

# Respiratory Tuberculosis (TB)

Information Leaflet  
For  
Patients and Visitors

Please follow this guidance from the  
Infection Prevention and Control Team



## **What is Respiratory Tuberculosis (TB)?**

Pulmonary/respiratory tuberculosis is a contagious bacterial infection that involves the lungs, but may spread to other organs. People infected with respiratory TB may experience a persistent cough, night sweats and weight loss.

## **If I get Respiratory TB will I automatically feel unwell?**

No, very few people are likely to become unwell when they first acquire respiratory TB. Once you have acquired respiratory TB you may experience no symptoms of infection, the bacteria may live in your lungs but your own immune system keeps the TB in check. This is called latent (or dormant) infection. People with latent infections are not infectious as the TB bacteria is not exhaled.

At a later date, if your immune system is weakened, e.g. by age, illness or pregnancy, you may develop symptoms of TB as the immune system can no longer keep the bacteria in check.

## **What are the symptoms of Respiratory TB?**

The most common symptoms of TB include:

- A cough that lasts for more than three weeks.
- Loss of weight for no obvious reason.
- Fever and heavy night sweats.
- A general and unusual sense of tiredness and being unwell.
- Not wanting to eat.

## How did I get Respiratory TB?

Pulmonary tuberculosis is caused by the bacteria *Mycobacterium tuberculosis* (*M. tuberculosis*). You can get TB by breathing in air droplets from a cough or sneeze of an infected person. Not everyone with the disease is infectious and most people with infectious TB become non-infectious after about 2 weeks.

While anyone can catch TB, some groups of people are more at risk than others.

These include people who:

- Have lived in the same household or been in prolonged close contact with someone with infectious TB.
- Are the children of parents whose country of origin has a high rate of TB.
- Are living in unhealthy or overcrowded conditions including those who are homeless or sleeping rough.
- May have been exposed to TB in their youth when the disease was more common in this country.
- Are unable to fight off infection due to other illness.
- Do not eat enough to stay healthy.
- Have lived, worked or stayed for a long time in a country with a high rate of TB such as South- East Asia, Sub-Saharan Africa and some countries in Eastern Europe.
- Are addicted to drugs or misuse alcohol.

## **How can I help prevent the spread of TB?**

If you have active Respiratory TB you will be isolated in a side room to prevent other vulnerable patients from being infected. It is important that you remain in the room and keep the door shut at all times. Please cover your mouth when you cough and dispose of any used tissues or sputum (phlegm) pots in the orange bag in your room. It is important to limit your visitors and prevent children from visiting. For further information please speak to the nurses on the ward.

## **Are my family and friends at risk?**

If Respiratory TB is diagnosed your doctor will notify the Public Health Doctor. The Public Health Doctor will then check discreetly to see if the people that you have regular contact with have been infected so that they too can be treated. The more time that a person is exposed to TB the more likely they are to develop TB. However, even if you are infectious your household may still not acquire the infection.

## **What other infection control precautions are necessary?**

Masks are not worn by healthcare workers routinely unless they are carrying out a procedure that could generate aerosol spray (induced cough) or your TB is thought to be of the multi drug resistant form. Additionally you will be asked to wear a mask if you are visiting another department.

Your visitors may be asked to wear a face mask if you are considered to be infectious as, unlike attending healthcare workers, visitors may be with the patient for some hours.

Disposable gloves and aprons are only required if the staff are dealing with body fluids.

## **How will I know if I have Respiratory TB?**

Your doctor will ask you for three sputum (phlegm) specimens on consecutive days. If you are unable to provide a specimen your doctor may suggest a bronchoscopy procedure to check your lungs for the TB bacteria.

The doctor will be able to tell you if you are infectious with respiratory TB within a week of the test.

It may take 6-8 weeks before non-infectious respiratory TB is diagnosed. During this time you will be treated as if you have the infection in order to protect others.

## **How long does Respiratory TB last?**

If you are on treatment you should start to feel better at least by 14 days. After this time you are no longer considered infectious provided you continue to take your medication as prescribed.

**If you have any questions please ask your nurse or contact:-**

**TB Nurse Specialist, Lister Hospital**

01456 427125 or  
07799648829

**Infection Prevention & Control Team, Lister Hospital**

01438 285383  
Ex 5383 or Bleep 5383

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Date of publication: November 2014

Author: Infection Control Team

Reference: INF10      Version: 2

Review Date: November 2017

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