TUBERCULOSIS FACT SHEET FOR HOSPITAL STAFF

WHAT IS TUBERCULOSIS?
Tuberculosis (or TB.) is an infectious disease caused by the organism Mycobacterium Tuberculosis. Most cases in this country involve an infection of the lungs.

HOW IS IT CAUGHT?
TB is an air-borne disease. In this country most people who develop TB catch the infection by breathing in the mycobacteria coughed up by a person who has the active disease in their lungs (Pulmonary TB). Non-active or other forms of TB are not infectious.

HOW EASY IS IT TO CATCH TB?
In general, remarkably difficult. People have natural resistance to many infections including TB. The general rise in living standards over the past 100 years has helped to raise the level of this natural resistance.

Just being in the same room as someone who has TB is not enough to catch the disease. It depends on:

a) Being in very close contact with a person with an active TB infection, who is coughing up a lot of germs.

b) The length of time in close contact with a person with TB. Contact has to be frequent or prolonged in order to be a problem. This would normally be people who live together.

c) Previous BCG vaccination or natural immunity to TB.

d) Your general state of health. Staff with immuno-suppression due to illness, treatments or pregnancy should not directly care for patients with possibly infectious TB. This should be discussed confidentially with the Occupational Health Department.

OTHER PATIENTS
Most patients with TB are in fact treated in their own homes. Whilst the patient with TB is potentially infectious, if in hospital, they must be cared for in their own rooms, away from other patients whose ability to fight infection may be low. There is no need to wear a mask. Universal precautions are required only for other possible health problems or dealing with contaminated material. Normally, once a patient has received 2 weeks of full TB treatment and are getting better, they are no longer infectious. They should always be encouraged to cough and sneeze into tissues, which are disposed of into 'yellow bags'.

VISITORS
Adults and teenagers who have already had close contact with the patient and are going to be screened, can continue to visit. Babies, young children, pregnant women and anyone themselves unwell or on immuno-suppressant drugs, should not visit until the patient has been on treatment for 2 weeks and / or is deemed non-infectious.

WHAT HAPPENS WHEN SOMEONE IS SUSPECTED OF HAVING OR GETS TB?
The patient will be under the care of a Hospital Consultant Physician specialising in TB and will also be followed up at home and hospital by the Specialist Health Visitor for Tuberculosis. The patient will have hospital appointments for chest x-rays and to monitor progress and may need regular blood tests. The TB drugs are usually dispensed through the Hospital – local Pharmacies do not stock them.
CAN TB BE TREATED?
Yes. People can be cured with modern anti-TB treatment. This is normally a 6 month course. One of the medicines given will turn the urine and other body fluids an orange/red colour. This is completely normal. It is important that the patient continues to take the medicines as prescribed every day for the full course. Report any adverse effects, in particular an allergic rash or jaundice.

WHAT HAPPENS TO CONTACTS OF THE PATIENT?
TB is a very slow growing organism. When infectious TB is diagnosed, close contacts of the 'Index Patient' are usually screened a few weeks later by the TB Services, using a simple skin (Heaf) test. The heaf test is examined a week later. If there is no reaction to the heaf test then it may be necessary to repeat it in a couple of months, and if there is still no reaction, immunisation against TB (a BCG vaccine) might be carried out.

A positive heaf test would confirm a previous BCG vaccination or that at some time the person being tested has been in contact with TB and therefore developed a natural immunity. At this stage it would be necessary to check that anyone with natural immunity has no infection present and a chest x-ray would be carried out. The 'Contact' does not need to see anyone else or change anything they do, whilst waiting for screening to take place. Be assured that finding any infection is very rare.

STAFF CONTACT
Staff contacts of TB are not routinely screened. National Guidelines recommend that only members of staff giving close and regular / repeated prolonged care (normally a minimum of 8 hours at any one time) to the person diagnosed with TB, and with involvement in sputum productive procedures, should be screened with the heaf test or chest x-ray as above. This is organised by the local TB services.

Hospital Staff who give direct patient care should all have been checked on employment for adequate and up to date immunisation against TB. They should have had a previous BCG vaccination or one on employment, leaving a relevant scar, or have ‘natural immunity’. Some staff are later re-called for further immunity checks with a heaf test.

DRUG RESISTANT TB
In some very rare circumstances, TB can be found to resistant to one or more of the drugs normally used for treatment. It can therefore be harder to treat and to get the patient better. The TB is no more infectious than with other patients. However, they may remain infectious for longer until their drugs start to work and could pass on the drug resistant strain. For that reason, extra precautions may be taken for all those having direct contact with such a patient, including the wearing of special masks. The Specialist Health Visitor (TB), or a member of the Infection Control Team, will advise if any of these extra precautions are thought to be necessary, after assessing the patient.

Any contact screening would take place exactly as before.

FINALLY:
TB can only be passed on by someone with the active infection in the lungs. Contacts of someone with TB are not infectious themselves and cannot pass it on to others. Members of staff are therefore able to continue caring for other patients on the ward as normal.
Staff should always report any personal signs and symptoms suspicious of TB to their Occupational Health Department.