

Tuberculosis

INFORMATION TO A PATIENT



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This leaflet tells you important pieces of information to ensure the best possible outcome of tuberculosis treatment. The treatment course requires persistence and thoroughness. Medical workers will help and support you to the best of their ability. Cooperation leads to the best results.

You have been diagnosed as having tuberculosis (TB), which is a bacterial disease caused by the bacterium called *Mycobacterium tuberculosis*. Usually it affects the lungs. Tuberculosis is treated with antibiotics and you will be cured, if you take all the anti-TB drugs regularly throughout the treatment course. All examinations, drugs, hospital stays and check-ups due to tuberculosis are free for you.

Will I spread tuberculosis to other people?

Tuberculosis is transmitted by the air, when small droplets containing tuberculosis bacteria are inhaled into the lungs. It is not transmitted, for example, through objects or cutlery. Transmission is possible, if you are suffering for respiratory tuberculosis. When you cough, speak, sneeze or sing, you expel plenty of bacteria into the air. Infectiousness of the disease is examined by sputum microscopy, and a positive result indicates a significant risk of spreading the infection.

You can prevent the spread of bacteria by tightly covering your mouth and nose when coughing with a disposable handkerchief or by coughing to your upper sleeve, if no handkerchief is available. The risk of spreading the infection greatly diminishes during the first weeks of treatment with antibiotics. Children do not usually spread the infection, because the intensity of their coughing is weak and the disease is often located in other organs than the lungs.

How is tuberculosis treated?

A long treatment course is necessary to cure tuberculosis permanently. The bacteria are persistent and develop easily resistance to the drugs. Therefore the disease is treated with a combination of several drugs for six months. The treatment course is prolonged, if there are pauses in the course of antibiotics due to adverse effects, if some of the drugs must be changed or the bacteria turn out to be resistant to some of the drugs.

The treatment of disseminated tuberculosis, TB

Cough correctly – do not spread the disease



- **Do not cough on other people.**
- **Cover your mouth and nose tightly with a tissue when you are coughing or sneezing. If you have no tissue, cough or sneeze into your upper sleeve.**
- **Put your used tissue in the wastebasket.**
- **Wash your hands with soap and water or with a disinfectant gel.**



meningitis and bone tuberculosis lasts for 9–12 months. The treatment of tuberculosis, which is resistant to at least two of the basic drugs, can last for about two years.

It is important to take into account all other medications when you taking anti-TB drugs, because some of them may lose their efficacy in simultaneous use with other drugs. You should therefore tell your doctor about all the medications you are using.

Pregnancy and breastfeeding

Tuberculosis can be safely treated with antibiotics also during pregnancy and breastfeeding. In the same time the transmission of the disease to the small child is prevented.

What is isolation treatment?

Tuberculosis is transmitted to other people most probably before the start of the treatment or at the beginning of the course. The isolation treatment aims to prevent the spreading of the infection to people around you, other patients and medical workers. Usually the isolation lasts for at least two weeks from the beginning of the course. During this period the patient is not normally allowed to exit the isolation room. Medical workers protect themselves by wearing a respirator when visiting the room.

If you have a drug-resistant form of the disease, isolation treatment lasts until it is made sure that the given drugs have an effect on the bacteria and there is no longer a risk of transmission. According to the Finnish Communicable Diseases Act a patient can be isolated even against his or her will in order to prevent the spreading of the disease.

What is meant by contact tracing?

If a patient has an infectious form of tuberculosis or a child has become ill, a contact tracing is performed according to the Communicable Diseases Act in order to prevent further spreading of the disease. Among the close contacts there may be infected or sick persons or the person, from whom the patient received the infection in the first place. A nurse goes through together with the patient all the persons, with whom the patient has had a close contact during his or her illness. These persons are invited for examinations at a health centre, and exposed children are examined in hospital. A chest X-ray is made for all, and those with symptoms give also a sputum sample. Persons, who



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have become ill, are treated, and preventive treatment is given to children and persons with weak immune system. Other exposed persons will be followed for one year by repeating a chest X-ray after six and twelve months after the initial examination.

Organisation and follow-up of the treatment

Your course of antibiotics will be started and check-ups will be made in hospital. Drugs are given in hospital under direct observation and usually directly observed therapy will be continued after discharge from hospital. During follow-up examinations at intervals of 1–2 months a doctor will evaluate the progressing of your treatment according to your general condition, blood test results and chest X-ray. Sputum samples will be collected periodically to ensure that tuberculosis bacteria have disappeared from the sample.

Directly observed treatment helps to recover

Directly observed treatment is an essential part of your course of antibiotics. It is intended to support you during the long treatment course and help you to overcome the disease. A nurse or other trained medical worker will remind you to take the medicine and observes that you swallow all your anti-TB drugs. At the same time he or she follows your condition and possible adverse effects of the drugs and makes sure together with you that the follow-up examinations are performed as agreed. He or she will act as a support person, with whom you can discuss your health and other questions troubling you.

Treat yourself well

- **Follow the coughing instruction**
- **Memorise the names and doses of your medicine**
- **Take all your medicine carefully according to instructions**
- **Go to follow-up examinations as agreed**
- **Persistence will be rewarded – you will be cured of tuberculosis, if you take all your medicine throughout the treatment course**

Drugs can have adverse effects

Adverse effects usually occur during the first weeks and months of treatment. Minor feeling of nausea and stomach troubles are common, and your doctor tries to prevent them by changing the time of taking the drugs or by giving relieving medication, if it is necessary. If you have fever, strong stomach ache or changes in your skin, let the nurse controlling the treatment or the doctor in charge to know about it immediately. In this case the medication is stopped and situation is followed also with blood tests. The doctor restarts the medication, when the symptoms have calmed down.

Recovery from tuberculosis

You will be cured of tuberculosis, if you take all the drugs according to the doctor's prescription throughout the treatment course. It is highly important that you do not stop taking or change the drugs at the stage, when the symptoms and the feeling of illness have disappeared. If you do not take the drugs or if you take them irregularly or in wrong doses, your disease will continue progressing and you may develop a drug-resistant bacterial strain. In both cases the treatment will become more difficult, and in the end the disease may lead to death. You have the main role in carrying out the treatment and you can influence the recovery from the disease. Medical workers will support you.



Charges and ability to work

You do not have to pay for examinations, hospital stays or drugs due to tuberculosis. You are able to work, when the doctor finds that there is no risk of spreading the disease, no problems with the medication and you are generally fit enough to work. The same applies to studies and children's going to kindergarten or school. You can discuss possible problems with work ability, subsistence, organisation of the treatment or accommodation with a social worker during your stay in hospital or in connection with the follow-up examinations.



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The support of your family and close ones is valuable

It is very important that your family and close ones know about the disease and its treatment so that they can support you during the course and help you to recover.

Instructions and contact information

When you have been discharged from hospital, make sure that you have instructions of the medication and that you know what to do if problems occur. Check also that you know how to contact the medical workers responsible for your treatment and where your treatment will be continued.

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