TB
TUBERCULOSIS
the disease, its treatment and prevention
TB (tuberculosis) is an infectious disease that usually affects the lungs, although it can affect almost any part of the body.

About 150 years ago, it caused about one in eight of all deaths in the UK, but by the 1980s, with better housing and nutrition and effective treatments, it had become uncommon in the UK with about 5000 cases in 1987.

Today, there are about 7,000 new cases a year, an increase from around 5500 new cases a year in the early 1990s.

TB is not easily caught – you have to be in fairly prolonged close contact with someone with TB (for example, living in the same household) – but everybody should be aware of the symptoms of the disease so they can seek treatment as soon as possible.

TB is curable with a course of special antibiotics.
How is TB spread and am I likely to get infected?

TB can only be caught directly from someone with infectious TB in their lungs or throat. Although TB is spread through the air when people who have the disease cough or sneeze, it does take close and lengthy contact with an infected person, for example living in the same house to be at risk of being infected. This means it is highly unlikely to be infected by contact with someone on a bus or train.

Not everyone with TB of the lungs is infectious, and as long as they are taking the proper treatment most people that were infectious become non-infectious quickly – generally after about two weeks – as long as they are taking the proper treatment.

While anyone can catch TB, some groups of people are more at risk of developing it than others. These include people who:

- have lived in the same household – or been in prolonged close contact – with someone with infectious TB
- are living in unhealthy or over-crowded conditions, including those who are homeless or sleeping rough
- have lived, worked or stayed for a long time in an area with a high rate of TB, eg south-east Asia, sub-Saharan Africa and some countries in eastern Europe
• may have been exposed to TB in their youth when the disease was more common in this country
• are the children of parents whose country of origin has a high rate of TB
• have been in prison
• are unable to fight off infection (immunosuppressed) due to illness (eg HIV infection) or treatment
• are dependent on drugs or misuse alcohol
• do not eat enough to stay healthy.

How will I know if I’ve got TB?

The most common symptoms of TB include:
• a persistent cough that lasts over three weeks and gets progressively worse
• loss of weight for no obvious reason
• fever and heavy night sweats
• a general and unusual sense of tiredness and being unwell
• coughing up blood.

All these may also be signs of other illnesses so if you have them and are worried, talk to a doctor or nurse at your local surgery or clinic, or go to an NHS walk-in centre or call the free NHS helpline 111.

If you are a close contact of someone who has been diagnosed with TB and there is a risk you may have the infection, you will be offered a check-up at a special TB clinic.
If I have TB, can I be cured?

Yes, TB can be treated with special antibiotics. Once treatment starts, you may begin to feel better after about two to four weeks. But the treatment has to continue for at least six months. It is vitally important to complete the whole course of antibiotics to cure the TB. If you don’t, the TB may return in a form that is resistant to the usual drugs and much more difficult to treat. And you may pass on this more serious form of the infection to your family and friends.

If TB is not treated properly, it may lead to death.

I thought TB was prevented by a vaccine?

There is a vaccine (BCG) that has been in use for many years to help protect against TB. BCG works best to prevent the more serious forms of TB in children. However, the BCG vaccine does not prevent TB in all cases so you still need to know the signs and symptoms of TB.
Who is offered BCG vaccination?

BCG vaccine is offered to:

• infants under 12 months of age born or living in areas where the yearly rate of new cases of TB is 40 cases per 100,000 of the population or greater

• children under 16 years of age whose parents or grandparents were born in or come from a country where the yearly rate of new cases of TB is 40/100,000 of the population or greater

• previously unvaccinated children under 16 years of age that have newly immigrated from countries where the yearly rate of TB is 40/100,000 of the population or greater.

• previously unvaccinated tuberculin negative individuals under 16 years of age who are contacts of cases of respiratory TB.

How else can TB be prevented?

The most important and effective way to prevent TB spreading in this country is to diagnose people with the disease as soon as possible and make sure they have a full course of correct treatment. That is why it is so important to know about the disease.
I’m going abroad, do I need a BCG injection?

If you are under 16 years of age and are going to work or live for more than three months in a country with a high incidence of TB, it’s important that you are protected from TB. Ask for advice at your doctor’s surgery or clinic.

Can I request a BCG vaccination for myself or my children?

Only those individuals who have specific risk factors for TB will be offered a BCG vaccination.
TB in numbers factfile

TB has been around for at least 4000 years – Egyptian mummies show signs of the disease.

Around 2 billion people (about one third of the world’s population) are infected with TB – and are therefore at risk of developing active TB (TB disease) at some time in their life.

The World Health Organization (WHO) estimates that across the world, around 9 million people develop TB disease every year.

Globally, TB causes about 1.4 million deaths every year. Alongside malaria and HIV it is one of the greatest infectious disease challenges in the world today.

In sub-Saharan Africa, the HIV epidemic is making people much more susceptible to developing TB disease.

In the UK as a whole, TB has increased since the 1980s from roughly 5000 to nearly 9000 cases in 2011, with over 3500 of these being in London.

In the UK, because of good access to effective services, death from TB is rare.
TB – common concerns

Most people living in the UK will never encounter a case of TB. While it is important that people are aware of TB symptoms, and know how TB is spread and treated, it is also important that people understand the real risk to themselves and their families.

Public transport and enclosed public places
Using public transport and going about your normal daily business does not put you at risk of getting TB.

TB in schools
If a child in school were found to have TB then screening will be organised to make sure no one else is infected and to identify the source of infection. The source is usually a close family member or someone from the same household. If an adult member of staff were found to have infectious TB then the children would be screened following local public health advice.

TB and immigration
It is true that over half of the people diagnosed with TB in this country were born abroad but immigration alone does not explain the recent rise in TB cases. Around 30 per cent of people born overseas who develop TB in this country have lived here for over ten years. The most important action to safeguard public health is to ensure that all TB cases are diagnosed promptly and fully treated.
More information

Countries with high rates of TB

For more information on protecting yourself, your family and friends against TB, you can contact:

The free NHS helpline 111 or talk to your doctor or TB Alert
TB Alert is a charity dedicated to raising awareness about TB and fighting TB worldwide.

TB Alert
FREEPOST LON12815
London NW10 1YS
Phone: 01273 234029
email: info@tbalert.org
Reg Charity No: 1071886

You can also visit

- [www.nhs.uk](http://www.nhs.uk) (enter ‘TB’ in search box)
- [www.tbalert.org](http://www.tbalert.org)
- [www.thetruthabouttb.org](http://www.thetruthabouttb.org)
For more information on immunisation visit our website at [www.nhs.uk/conditions/tuberculosis-tb/](http://www.nhs.uk/conditions/tuberculosis-tb/)