

Tubukulosis Medsin (TB sik)

Version 2 – April 2013

Torres Strait Creole

Au kum Tubukulosis medsin mina importin?

Medsin gor e wer orda blo doktor for them risin ya:

- Medsin por actib TB disease. TB sik nor alwaiz mek yu cough, skini, swet naitime, spet blod. But them sign blo TB sik mite gro un ded ken come ip diziz ip nor follow wun e doktor spik you bout tek medsin. Pipil gud TB sik un nor look doktor put nutha pipil lo risk ob kess e tha sik. But germ mite be there un tek algetha medsin gort stup un smuss all germs. TB sik e infect diziz and medsin prom dokta gor elp try stup sik pus to sumbudi.
- Medsin por latent TB sik. Dis TB sik nor gud muk blo sik. E nor gud ebident blo inpection with TB germ, un e nor sign blo actib diziz.
- Sumtime anti-TB sik drug all use por treat all nutha sik, like non-TB sik mycobacterial dizizas.

Wut time medsin?

Medsin mus tek em, nor stup em wis wei dokta spik por tek em. All gor gib medsin ebri day, but sumtime 2 or 3 day a week. Medsin muss tek em on day dokta e spik un wer nurse ken look you. (gor por page 3, point 13) or sumbudi ken look. Swell e medsin (nor kai kai) same time ebri day but nor upta kai kai (1 un ½ hour bipor of upta kai kai). Plenti pipil gor take medsin bipor slip. All medsin, tek em sem time but nor swell em algetha.

Wun e medsin por pinis the TB sik?

Undanit e list blo medsin all use por TB sik, and some sik e kum prom the medsin (side effect). Nor ebri smol sik prom medsin e on dis list un doktor gor spik you. Medsin nor mek you sik all time por stup the medsin algetha, but e good por sub e them one un spik dotktor if e appen. Riport spew sik, belli sor, eye e yellow, pipi e duk or komma e lite stret wei. Importin caus 1 or mor of the medsin can mek problem.

INAH (Isoniazid): Smol, whit tublit 100mg mina powapul gens the TB germ. Sumtime smol sik like kun sit still, tired, karn think stret or bud sor lo pess. Ip you mood un behavior change, riport por dokta stret wei. Wikness, nor gud peeling lo arm un leg, peel tingle sumtime, especially e gud nu good kai kai or too muss grog. You mite gor peel sik but nor spew, belli sor, eye e yellow, pipi e duk or komma e lite, riport stret wei. E mite min sik lo liver blo yu. Ip you tek INAH, yu gor hup to tek pyridoxine (Vitamin B6) smol white tublit 25mg. Isoniazid syrup e por pikinini need smol lot medsin.

Rifampicin: Capsules or tublit e kum in 3 strength. 150 mg, 300 mg un 600mg un e powaput gintz TB germ. Culu diperen prom brand and strong blo medsin. Rifampicin syrup e por smol pikinini nid smol dose. Medsin ken cos red, orinz and red/brown culu pipi un mek yu cry obatime. Nor prite. E so medsin work lo bodi. Muss spik doktor bout algetha medsin yu tek em. Rifampicin ken affect action blo nutha medsin, special warfarin, prednisone and the oral tublit por stup yu pam le wei.

Ip yu tek woman pil, e may mek medsin blo TB sik nor as good. Woman muss tok por dokta bout woman tublit while em tek TB sik medsin.

Ip you stup e rifampicin medsin e gor gud nu good lo bodi prom look wus e col sik (headach, peba un pil col) to blod disorda – mak ezi lo body. Spik dokta stret wei ip happen, but them sik ya nor happen mus ip you tek medsin wis wei dokta spik.

Ethambutol: Tublit gud 2 strength, 400 mg – big grey tublit, un 100mg smol yellow tublit. Riport sanz lo wis kine yu look, yu eye (karn look prupa or sanz lo eye cula) ip you tek dis tublit. Riport dokta ip you gud kidni diziz or gout.

Pyrazinamide: Big white tublit 500 mg. Por tek em in beginning of treatment. Riport dokta ip you gud skin itchi, peba, spew, yellow of skin or eye, pipi duk, bon sor or bleed or brooz e important. Ip yu gud gout, spik dokta.

Streptomycin: Medsin e nidil un use not all tha time. Riport to dokta ip you pil dizzy, karn balance, pil spew, tulinga ring or karn lisin.

Prothionamide: Smol orinz 250 mg tublit. E smooth. Prothionamide only use now and then. Riport ip yu peel spew, yu spew, belli run.

Cycloserine: 250 mg grai or red capsule. Nor used much. Importin smol sik e piling behavior en karn think stret.

** Cula blo tublit might gor change ip e change lo thempla utha mek e them tublit*

Wut time I gor look dokta ip I TB sik?

Nor ebribodi gor peel sik prom medsin blo TB sik.

Sum sik prom medsin blo TB sik:

- Skin sor and sainz culu
- Utha sign e lip swell up, tung or eye, karn ol e wind, karn explain peba, lumps lo mout. Riport stret wei.
- Pil spew, spew, belli run un beli sor
- Punny tingle lo Leg / hand
- Cun look prupa
- Ani otha smol wrong like pil slip kwik, wun de slip

Spik thempla stret wei:

- TB sik Control Unit (look undanit)
- Yu dokta
- Ospitel kloostun yu

Mor tok bout TB

Ples	Pon	Ples	Pon
Metro South Clinical TB Service Princess Alexandra Hospital (<i>Brisbane</i>)	3176 4141	<i>Cairns</i> TB Control Unit Cairns Hospital	4226 6240
<i>Rockhampton</i> TB Control Unit Rockhampton Hospital	4920 6211	<i>Townsville</i> TB Control Unit Townsville University Hospital	4433 2863
<i>Toowoomba</i> TB Control Unit Baillie Henderson Hospital	4699 7000	<i>Mackay</i> Chest Clinic Mackay Base Hospital	4885 5949
<i>Torres and Cape</i> TB Control Unit Thursday Island	4226 3602		

Wun e I gor do nau?

1. Dokta gor spik you wut time un au meni. Tek em bipor sleep nitime. Swel em, nor kai kai. Swel allgetha medsin, but nor ebri tublet wun time. Elth tim gor spik au meni and time por tek medsin.

Medsin	Au meni (How many)	Medsin	Au meni (How many)
INAH (Isoniazid)	.....tablets	Prothionamide	.....250mg tublit
Rifampicin	..... 600 mg tublit 300 capsules 150 capsules	Cycloserine	..... 250mg tublit
Pyridoxine	..... 25mg tublit	<i>Nutha pipil</i>	
Ethambutol	..... 400mg tublit 100mg tublit		
Pyrazinamide	..... tablets		

2. Dokta gor spik you wut time un au meni. Tek em bipor sleep nitime. Swel em, nor kai kai. Swel allgetha medsin, but nor ebri tublet wun time.
3. Spik dokta ip you curr e pikkinini. Medsin blo TB sik muss kip gor. **Nor stup em (don't stop it)**
4. Lisin por dokta un tek em
5. Nor gib medsin blo yu to anibodi. Spik thempla gor look dokta or TB sik Control Unit.
6. Medsin gor por 6 months. Keep tek medsin eben ip yi pil alrit. Dokta gor spik wen por stup em. Tok por dokta.
7. Wen tek medsin, yu muss look dokta wen em spik you por kum look em. Ip yu gor karn mek time por look dokta, spik nurs from the TB sik clinic or dokta if yu nor go por mek nutha time.
8. Medsin nor cost youmpla anything thru Deptment of Elth with them ospital parmasi. The medicines are supplied free of charge through the Department of Health in cooperation with public hospital pharmacies. The principal supplier for Metro South TB Unit is The Princess Alexandra Hospital Pharmacy where the medications may be collected between 9.00am and 4.30pm, Monday to Friday (except Public Holidays). If this is not applicable to you, please discuss your collection point with your doctor. They should be collected regularly (usually on the same day as your appointment with the doctor). If your supply is low, obtain further medications immediately before you run out of stock.
9. Ip yu wun de find aut bout medsin blo you, ring gor por medical or nurse of TB sik Control Unit or dokta.
10. Ring up thempla if you peel nu good prom medsin .
11. Wen you gor por look dokta, tek all botol e pinis and medsin. Nor pikini lau por tuss medsin. Kip medsin lo col pless.
12. Wen yu tek medsin, nurse gor kip tok por yu. Em gor kip record blo yu. Em cen tok por you ip em worri.
13. Dokta gor sun e sumbudi por gib you medsin and mek sure yu nor peel nu good prom medsin. Yu might tek medsin sem day if dokta spik.

Tuberculosis Medications

Version 2 – April 2013

Why is tuberculosis (TB) treatment important?

Treatment will have been ordered by the doctor for one of the following reasons:

- **Treatment for active TB disease.** TB does not always cause the classic symptoms of coughing, weight loss, night sweats and blood-streaked sputum, but these symptoms may develop and death may occur if the disease is not properly treated. Untreated disease also puts others at risk of infection. Prescribed TB treatment must be completed. After only a short time of being on treatment, you may feel much improved, or even very well. However, germs may still be present and only a full course of treatment will kill all germs. TB is an infectious disease and treatment prevents passing the infection on to others.
- **Treatment for latent TB infection, to prevent TB developing** where there is evidence of infection with the TB germ, but no sign of active disease.
- Occasionally anti-tuberculosis drugs are used to treat other types of infection, such as non-tuberculous mycobacterial diseases.

When do I take my tablets?

Medications must be taken without fail as directed by your doctor for successful treatment. Medications are usually given daily, but sometimes they are only given two or three days a week. In this case, they must be taken on the specified days and under direct supervision by either a nurse from the clinic (see page 3, point 13) or another supervisor. Medication should be swallowed (*not chewed*) at the same time each day on an empty stomach (one and a half hours before or after food). Most people find it best to take the medications before bed. All medications should be taken at the same time, but do not need to all be swallowed together.

Which drugs are used to treat TB?

Below is a list of drugs used to treat TB, and their possible side effects. Not all side effects are listed, and your doctor will discuss them in more detail. The medications usually cause no side effects that would prevent their use, but it is important to recognise these, and report them to your doctor if they occur. Reporting any symptoms such as nausea, abdominal pain, yellow eyes, dark urine or pale bowel motions *immediately* is most important, because one or more of the drugs can cause these problems.

INAH (Isoniazid): Small, white tablets of 100mg strength, which are powerful against the TB germ. They sometimes cause minor symptoms such as irritability, fatigue, lack of concentration or worsening of acne. If these result in mood and behaviour changes, they should be reported *immediately* to your doctor. Weakness, numbness and tingling of hands and feet occasionally occur, especially with poor nutrition or excess alcohol intake. Symptoms such as nausea, abdominal pain, yellow eyes, dark urine or pale bowel motions should be reported immediately, because these may indicate liver toxicity. If you are taking INAH, you will usually also be prescribed pyridoxine (Vitamin B6) in the form of small, white* tablets in 25mg strength. Isoniazid syrup is available for small children needing a lower dose.

Rifampicin: Capsules or tablets that come in three strengths, 150mg, 300mg and 600mg, and are powerful against the TB germ. The colour varies with different brands and strengths. Rifampicin syrup is available for small children needing a lower dose. This medication can cause red, orange or reddish-brown coloured urine, and occasionally other body fluids, such as tears. This is no cause for concern, but indicates that the drug is getting into the body. You must tell the doctor about *any regular medication* you take, because rifampicin can affect the action of certain drugs, especially warfarin, prednisone and the *oral contraceptive pill*.

If you are taking oral contraceptives, their effectiveness may be decreased and you will need to use other forms of contraception. Remember to tell the doctor if you are on such medications.

Interrupting rifampicin treatment can cause potentially serious side effects, from a flu-like illness (with headaches, fevers and chills) to a serious bleeding disorder with easy bruising and bleeding. *If this occurs, report immediately*, but remember, these symptoms *are rare if tablets are taken as directed* at the proper dose and frequency.

Ethambutol: Tablets come in two strengths, 400mg which is a large, grey* tablet, and 100mg which is a small, yellow* tablet. It is important to report any change in your eyesight (such as blurred vision or change in colour vision) when taking this tablet. If you have any kidney disease or if you suffer from gout, report this to your doctor before you start this medication.

Pyrazinamide: These are large, white 500mg tablets that act strongly against the TB germ in the first stages of treatment. Reporting to your doctor any side effects such as skin rash, fever, vomiting, yellowing of skin or eyes, darkened urine, joint pain or unusual bleeding or bruising is important. If you have gout, please tell your doctor.

Streptomycin: This is given as an injection and used only occasionally. Report to your doctor any symptoms of dizziness, loss of balance, nausea, ringing ears or hearing loss.

Prothionamide: Small, orange* 250mg tablets, with a smooth surface. Prothionamide is used only occasionally. Side effects of nausea, vomiting and diarrhoea can occur and should be reported.

Cycloserine: 250mg grey or red* capsules that are rarely used. Important side effects are mood and behaviour changes, and disturbances of concentration and memory.

**Colours of tablets may differ if changed by the manufacturers.*

Which symptoms should I report to my doctor?

Although many side effects are listed above, most people tolerate treatment without side effects.

If you experience any of the following symptoms:

- skin rashes (this could be due to an allergy to the tablets and must be reported immediately)
- other signs of allergy (these include swelling of lips, tongue or eyelids; wheezing; unexplained fever; and mouth ulcers, and must be reported immediately)
- nausea, vomiting, diarrhoea or abdominal pain
- tingling of hands or feet
- visual disturbances
- any other unusual symptoms such as exceptional tiredness, faintness or dizziness

Then it's important to contact:

- a Tuberculosis Control Unit (see location and contact details below)
- your own doctor
- or the nearest hospital immediately.

Further information

Location	Telephone	Location	Telephone
Metro South Clinical TB Service Princess Alexandra Hospital (<i>Brisbane</i>)	3176 4141	Cairns TB Control Unit Cairns Hospital	4226 6240
Rockhampton TB Control Unit Rockhampton Hospital	4920 6211	Townsville TB Control Unit Townsville University Hospital	4433 2863
Toowoomba TB Control Unit Baillie Henderson Hospital	4699 7000	Mackay Chest Clinic Mackay Base Hospital	4885 5949
Torres and Cape TB Control Unit Thursday Island	4226 3602		

What should I do now?

1. Take the following medications *all together at the same time each day*—not necessarily swallowed all together. Strictly follow the advice, instructions and treatment from medical and nursing staff. Your doctor or nurse should fill out the number of tablets you are taking:

Drug	Dose	Drug	Dose
INAH (Isoniazid)	.....tablets	Prothionamide	.....250mg tablets
Rifampicin	..... 600 mg tablet 300 capsules 150 capsules	Cycloserine	..... 250mg tablets
Pyridoxine	..... 25mg tablets	Others	
Ethambutol	..... 400mg tablets 100mg tablets		
Pyrazinamide	..... tablets		

2. Continue taking the medication until advised by the doctor to stop. Remember, medication must be taken every day (unless planned otherwise by doctor), even if you feel well.
3. Most TB treatment regimens are safe during pregnancy and should not be interrupted before discussion with the doctor. It is important to tell the doctor as soon as possible if you become pregnant.
4. Do not change the dosage or interrupt daily treatment.
5. Do not offer the medications to others, even if they have similar complaints. Refer them to a doctor or a Tuberculosis Control Unit.
6. Treatment for TB will be of long duration (a minimum of six months treatment is required to ensure cure). Therefore, you should continue treatment as prescribed even if you are feeling well. This matter can be discussed with your doctor.
7. You will be asked by the Doctor to return regularly for appointments and it is most important that you keep these appointments. If it is impossible for you to attend the appointment, you must tell the Nurse from the TB Unit or your treating doctor so another appointment can be made.
8. The medicines are supplied free of charge through the Department of Health in cooperation with public hospital pharmacies. The principal supplier for Metro South TB Unit is The Princess Alexandra Hospital Pharmacy where the medications may be collected between 9.00am and 4.30pm, Monday to Friday (except Public Holidays). If this is not applicable to you, please discuss your collection point with your doctor. They should be collected regularly (usually on the same day as your appointment with the doctor). If your supply is low, obtain further medications immediately before you run out of stock.
9. If you have any doubts at all about the treatment or the dosage of drugs, contact the Medical or Nursing Staff of the closest TB Control Unit during office hours or your treating doctor.
10. Contact your doctor or TB Control Unit immediately if you have any side effects.
11. Remember to bring all your medications and empty bottles with you when you attend for your Doctor's appointment. Keep the medications out of reach of children and in a cool dry place.
12. A nurse from a TB Control Unit will be assigned to your care while you are taking these medications. The nurse will contact and/or visit you regularly whilst you are taking these medications to monitor your progress and will be available to discuss any concerns regarding the management of the disease.
13. There are many reasons why your doctor may plan supervised treatment for you, such as to closely monitor side effects. In this case, a supervisor will give your medications at the same time on the specific days.