

# **TB Fact Sheet**

## What is TB?

TB is short for a disease called tuberculosis. TB is spread through the air from one person to another. TB germs are passed through the air when someone who is sick with TB disease of the lungs or throat coughs, speaks, laughs, sings, or sneezes. Anyone near the sick person can breathe TB germs into their lungs.

There are two tests that can be used to help detect TB infection: a skin test or a TB blood test. The skin test is used most often. A small needle is used to put some testing material, called tuberculin, under the skin. In 2-3 days, you return to the health care worker who will check to see if there is a reaction to the test. In some cases, a special TB blood test is given to test for TB infection. This blood test measures how a person's immune system reacts to the germs that cause TB.

TB germs can live in your body without making you sick. This is called latent TB infection or LTBI. This means you have only inactive (sleeping) TB germs in your body. The inactive germs cannot be passed on to anyone else. Up to one-third of the world's population is infected with latent TB. To determine whether you have latent infection or active disease, a chest x-ray will be ordered.

### Why is latent TB (LTBI) a concern?

Latent TB doesn't cause symptoms and isn't infectious to others but there is between 5-10% lifetime chance of developing active TB. Active TB is both potentially life-threatening and can be transmitted to others. Treatment of LTBI substantially reduces the risk that TB infection will progress to disease. Careful assessment is needed to rule out the possibility of TB disease before treatment for LTBI is started.

In most persons with latent tuberculosis antibiotic treatment – <u>isoniazid (INH)</u> for nine months – is recommended. Treatment significantly reduces (by up to 90% in those who take their medication faithfully) the chance of developing active tuberculosis. For most persons, taking the recommended treatment is much safer than risking the development of active TB in the future.

### Information about INH:

INH is the most frequently used medication for the treatment of latent TB. Side effects are uncommon. A potential but very infrequent (<1% in those under 35) side effect is liver inflammation, the symptoms of which include nausea, loss of appetite, abdominal pain, yellowing of the eyes and/or skin, or dark (brownish) urine. The liver returns to normal after the drug is stopped. Mild indigestion occasionally occurs – taking the drug at bedtime usually suffices. Rare side effects include persistent tingling, numbness, or burning of the feet or hands, or allergic rashes. Please report any of these symptoms as soon as possible.

### Keep Your TB Skin Test Results:

- Retain proof of your positive PPD results. If you do so, you will never need another PPD. If you misplace the results, however, the PPD may need to be repeated.
- Watch for symptoms of active TB (whether treatment for latent TB taken or not) such as unintentional weight loss, cough with bloody phlegm or any cough lasting more than two weeks, fevers, or night sweats. Seek medical attention if any of these occur.
- Suggest family members get tested for TB with their clinician.

### Is my PPD positive because I've had BCG?

Bacille Calmette Guérin (BCG) Tuberculosis vaccine is given to children in areas of the world where TB is common.Evaluation of TB skin test reactions in persons vaccinated with BCG are interpreted using the same criteria for those not BCG-vaccinated. People who were vaccinated with BCG may occasionally have a positive reaction to a TB skin test. This reaction may be due to the BCG vaccine itself or due to infection with the TB bacteria. Additional testing may be indicated. Discuss this with your provider.

### If I got BCG, doesn't it protect me from getting TB? Why do I need INH?

BCG in children provides some degree of protection from developing active TB from latent TB, but this protection is lost in adults. Therefore, persons who received BCG as children and who have latent TB are just as much in need of treatment with INH as those who never got BCG.

For further information, please see the CDC website at www.cdc.gov. Check our website at www.uhs.berkeley.edu to learn more about this medical concern or others. **510-642-2000** for an appointment Clinic Nurse **643-7197** for advice