes:

More notes on the back of this page