

## HOW LONG SHOULD THE PERSON BE EXCLUDED FROM THE CARE/WORK SETTING?

People with Tb of the lung can usually return once they have completed two or three weeks of treatment (including rifampicin) and feel well enough to do so. Tb infection not in the lungs is not usually considered infectious. Always seek medical advice prior to returning to work.

**This leaflet gives general advice. For further information please ask either the nursing or medical staff who are providing your care and treatment or contact the Infection Prevention and Control Team on 01386 502552.**

If you would like this leaflet in a different language, larger print size, in audio, Braille or any other format please contact the PALS team by phone on

☎ 01905 760020;

by letter ✉ Communications,  
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**Worcestershire  
Health and Care**  
NHS Trust



## Tuberculosis

*What is it?*

*Your questions answered*

**An Information Leaflet  
for  
Patients and Staff**

## WHAT IS IT?

Tuberculosis or Tb is an infection caused by a bacteria called Mycobacterium tuberculosis. Tb bacteria can infect most systems of the body but the lungs are the most common site.

## WHAT ARE THE SYMPTOMS?

Symptoms of Tb are very varied and usually depend upon which part of the body is infected. In Tb of the lung symptoms of weight loss, fever and night sweats, a cough with phlegm (sometimes blood stained), chest pains and breathlessness are common. Tb of other parts of the body will have different symptoms depending upon the area of the body affected.

## IS IT INFECTIOUS?

Tb of the lung can be quite infectious when the disease is advanced and bacteria are being coughed out in phlegm. Other forms of Tb that are outside of the lungs are not considered to be an infection risk. Treatment with anti-Tb drugs including Rifampicin will usually render sputum non-infectious within a couple of weeks.

## WHAT IS THE INCUBATION PERIOD?

The time taken from contact with the germ until the illness starts is usually between 4 and 6 weeks.

## IS THERE ANY TREATMENT?

YES The infection can usually be completely cured with a course of antibiotics. Three or four antibiotics are taken for a course lasting at least six months. It is vital that the course is completed to prevent the disease from coming back.



## CAN TB BE PREVENTED?

Yes it can. Most important is early detection, especially of infectious cases and ensuring that treatment is completed. Early identification means that less people will have been exposed to the infection and reduce onward transmission of the disease.

A full course of treatment is vital to prevent the disease re-occurring in an individual and to prevent the development of drug-resistant strains of Tb. Identifying cases who have been infected through screening contacts and offering preventive treatment to reduce the risk of infected persons developing Tb also contributes to preventing Tb. In hospitals and institutional settings infection control measures to identify and isolate infectious cases are also extremely important. A targeted immunisation programme is in place to ensure that high-risk groups, especially infants and young children who are at an increased risk of exposure to Tb are protected. The BCG immunisation increases a person's immunity to Tb and protects against the most severe forms of disease such as Tb meningitis so will only offer some protection.