

Learning about How to be Safe from TB

My doctor tells me I might have tuberculosis. What is tuberculosis?

Tuberculosis (TB) is an infectious disease caused by bacteria. It is transmitted by tiny airborne droplets when someone who has TB coughs, sneezes, or maybe laughs, sings or talks. TB is not a hereditary disease or a "curse of God". Anyone can get the disease – rich or poor, ordinary citizens or celebrities. The good news is it can be cured, allowing you and your family to continue with a happy life. **Nelson Mandela** and **Archbishop Desmond Tutu** have both been cured of TB. The most important thing is to be aware of the symptoms.

The **symptoms** for TB that even you can identify are:

- Cough for more than three weeks (most important)
- Fever, especially that rises in the evening
- Pain in the chest
- Breathlessness or difficulty in breathing
- Coughing of blood/blood in sputum
- Loss of appetite
- Night sweats

Who is susceptible?

Anyone can get TB through a bacterium that spreads from person to person through the air. It does not see the boundaries of race. Whether rich or poor, obese or thin, everyone is at risk. The risk, however, increases if someone is HIV positive, suffers from diseases like diabetes, cancer or silicosis, has poor nutrition, or is dependant on alcohol or drugs. Workers in workplaces with poor ventilation and overcrowding or those exposed to dust (silica) are at a greater risk.

What should I do now?

Don't despair. TB is curable. Tell a trusted friend, your supervisor or the company doctor or healthcare staff. If you are advised to take a sputum test, do not delay. If the test results take time, do not despair.

If I have TB how can I prevent others close to me from getting it?

- Take regular and complete treatment
- Always cover your mouth and nose while coughing or sneezing
- Do not spit indiscriminately
- At home you should spit in a box covered by a lid
- Dispose of the spit or sputum by burying it

It is very important not to get scared or to hide the disease whenever someone develops TB symptoms.

How can I make sure my treatment is successful? What is DOT?

We know that when people with TB take the correct dose over a full-course of treatment under support and encouragement of a treatment supporter, the chances of a cure are high. Directly observed treatment (DOT) is the cornerstone of effective TB treatment. A DOT provider directly observes and supports patients to take their anti-TB drugs. A DOT provider is a person you trust and feel comfortable with – your company doctor or healthcare staff, your supervisor, your co-worker, your neighbour or another trained person (but not a family member) – someone who watches you swallow anti-TB drugs. Trust your DOT provider and they will support you to ensure that you complete your treatment.

How long will my treatment take?

Treating TB may take six to eight months (sometimes more) through the regular intake of a combination of four to five powerful anti-TB drugs. Whether you take the drugs regularly or not will depend on how serious you are about curing your illness. If you do not take the drugs as prescribed, your illness will worsen. You could also infect members of your family. It is also possible that the usual drugs will no longer work as you would have developed resistance to them. This is most dangerous.

Will I have to go to hospital or stop working?

Treatment of TB does not normally entail hospitalization or leaving work. However, you may be advised to refrain from work for the first two weeks of treatment. It does mean adhering to a strict discipline of taking the medicines regularly and without fail. There are no short cuts to therapy, no matter how well you may feel after you have gone through a few weeks of treatment. With timely diagnosis and regular and complete treatment, you can remain healthy and not lose many work days or income.

What should I eat? What are the things I should I avoid?

You can eat any type of food. Good diets help recover strength and energy quickly. A TB patient should, however, avoid, cigarettes, hookahs, tobacco, alcohol or any other intoxicating drug. There is no reason to stop your sexual life or sharing food with friends and family members.

What can I do to help others?

Remember your responsibility does not end merely end in making yourself well again. Share your experience with your colleagues and friends and tell them how they can suspect TB, and where they can go for diagnosis and treatment. Talking about TB and TB/HIV will help fight the stigma surrounding the disease. If there are others in your family or community who need treatment, help them get it.

I heard the doctor tell another worker that he has MDR-TB. What is that?

Multi-drug resistant tuberculosis (MDR-TB) is a specific form of drug resistant TB (due to bacteria being resistant to two of the most powerful anti-TB drugs). You are likely to become resistant to the drugs prescribed to you if you do not take them regularly or stop the treatment without completing it. In other words, the tuberculosis bacteria in your body will stop responding to these medicines and you will then have to take other medicines. Once contracted it is possible to cure, though costly drugs need to be taken for 18-24 months. However, it is easier and important to prevent it than to treat it.

What is the link between TB and HIV?

HIV makes people more likely to get TB. TB makes HIV progress more rapidly to AIDS. People who are HIV negative have a 10% chance of developing TB disease during their lifetime. Those who are HIV positive have a 10% chance of developing TB each year because the defence system is weaker. The diagnosis and treatment of HIV-positive TB is similar to HIV-negative TB, but sometimes the sputum tests do not detect TB, and TB is likely to be in sites other than the lungs. HIV-positive TB patients may also be treated with another antibiotic called cotrimoxazole to prevent other (non-TB) infections that may cause illness or death.

Proper assessment may be required in case antiretroviral therapy needs to be given to treat HIV. Most people with TB and HIV will also need antiretroviral therapy, but the time at which antiretroviral therapy is started will depend on the stage of the HIV disease. This will be assessed by a healthcare worker or doctor. TB can be cured in people living with HIV.

Points to Remember:

- Report to your company doctor, healthcare staff or supervisor if you have a persistent cough for three weeks or more
- Get sputum smears examined
- Do not despair if you have TB - **IT IS CURABLE**
- Regular and complete treatment under supervision can cure TB
- TB can be cured in people living with HIV