

# Tubukulosis (TB sik)

Version 2 – April 2013

TS Creole

## Wan em Tubukulosis (TB sik)?

Tubukulosis sik gor affect bodi. E kum out lo lung blo you, all call em pulmineri Tubukulosis.

Youmpla lucki in Queensland, but e gud all nutha pipel, so e go happen gen sometime. TB e mina nu good, you muss look dokta. Dokta gud medsin por pinis TB sik.

## Au I gor stup TB sik prom gor roun?

Yumi mus stupp e coff, sneeze luff or tok. Yu cun kes em prom undel all sumting lo aus. E nor pam le sik. Nor ebri wun sik. Sik ken kess e enibodi.

## Wis wei bodi blo me un TB?

Elth (Health) blo yumi very important por kill TB sik sretwei. TB go puss lo lung un e go thru bodi blo you. Lung blo you ken pight the TB wen e kum out there. Lung go pight and win oba tha TB un stup em prom go roun bodi blo you.

Nor ebriwun gor ged e the sik. TB gor kum out wer time blo em, long time prom now. E ken spred lo bodi. Ip inpeksen be pinis e ken kum baik gen. Yumi muss loog out prom stress, all smol sik, HIV sik, diabetes, cunsa un ol big medicin por prupa noo good sik. Ip yu gud mina nu good sik, and yu gud dis TB, yu muss luk dokta.

## Wis wei TB sik e look?

E ken teke wun day or long time bipor yu look mak blo TB sike. Look por dem wun ya: coff gor por mor than 2 to 3 weeks, e gud blud spet. Coff por weeks, blud e cum out prom coff,, get skini kwik, nutha kine slipi, swet nighttime, pain lo chest or swell up roun lung sik. Dem wun all warning por look dokta kwik.

## Au all sub e yu gud TB?

Dem pla go pine ip e gud sik lo pam le, doctor gor test yumi bodi, test e skin, x-ray blo chest and spet. All sun e spet gor por testing por seben days.

Por look out he TB sik, e gud plenti test. All gor mek e test plenti time por luk ou bud.

TB sik gor apen lo bodi blo yu, Nor onli chest. Patologi test, x-rei and doctor gor look wis wei.

## Wun e medsin por dis TB?

Dokta gib yu tublet medsin por 6 month mite long time. Stut e medsin and TB gor slo. Wen you peel normul upta yu stut e medsin, yu ken mek all actsin gen. Muss kip medsin gor. Medsin mite gor be ospital un time gor sanz. Sumtime all gor gib medsin auside ospital. Kip teke medsin and follow plun blo dokta. E important eben ip you peel good. Yu hup to mina stik to plun blo dockta por stup e da TB sik. Kip tha plun blo dokta gor. Nor stup em ip yu nor sik enimor. TB sik nor too bud. All ken mek medsin por tha sik. But, e mite wurs if diziz e strong.

TB sik ken pinis algetha por sum pipil, but all mus tek medsin wis wei dokta e spik nor stup em por aniting un follow wis wei dokta e spik. Rid paper upta dis one. FactSheet 2 'Tubukulosis Medication' at [www.health.qld.gov.au/chrisp/tuberculosis/factsheets.asp](http://www.health.qld.gov.au/chrisp/tuberculosis/factsheets.asp)

## Wun e I do por nor kess e TB?

Elth pipel gor pine all pipel gud TB sik un loog aut dem pla. Less pipel gud the sik wer yumi community gud TB less pipel gor kess em. Elth tim mek e dem wun :

- Screen pipel por TB sik.
- Kwik test
- Medsin por trit wun e sik you gud blo TB
- Mek em izi por breeth bi sanz e air roun we
- Kip pipel gud TB sik long wei
- Screen all elth tim por TB sik unit
- Elth tim kwik por pind tha sik un stup spred.

Luk docta kwik ip you gud sine blo da TB sik. Uda gud TB sik muss kip medsin gor. Uda gud TB sik muss stup klin. Cubbu mout. Medsin gor stup em. Pipil gud TB sik kip klin. Kuba mout wen yu coff a sneeze. Upta medsin prom doktor pinis, TB sik gor tri kum out gen. Nor ebri time.

Tublitt medsin dokta gor gib em por pipil gud TB sik. Medsin gor tri por stup the sik prom git mor nu good. Dokta gor gib you wun tublitt medsin por tek em on time por 6 month.

## Wis wei ip I go tuss sumbudi ?

Dipen on TB sik blo sumbudi un e ples where all e stup and uda thempla mek contac, pam le or aus, bala and sissi, aka athe un pipil prom work gor doktor por testing. Ip you tuss sumbudi gud tha TB sik, look dokta stret wei. Ip you prite you gud, pine dem TB Control Unit (nor moni) or look dokta ip yu pil sik.

Ip you bin tuss e sumbudi gud TB sik, you :

- Mek em dokta look skin blo yu
- Mek em docta look blud test
- Mek e picca blo chest part
- Nidil thempla call BCG
- Medsin por latent TB sik

## TB elth clinics ya lo Queensland

Ples	Pon	Ples	Pon
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		

# Tuberculosis Disease

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## 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](http://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
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