

Tuberculosis

What is Tuberculosis?

Tuberculosis (also known as TB) is a disease caused by bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and/or brain. Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection (LTBI) and TB disease, if not treated properly, TB disease can be fatal.

What does it mean to be diagnosed with TB infection or TB disease and what should be expected from treatment?

TB infection (also called latent TB)

TB bacteria can live in the body without making you sick. This is called latent TB infection. In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. People with latent TB infection have no symptoms, don't feel sick, can't spread TB bacteria to others, usually have a positive TB skin test reaction or positive TB blood test, and may develop TB disease if they do not receive treatment for latent TB infection. Many people who have latent TB infection never develop TB disease. In these people, the TB bacteria remain inactive for a lifetime without causing a disease. But in other people, especially people who have a weak immune system, the bacteria become active, multiply, and cause TB disease.

There are several treatment regimens recommended in the United States for latent TB infection. The medications used to treat latent TB infection include the following:

- Isoniazid
- Rifapentine
- Rifampin

TB disease (also called active TB)

TB bacteria become active if the immune system can't stop the bacteria from growing. When TB bacteria are active (multiplying in your body), this is called TB disease. People with TB disease are sick. They may also be able to spread the bacteria to other people they spend time with every day. Many people who have latent TB infection never develop TB disease. Some people develop TB disease soon after becoming infected (within weeks) before their immune system can fight the TB bacteria. Other people may get sick years later when their immune system becomes weak for another reason. For people whose immune systems are weak, especially those with HIV infection, the risk of developing TB disease is much higher than for people with normal immune systems. A person with TB disease usually feels sick, has symptoms that include a bad cough that lasts 3 weeks or longer, pain in the chest, coughing

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up blood or sputum, weakness or fatigue, weight loss, no appetite, chills, fever, and sweating at night. They usually have a skin test or blood test result indicating TB infection and may have abnormal chest x-ray, or positive sputum smear or culture.

The most common medications used to treat TB disease are:

- Isoniazid
- Rifampin
- Ethambutol
- Pyrazinamide

Patients should notify a medical provider immediately if any of the following are experienced while receiving medications for TB infection or disease.

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| • Unexplained rash | • Changes in hearing (ringing in ears) |
| • Persistent dark urine | • Abdominal pain/tenderness |
| • Loss of appetite | • Yellowing of the skin or eyes |
| • Nausea/vomiting | • Fever |
| • Pain in joints | • Numbness/tingling of hands/feet |
| • Changes in eyesight (blurriness) | • Dizziness |
| • Bruising | |
| • Easy bleeding with cuts | |

Rifampin may cause red-orange discoloration of urine, saliva, sweat, and tears. For this reason, patients are advised not to wear soft contact lenses because it may cause permanent staining. This is not a reason to stop taking TB medications as prescribed.

Why is it important to take TB medications regularly as prescribed?

It is important for people with TB to take and finish all medications as directed, especially since the disease can be easily spread to others. It takes several months for the medication to kill all of the TB bacteria in the body. A patient may start to feel better after only a few weeks of therapy but it is very important for the patient to continue medication until all bacteria are dead. This generally takes at least 6 months of taking medications exactly as prescribed. If the medications are stopped too soon or not taken correctly, the bacteria can become resistant to treatment. Once the bacteria become resistant to the medications, the disease is harder to treat, the patient has fewer treatment options, and the patient may stay sick longer.

What should a patient expect when being treated for TB?

- Evaluation by a medical provider.
- Direct Observation Therapy of medication to monitor compliance.

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- Monthly assessment of signs and symptoms related to the medications prescribed and the disease state itself.
- Sputum collection – The provider may ask the patient to provide sputum (coughed up phlegm) before the start of medication and repeated, to see if the medications are working.
- Other tests as needed such as blood tests and chest x-ray, etc.

Once a person is cured, can a patient get TB again?

Once a person is cured, chances are low that the person will get TB again. However, if the person is exposed to the bacteria again, there is a chance to be infected again. Patients should contact a medical provider if signs of disease reappear.

What should be done if a patient transfers to a new unit of assignment or discharges before completing therapy?

If a patient is scheduled to discharge from the system before treatment is complete, it is important to follow up with a free-world provider in order to avoid an interruption in therapy. If you transfer to a new unit of assignment, please be sure to alert medical staff that you are taking TB medications. Interruptions in therapy may decrease a patient's chance of being cured of TB. Before leaving the correctional system, the patient should ask about community-based TB programs that are available in the area where they plan to reside.

Diagnosis, Treatment Plan, and Drug Regimen were discussed with the patient. The patient verbalizes understanding of the education provided and agrees to treatment.

Signature of Inmate /Printed Name/TDCJ-ID #

Date

Signature and Title of Health Care Personal/Printed Name

Date