

When a diagnosis of active TB is confirmed the Department of Human Services' (DHS) TB Program is notified and will contact the patient and/or partner to identify any household contacts. In some instances work colleagues will also need to be contacted for follow-up testing (e.g., Mantoux / tuberculin skin test).

Is treatment available?

TB is treatable with antibiotics and there are a variety of treatment regimens that can be tailored to specific patient requirements.

Antibiotic therapy usually involves a combination of drugs for at least six months. It is essential that the entire course of antibiotics is completed. Inadequate treatment has been shown to result in multi-drug resistant strains of TB, which are then much harder to treat.

What happens when you go home?

It is very important that you continue to take the medications as prescribed. Any side-effects should be reported to your doctor as soon as possible.

Masks are not necessary — neither for the patient nor for anyone who visits. Normal hygiene practices will be sufficient when at home. Remember to cough and sneeze into a tissue and throw used tissues into a rubbish bin.

If you have any further questions please do not hesitate to ask staff on the ward or your doctor prior to discharge.

If you have any queries after discharge you can also contact the TB Program at DHS on (03) 9637 4115.

Infection Prevention and Control Unit

Location:

Level II

Block A

Frankston Hospital

Hours: Mon — Fri 08.30 — 17.00hrs

Phone: (03) 9784 7722

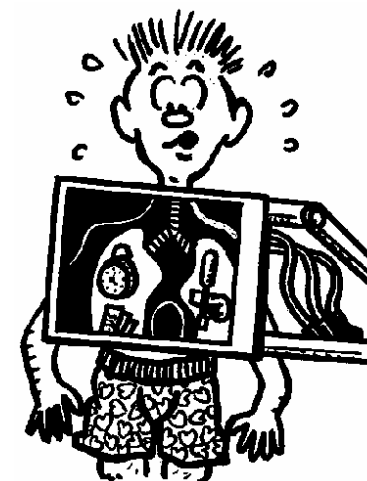
Fax: (03) 9784 7576

© Peninsula Health Infection Prevention and Control Unit

Created: January 2002

Revised: September 2004

TB
or
Tuberculosis
(suspected or confirmed)



Information for Patients and
Visitors



Peninsula Health

What is TB?

TB or tuberculosis is caused by a bacteria (germ) called *Mycobacterium tuberculosis*. The most common form of the disease is pulmonary (affecting the lungs), although the bacteria can affect almost any tissue or organ in the body.

TB occurs throughout the world with an estimated one third of the world's population infected. Cases of TB in Australia have decreased over the past several decades due to better health standards and screening procedures.

How do you know if you have TB?

Some of the common symptoms of TB include:

- A long standing cough, especially stained with blood.
- Fevers and night sweats.
- Loss of weight.
- Feeling generally unwell.

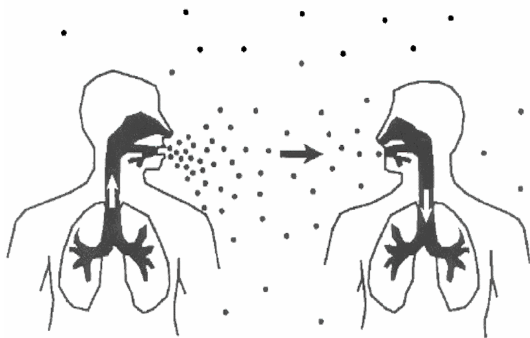
To confirm that you have TB a sample of your sputum (phlegm) will be tested for *Mycobacterium tuberculosis* in the laboratory. The final result may take several weeks to complete as these bacteria take a long time to grow.

X-rays and a Mantoux test (tuberculin skin test) may also be done to help confirm the diagnosis.

How is TB spread?

TB is spread by airborne particles brought about when people with TB of the lung or larynx sneeze, cough, speak or sing. The germs can remain floating in the air for long periods of time and can be spread throughout a room or building in air currents.

Infections involving other organs do not pose a high risk of transmission.



TB is spread from person to person through the air.

What precautions are necessary in hospital?

People with TB are cared for in a single room that has "negative pressure ventilation". This means that the air in the room does not spread throughout the rest of the ward/hospital but is removed directly from the room through a separate filtration system.

To reduce airborne particles being produced patients should always cough or sneeze into a tissue and while in hospital dispose of the tissues into a yellow waste bag. Patients do not need to wear a mask while in their room but if it is necessary to leave the room then a special mask will need to be worn. This mask filters the air that is breathed and as such needs to be securely fitted. The nurse will be able to help with this.

What about visitors?

Visitors and staff members will be required to put on a mask before coming into the room. In some instances household contacts (e.g., partner) may not need to wear a mask as they are already considered to have been exposed. This will be determined on an individual basis.

Hands should also be washed before entering and leaving the room.

How long will does someone with TB need to be kept separate?

If a diagnosis of active TB (i.e. infectious) disease is ruled out the patient will be able to leave the room and will not need to wear a mask outside the room. Neither will visitors need to wear a mask. Medication may still be needed when going home - the doctor will discuss this with the patient.

If active TB is confirmed the length of time needed in a negative pressure ventilation room depends upon the response to treatment as judged by the doctors. The decision will be based upon both laboratory results and how well the patient is.