

Frequently asked Questions about Tuberculosis (TB)

What is TB?

“TB” is short for a disease called tuberculosis. There are 2 forms of TB: Latent TB infection or **LTBI** and active **TB disease**

How is TB spread?

TB germs can be passed through the air when someone who is sick with **TB disease** of the lungs or throat coughs, speaks, laughs, sings, or sneezes. Anyone near the sick person with **TB disease** can breathe TB germs into their lungs.

TB germs can live in your body *without* making you sick. This is called **latent TB infection (LTBI)**. This means you have only inactive (sleeping) TB germs in your body. The inactive germs cannot be passed on to anyone else. However, if these germs wake up or become active in your body and multiply, which only occurs in less than 10% of those with LTBI, you will get sick with **TB**. When TB germs are active (multiplying in your body), this is called **TB disease**. These germs usually attack the lungs. **TB disease** will make you sick. People with **TB disease** may spread the germs to people they spend time with every day.

You cannot get TB from someone’s clothes, drinking glass, eating utensils, handshake, toilet, or other surfaces where a person with TB disease has been.

What should I do if I have spent time with someone with *LTBI*?

A person with LTBI cannot spread germs to other people. You do not need to be tested if you have spent time with someone with LTBI. However, if you have spent time with someone with active TB or someone with symptoms of TB, you should contact your Health Care Provider or Public Health Office for TB screening recommendations.

What should I do if I have been exposed to someone with *active TB*?

Not everyone who is exposed to TB becomes infected with the TB germs.

Based in an assessment of risk, those who are potentially exposed to TB are contacted by Public Health Nursing.

How do I get tested for TB?

There are two tests that can be used to help detect TB infection: a skin test and a TB blood test.

The Mantoux tuberculin skin test (TST) is performed by injecting a small amount of fluid (called tuberculin) into the skin in the lower part of the arm. A person given the TST must return within 48 to 72 hours to have a trained health care worker look for a reaction on the arm; this must be done in-person.

The TB blood test, known as the Interferon Gamma Release Assay (IGRA), measures the reaction of a person's immune system to the germs that cause TB.

A positive TST or IGRA only tells you if you have TB germs in your body. Other tests may be needed to tell if you have active TB, such as a chest x-ray (CXR) and laboratory testing of sputum.

What does a positive TB test mean?

A person with a positive TST or blood test has the TB germ in their body. It does not tell whether or not the person has been exposed to TB or has active TB disease. Other tests, such as a chest x-ray, symptom screening and a testing of sputum (phlegm), are needed to determine whether the person has active TB disease.

If latent TB infection is not contagious, why is it treated?

If you have latent TB infection but not active TB, your doctor may want you to take a drug to kill the TB germs and prevent you from developing active TB in the future. The decision about taking treatment for TB infection will be based on your chances of developing TB disease. Some people are more likely than others to develop active TB once they have latent TB infection. This includes people with HIV infection, people who were recently exposed to someone with TB disease, and people with certain medical conditions.

How is active TB disease treated?

Active TB can be treated by taking multiple drugs for several months, generally 6 to 12 months. It is very important that people who have active TB finish the medicine, and take the drugs exactly as prescribed. If they stop taking the drugs too soon, they can become sick again; if they do not take the drugs correctly, the germs that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat. In some situations, local Public Health Nurses meet regularly with patients who have TB to watch them take their medications. This is called directly observed therapy (DOT). DOT helps the patient complete treatment in the least amount of time.

Treatment for LTBI and active TB on PEI is provided at no cost to anyone who needs it.