

Knowing TB

*Essential Knowledge for the General Public
in HIV Epidemic Areas*



*TB/HIV Research Project, Chiang Rai, Thailand
(The Research Institute of Tuberculosis, Japan Anti-TB Association)*

2001

To whom is this book made for?

For the general public, especially for people living in areas with high TB and HIV prevalence such as Chiang Rai.

After reading this book, what steps should readers take?

- * *Should not discriminate against TB or HIV/AIDS patients*
- * *Should provide support and encourage people with TB suspected symptoms to promptly seek consultation and treatment*

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Questions and answers about common misperceptions and beliefs about TB

1. Question: *What is "tuberculosis" or TB (wanna roak)? Which part of our body can be effected by TB?*

Answer: *TB (wanna roak) is a disease caused by bacteria, which is tiny and is contained in the droplet nuclei of TB patients. Coughing or sneezing will spread these tiny infectious droplets. TB can attack many parts of the body such as the meninges, the bone, the lymph nodes, but the most common site is pulmonary TB (in the lung) which can be infectious and can also be transmitted to other people.*

2. Question: *Are TB(wanna roak), lung disease (roak pod) and asthma (roak hob hued) the same disease? What are the differences?*

Answer: *The lung is an organ functioning for breathing. Many diseases can attack the lung such as pulmonary TB, lung cancer, Chronic Obstructive Pulmonary Disease (COPD), pneumonia and asthma. These diseases may have comparable symptoms, such as coughing or short breath. However, causes and infectiousness of diseases are different.*

example:

-TB is an airborne disease and can be transmitted via the respiratory tract. TB is caused by an infection of TB germs.

-COPD is non-infectious and is mainly caused by smoking.

-Asthma is non-infectious and may be caused by allergic or genetic factors.

The patient should know what kind of lung disease he or she has because each lung disease has specific investigation, treatment and care.

3. Question: *Does heavy drinking or heavy smoking cause TB?*

Answer: *Smoking is a direct cause of lung cancer and COPD, but it is not a direct cause of TB. TB patients must be infected by TB germs. However, heavy drinking or heavy smoking weakens the immune system. Once getting TB infection, a person having weak immunity is at risk developing TB disease.*

4. Question: *If you meet a man or a woman age 20-40, having lost weight, thin with dark skin and a chronic cough, what disease do you associate these symptoms with?*

Answer: *Do not think about AIDS only! And do not assume that people having these symptoms are AIDS patient. TB symptoms are comparable with AIDS symptoms. Patients having other diseases such as diabetes mellitus, hyperthyroidism and cancer also have weight loss and fatigue. TB patients who suspect themselves as having, and justifiably afraid of HIV/AIDS, may not seek medical care until they are seriously sick or they may die as result of TB. TB is curable despite having HIV co-infection.*

5. Question: *Why do some patients get TB, although they have never been in contact with TB patients or no one in their family has TB?*

Answer: *Anyone may get TB germs from untreated TB patients who live or who travel around the communities or public areas such as markets, department stores, air-conditioned-buses and airplanes. In crowded places with poor ventilation or poor access to sunlight, it is hard to know who are untreated TB patients and hence it is hard to avoid contacting TB.*

The Traveling of TB patients



- *Department stores*
- *Other public places*

6. Question: *Is TB an actual communicable disease? Why do some people have close contact with a TB patient for many months or years but have not developed TB?*

Answer: *TB is an airborne communicable disease similar to flu or common cold, but TB is not an acute communicable disease. Once we inhale TB germs into our lungs, it may take 1-2 years, many years, or we may never develop TB disease in our lifetime. It depends on the individual's immune system and vulnerability.*

7. Question: *Is it true that if TB occurs in a young man or a young woman, that person must be HIV-infected?*

Answer: *Not true! Anyone at any age may have TB disease. Persons having persistent cough for more than 3 weeks should be investigated for TB by sputum examination and chest x-ray. Without HIV infection, young men or young women can become sick with TB.*



8. **Question:** *Who is at risk of developing TB disease?*

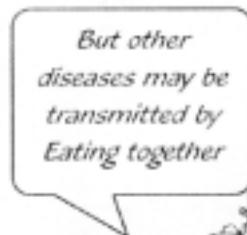
Answer: *Some conditions appear to increase the risk that TB infection will progress to disease. Persons having the following conditions are at risk of developing TB disease:*

- 1. people living with HIV infection*
- 2. patients suffering from diabetes mellitus, cancer or severe kidney disease*
- 3. elderly people and children under 5 years old*
- 4. heavy smokers, alcohol abuse, drug user*
- 5. malnutrition, low body weight (10% or more below ideal)*



9. **Question:** *Is it true that TB can be transmitted via eating and drinking?*

Answer: *TB is spread from person to person through the air, not via eating and drinking. However, there are several diseases that can be transmitted through saliva such as hepatitis, herpes zoster, oral ulcer. For the sake of personal and community hygiene, each individual should use his or her own spoon and glass. Serving spoons should be routinely used in-house and at community functions where food is served.*



10. Question: *How can the increasing of TB cases in Chiang Rai be prevented?*

Answer: *1. Do not discriminate against or fear TB carriers.*

Discrimination will discourage TB patients to openly seek care and treatment. Untreated TB patients will further the transmission of TB.

2. Persons having a cough for more than 3 weeks should consult their nearest hospital for TB investigation.

3. Start TB treatment immediately once TB is detected as treatment is the best prevention of TB transmission

4. Prevent HIV infectio

5. When coughing or sneezing, an individual should use a handkerchief to cover their nose and mouth

6. Do not spit in public places.



11. Question: How can TB germs be killed?

Answer: 1. TB patients must be treated promptly. Taking and completing a course of TB medicine is the best way to prevent the spreading of TB infection to others.
2. Sunlight can kill TB germs. TB patients' living rooms should have windows for good ventilation and should be exposed to sunlight.

12. Question: Is TB curable? What will happen to an untreated TB patient?

Answer: 1. TB is a curable disease even though co-infected with HIV. TB patients have to regularly take anti-TB drugs for at least 6 months or as prescribed by physician
2. Without treatment, TB will cause death in both non-HIV and HIV infected persons.

13. Question: Where is the best health facility to treat TB? Do free TB drugs come up to the standard of non-gratis TB drugs?

Answer: As TB is a public health concern, the Royal Thai Government gives priority to TB treatment. TB patients can seek TB service and receive, free of charge, TB medicine from every public hospital. Although the packaging, shape and color of anti TB medicine available in private hospitals differ from the government's medicine, the medicinal active ingredients are the same. However, TB treatment in private hospitals will cost more than US\$200.



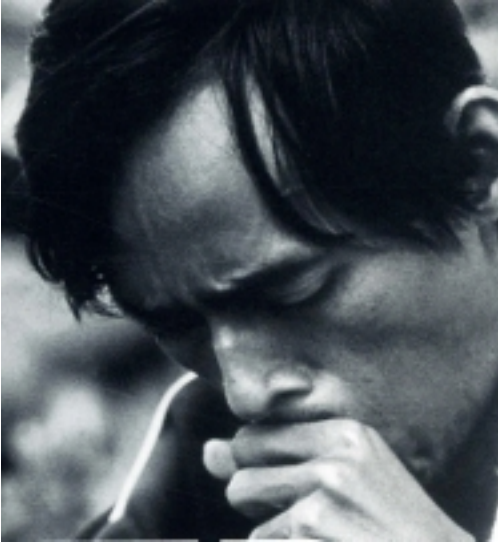
14. Question: *A man is suspected of having TB symptoms but has refused to consult a doctor. He said that he was ready to die. What should we do?*

Answer: * *We should investigate the reason of treatment refusal. In case he is afraid of AIDS and AIDS detection, he should be informed that he may develop TB or other diseases which may have similar symptoms to AIDS. He should be aware that although he has HIV, TB is curable, especially when he starts treatment in the early stage. However, patients may die of TB despite being HIV negative.*

* *Explain to him that if he has TB and he does not get treatment, he will spread TB germs to his family members and others. It is unethical if other people get TB from him and suffer from the disease.*

15. Question: *Is TB a disgusting disease? How can TB stigma be reduced?*

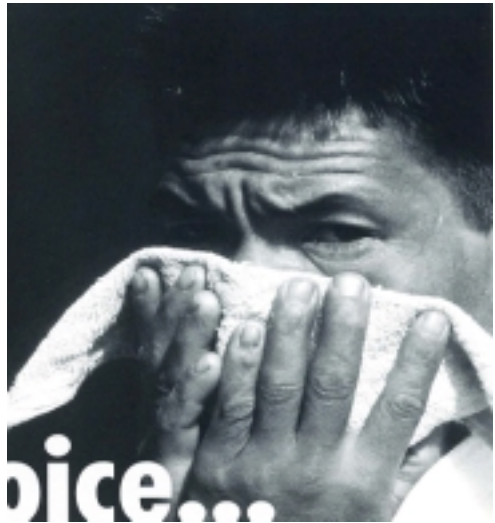
Answer: *TB patients who take anti-TB medicine are not disgusting persons because the medicine will control the spreading of TB germs. Most people were disgusted with TB patients due to coughing and sneezing. TB patients usually produce saliva, secretion or sputum. Therefore there should be a campaign for respiratory hygiene, i.e. promoting hygienic coughing by using a handkerchief to cover the nose and mouth. Spitting secretion or saliva in public places should be discouraged.*



Well...this kind of coughing looks polite but can not prevent diseases.



Covering the mouth and nose whenever coughing or sneezing prevent disease transmission.



16. Question: *Is it true that an HIV/AIDS patient having TB does not need to be treated for TB as he or she soon will die due to AIDS anyway? What is the benefit of treating a terminally ill patient?*

Answer: *Not true! TB is curable despite of co-infection with HIV. TB treatment is effective if a patient quickly seeks care and takes medicine regularly. A cured, HIV infected TB patient can work and can live with his or her family for many years. Importantly, an HIV/AIDS infected person who receives TB treatment will not spread TB germs to other people.*



A female patient, age 34, widow, living in Weing Chai District got HIV and TB from her husband. She was hospitalized for 4 days. Prior to TB diagnosis, she felt close to death, she was extremely tired and could not eat. At the beginning of starting TB treatment, each day she spent hours trying to anti-TB medicine. She was motivated to complete 6 months of TB treatment. Her TB was cured, she became healthy and was able to return to work. The patient was encouraged to take TB medicine for her own health benefit, and she was aware that taking anti-TB medicine could prevent her beloved parents and other people from getting TB.

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Summary:

The research findings from the study entitled "The Socio-cultural dimension of TB in an HIV epidemic area, northern Thailand." (1998- 2000), revealed that people knew little about TB, and they were confused about TB due to high AIDS prevalence and high AIDS stigma. Inadequate and inaccurate TB information may negatively affect the TB and HIV/AIDS control. Based on the research finding, this booklet presents the frequent misconceptions and beliefs about TB in relation to HIV/AIDS. The contents were presented in question and answer format using simple language with some photos from the field. This booklet also serves as a material for community TB training.

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