

Wanem em sik Tubekuloses (TB)?

Sik Tubekuloses (TB) em sik binatang i ken bakarapim bodi blong yu. Sik TB em sik blong hap insait long bodi we i save halivim yu pulim win em ol i kolim pulmonari tubekuloses.

Sik TB, em ol kontrolim long Kwinslan tasol, sik TB em still stap long ol narapela hap blong ples giraun na ol nupela sik save kamap. Sik TB em sik nogut sapos ol no painim na tritim gut. Ol marasin i can halivim long stopim sapos dokta i givim pepa blong kisim marasin blong kilim.

Hau na sik TB i save kamap?

Sik TB em trevel long win taim man o meri i gat dispela sik na emi kus, lap o tok tok. Man o meri i no nap kisim sik TB sapos ol i holim ol samting o ol samting stap insait long haus olsem (ol fok, spun, glas o lap lap stap antap long bet). TB i no save stap insait long famili. Sik i ken bungim ol man, meri, pikinini na ol lain kam long narapela ples.

Hau na bodi i pait long rausim sik TB?

Sapos man o meri i nogat sik lo bodi em sik TB i ken dai hariap tru. Sapos bodi i no rausim sik binatang dispela i save stap long waitlewa o banis win na i ken go long narapela ol hap blong bodi. Taim TB i kisim hap bodi blong pulim win, bodi bai i stat long pait wantaim dispela sik. Dispela pait i ken kamap gut na bodi i ken stopim sik binatang long noken go long ol narapela hap blong bodi.

Tasol, long ol sampela lain, sik TB i ken kamap long ol. Dispela sik TB i stap long bodi longpela taim na i ken kamap long ol narapela hap blong bodi. Ol sua blong dispela sik i ken kirap gen. Dispela save kamap sapos bodi i nogat strong long pait wantaim dispela sik na bai kamap sapos yu stress, yu gat narapela sik vaires, sik blong binatang HIV, sik suka, o rot blong stretim sik kensa o ol narapela sik blong kisim steroids, storongpela x-ray o marasin blong sitotoxic. Sapos dispela kamap lo bodi, tritment blong TB i mas kamap.

Wanem em ol woning sain blong sik TB?

Sik TB i no gat mak blong en taim i kism yu na sampela taim dispela sik i save stap longpela taim insait long wik o mun bipo wan wan man meri i kam save ol gat sik TB. Wan wan ken luk save long dispela sik taim kus sik i stap longpela taim inap long tupela o tripela wik o taim ol i kus blut. Ol narapela sain blong dispela sik, em yu ken lusim skin, swet long nait, pen long bros i no stop o pen na ol hap i solap taim sik TB i stap arasait long bros we waitlewa o banis win stap. Dispela i no min yu gat sik TB tasol em sain we yu mas go lukim dokta hariap.

Hau ol i painim sik TB?

Test blong sik TB i save luk luk long medikal stori blong yu, dokta i chekim yu, wokim tes long skin blong yu, kisim x-ray na tes blong kus. Bai ol salim tes blong kus go long laboratori na bai kisim sampela wik bikos sik TB i save kamap i si i si.

Tubekulin tes ol save kisim long skin blong painim aut sapos yu gat binatang blong dispela infeksi na i no sik TB. Sampela taim i gutpela long wokim kain kain tes long wan wan taim blong painim aut long ol infeksi.

Sapos sik TB i stap long ol narapela hap blong bodi, ol ken painim aut long spesel kain tes, x-ray o dokta bai wokim sek.

Wanem tritiment blong sik TB??

Ol save tritim sik TB wantaim marasin long sixpela mun tasol ol bai ken givim marasin longpela taim liklik. Taim man o meri i no pilim sik lik lik taim bihain long tritment i stat, ol ken go bek long haus na wokim ol wok bilong ol na mas kisim tritment. Long sampela taim yu ken kisim tritment long haus-sik, na long stap long haus-sik i ken sotpela o longpela taim. Ol i nap givim ol tritment arasait long haus-sik, tasol i impotent long stap long dispela tritment plen. Dispela i blong kilim dispela sik na stopim long i no ken kam bek gen. Sik TB i ken isi long tritim tasol em bai i hat turu long tritim sapos sik i kamap bikpela olgeta.

Long ol planti lain, sik TB i ken pinis taim ol kisim gut marasin na bihainim ol tok tok blong dokta na i no lus ting ting. Long kisim moa inpomase plis lukim Fact Sheet 2 'Tuberculosis Marasin' long www.health.qld.gov.au/chrsp/tuberculosis/factsheets.asp

Hau long priventim sik TB?

I impotent tru long priventim sik TB na bai i bringim daun binatang i karim dispela sik long painim aut na tritim ol lain i gat sik TB. Bai i bringim namba blong ol lain i gat infeksi TB long komuniti i kam daun na i ken abrusim ol narapela long no ken kisim dispela sik. Pablik health kontrol blong TB i dipen long:

- Skrinim ol lain long chekim TB infeksi na aktive disis
- Wokim ol tes
- Givim gutpela marasin
- Usim ol kain wei long bringim daun ol sik binatang i stap long win
- Bringim ol lain husait i gat infeksi sik long stap long wei long ol narapela lain
- Skrinim ol health eria blong ol wok lain blong TB infeksi na disis
- Hariap investigate na kontrolim sik lo noken go long ol narapela

Ol lain wantaim sain blong sik TB i mas hariap painim haus-sik na kisim medikal sek long painim dispela sik. Ol lain wantaim sik TB i ken kisim halivim blong priventim ol narapela long kisim sik na kisim marasin blong ol taim ol sapos ol i pilim orait. Ol lain wantaim TB mas bihainim haijin olsem karampim maus blong ol long han taim ol i kus o rausim kus. Bihain long pinisim tritment bai i hat long sik i kam bek.

Marasin i ken go long ol lain i gat infeksi (tasol i no gat sik) long priventim TB sik long kamap. Tritment blong sik TB infeksi i stap longpela taim em save usim wanpela marasin blong kisim olgeta taim namel long wanpela mun go nap long sixpela mun.

Wanem skrin na bihainim advais blong ol lain kontek?

Dipen long hau infeksi man o meri wantaim TB i stap na environmen na level blong intereksen, ol famili na lain long haus wantaim ol pren na wan wok mas kisim TB skrin tu. Sapos yu ting yu pas wantaim wanpela i gat sik TB, painim TB Kontrol Unit klostu long yu (we ol skringing i fri) yu no ken baim moni long taim blong wok o go lukim dokta blong yu sapos yu pilim orait.

Ol skrin na kontek blong bihainim TB em:

- Tubekulin tes blong skin (Mantoux tes)
- Kwantiferon TB-Gold Test (tes blong blut)
- Chest x-ray
- BCG Veksineisen
- Tritment blong TB infeksi i stap longpela taim

Moa Inpomase

Lokeisen	Telfone	Lokeisen	Telfone
Metro South Klinik TB Sevis Princes Alexandra Haus-sik (Brisbane)	3176 4166	Cairns TB Kontrol Unit Cairns Base Haus-sik	4226 6240
Rockhampton TB Kontrol Unit Rockhampton Base Haus-sik	4920 6211	Townsville TB Kontrol Unit Townsville General Haus-sik	4433 2860
Toowoomba TB Kontrol Unit Toowoomba Haus-sik	4616 6446		

Tuberculosis Disease

Version 2 – April 2013

What is tuberculosis (TB)?

Tuberculosis (TB) is a bacterial infection that can affect almost any part of the body's is most common in the lungs, a form called pulmonary tuberculosis.

TB is well-controlled in Queensland. However, TB still exists in all countries, so new cases do occur. TB can be a serious disease if it is not diagnosed and treated properly. It can be cured by medications if taken as prescribed by your doctor.

How is TB spread?

TB is spread by bacteria in tiny airborne droplets that can be inhaled when someone with active TB coughs, sneezes, laughs or speaks. TB is not spread by touching objects, so using separate household items (such as cutlery, glasses, or sheets) is not needed. TB does not run in families. It can affect people of all ages and any ethnic origin.

How does the body fight TB?

A healthy immune system may kill TB immediately. If the body does not overcome the bacteria, they usually lodge in the lungs, but sometimes spread to other parts of the body. As soon as TB reaches the lungs, the body begins to fight it. Usually the fight is successful, and the immune system is able to stop the bacteria from spreading.

However, for some people, TB may develop. TB that may have been dormant can reactivate years later, and the infection can spread to different parts of the body. Healed infections can also become active again. This can happen when the body's defences are weakened, such as during periods of stress, acute viral infections, HIV infection, illnesses such as diabetes, or immunosuppressive therapy for cancer or other illnesses requiring steroids, radiotherapy or cytotoxic medication. If this happens, TB treatment is crucial.

What are the warning signs of TB?

TB rarely begins with striking symptoms, and sometimes the disease can progress for weeks or months before TB is suspected. Ongoing symptoms such as a cough that lasts for more than two to three weeks, as well as blood-stained sputum, often feature in TB. Other symptoms may include unexplained weight loss and fatigue, night sweats, recurring pains in the chest, or pain and swelling in the affected areas when TB is outside the lungs. These symptoms may not be due to TB, but should be a warning to see a doctor.

How is TB diagnosed?

Tests for TB may include a medical history, physical examination, tuberculin skin test, and chest x-ray and sputum test. Sputum tests are sent to the laboratory and may take several weeks, because TB is usually slow growing.

The tuberculin skin test (Mantoux test) is mainly used to determine exposure to infection, not TB disease. Sometimes having more than one test at various intervals is needed to determine exposure to infection.

TB in other sites of the body apart from the chest can be found by specific pathology tests, x-rays and/or clinical assessment by a doctor.

What is the treatment for TB?

TB is treated with medications for at least six months, but they may have to be prescribed for much longer. Once a person is non-infectious, normally soon after the treatment starts, they can usually go back to normal activities, but treatment must continue. Occasionally, some treatment may be required in hospital, and time spent in hospital varies. Often all the treatment can be given outside hospital, but keeping to the treatment plan is important even if symptoms improve. This ensures the disease is cured and stops it from coming back. Uncomplicated TB is easy to treat in the early stages, but it may be more difficult if the disease is advanced.

TB can be cured for most people, provided medication is taken exactly as prescribed without interruption and under the direction of the treating doctor. For further information, please refer to Fact Sheet 2 'Tuberculosis Medication' at www.health.qld.gov.au/chrisp/tuberculosis/factsheets.asp

How can TB be prevented?

The most important way to prevent TB is to reduce the source of the bacteria by diagnosing and treating people who have TB. Reducing the number of people with infectious TB in the community reduces the chance of exposure for everyone. Public health control of TB depends on:

- screening people for TB infection and active disease
- providing rapid testing
- prescribing appropriate medication
- using physical measures to reduce bacteria in the air
- isolating people who may be highly infectious
- screening healthcare facility workers for TB infection and disease
- promptly investigating and controlling outbreaks.

People with symptoms suggesting TB should quickly seek a medical check-up to ensure early diagnosis. People with TB disease can help prevent infecting others by keeping to their prescribed treatment, even if they are feeling well. People with TB should also use simple hygiene, such as covering their mouth while coughing or sneezing. After completing effective treatment, re-activation of the disease is unusual.

Medications maybe prescribed for infected people (without disease) in order to prevent TB disease developing. Treatment for latent TB infection is usually a single medication to be taken regularly, usually for a period of up to six months.

What screening and follow-up is advised for contacts?

Depending on how infectious the person with TB is, as well as environmental factors and levels of interaction, the family or household, close friends and colleagues should have TB screening as soon as possible. If you think you have been in contact with someone diagnosed with TB, contact your closest TB Control Unit (where screening is free of charge) during office hours, or go to your doctor, even if you feel well.

The screening and follow-up for a TB contact may include:

- tuberculin skin test (Mantoux test)
- Quantiferon TB-Gold Test (blood test)
- chest x-ray
- BCG vaccination
- treatment for latent TB infection.

Further information

Location	Telephone	Location	Telephone
Metro South Clinical TB Service Princess Alexandra Hospital (<i>Brisbane</i>)	3176 4166	<i>Cairns</i> TB Control Unit Cairns Base Hospital	4226 6240
<i>Rockhampton</i> TB Control Unit Rockhampton Base Hospital	4920 6211	<i>Townsville</i> TB Control Unit Townsville General Hospital	4433 2860
<i>Toowoomba</i> TB Control Unit Toowoomba Hospital	4616 6446		