
TUBERCULOSIS EXPOSURE CONTROL PLAN
Policy No. 6-028.1**PURPOSE**

To provide guidelines to reduce the risk of occupational exposure to mycobacterium tuberculosis (TB).

POLICY

Community Choice Home Care, Inc. will minimize the occupational exposure to TB through the development of a TB exposure plan, organization personnel education, and implementation of this plan. A risk assessment to evaluate the risk of transmission of mycobacterium tuberculosis will be conducted in the geographic service area and the types of care and services provided. Community Choice Home Care, Inc. will reassess the risk of transmission of TB to evaluate the effectiveness of the TB exposure plan. The risk assessment will include consideration of local and state regulations regarding Tuberculin Skin Tests (TSTs) for employees.

An occupational exposure to TB will be defined as face-to-face contact for more than ten (10) minutes or being in the same room with a patient having active pulmonary or laryngeal TB for more than 30 minutes without the use of a mask. Any employee who may encounter these conditions during the performance of his/her assigned duties will be considered to be at risk.

PROCEDURE

1. Patients will be assessed on admission for high-risk categories or conditions, and signs and symptoms of TB.
2. Any patient who is considered high-risk and has exhibited a cough and at least one (1) other symptom will be identified as a potential TB patient.
3. The attending physician (or other authorized licensed independent practitioner) will be contacted for an order to perform a TST (with patient permission).
4. For patients with signs/symptoms suggestive of TB (persistent cough longer than two (2) weeks' duration, bloody sputum, night sweats, weight loss, anorexia, fever), respiratory precautions will be applied as part of the initial assessment and care/service planning process.
5. If a patient is already diagnosed with TB, the patient will be accepted onto care/service after:
 - A. A confirmed follow-up appointment with a licensed physician has been arranged
 - B. Sufficient medication has been given to the patient until the outpatient appointment

- C. A registered nurse or respiratory therapist is assigned to coordinate the care/service
6. Patients should not be sent home if there are persons in the household who are at high-risk of active TB transmission (i.e., HIV, immunocompromised patients, or children younger than five (5) years old).
 7. Personnel will:
 - A. Attend an inservice on the use of a NIOSH-certified N95 mask and will undergo fit testing based on organization's risk assessment or when a patient has been identified with known or suspected TB.
 - B. Wear a NIOSH-certified N95 mask when entering the home of a patient with known or suspected TB.
 - C. Place the patient on respiratory isolation only when there are children or immunocompromised individuals living in the home.
 - D. Collect sputum for acid-fast bacilli (AFB) in a well-ventilated area of the home, away from other household members. Opening a window to improve ventilation or specimen collection outdoors should be considered, when feasible.
 - E. Discontinue respiratory precautions when the patient has been on effective therapy, is improving clinically, and the sputum smear is negative for AFB on three (3) consecutive days.
 - F. Monitor patients with active TB for relapse with sputum smears every two (2) weeks until discharged from care/services.
 8. All personnel will receive training/education upon hire, and annually thereafter. The education will include:
 - A. Basic concepts of TB transmission, pathogenesis, diagnosis, the difference between the signs and symptoms of latent and active TB
 - B. Potential for occupational exposure
 - C. Principles of infection control to reduce risk of transmission
 - D. Purpose of Tuberculin Skin Test
 - E. Principles of preventative therapy for latent infection
 - F. Principles of drug therapy
 - G. Individual responsibility

H. Responsibility of organization

9. All personnel will be tested for TB according to the risk assessment identification for which personnel have potential exposure to TB and in accordance with federal, state, and/or local regulations. OSHA has determined that home health care is not provided in one (1) of the work places where CDC has identified workers as having a higher incidence of TB infection than the general population.

1. Risk Definitions

- A. **Low-Risk**—Personnel for whom the TST conversion rate is not greater than that for personnel for whom occupational exposure to TB is unlikely (i.e., office personnel) or than previous conversion rates for the same category of personnel.

This includes personnel for whom there have been no clusters of TST conversions, no detection of TB transmission, and fewer than three (3) TB patients are cared for each year.

- B. **Intermediate Risk**—Personnel for whom the TST conversion rate is not greater than that for personnel for whom occupational exposure to TB is unlikely (i.e., office personnel) or than previous conversion rates for the same personnel. This includes personnel for whom no clusters of TST test conversions have occurred, no detection of TB transmission, and three (3) or more TB patients are cared for each year.

- C. **High-Risk**—Personnel for whom the TST conversion rate is significantly higher than personnel for whom exposure to TB is unlikely (i.e., office personnel) or than previous conversion rates for the same personnel and epidemiologic evaluation suggests transmission of TB. This includes personnel for whom a cluster of TST conversions have occurred, and possible person-to-person transmission of TB has been detected.

2. High-risk personnel will be tested every three (3) months; intermediate-risk personnel will be tested every six (6) months; and low-risk personnel will be tested annually.
3. Where required by state and/or local regulations, a two (2)-step TST skin test will be given to all personnel upon hire, if no TST has been performed within 12 months of hire date, and thereafter, according to risk assessment.
4. The testing procedure, reading, documentation and record keeping of TST will be kept in compliance with applicable law and regulation. The person(s) conducting the testing procedures and reading the results of the TST will be competency tested in the appropriate procedures.
5. Those employees known to have positive TST results will be given an annual questionnaire regarding the existence of active TB signs and symptoms.

6. Follow-up with a physician will be mandatory for any employee identified through the use of the questionnaire to have signs or symptoms of active TB.
7. When TB exposure is known or thought to have occurred, a TST will be administered to the individual as soon as possible. This test will serve as a baseline reading. Personnel known to be TST positive should not be retested.
8. A second TST will be administered 12 weeks post-exposure to determine if infection has occurred. If this TST is negative, no further testing is necessary.
9. TST converters will be sent to an occupational health provider, the employee's personal physician, or to the county health department for further interpretation and follow-up. Antimicrobial prophylaxis may be indicated.
10. All TST converters must have a chest x-ray to determine possible presence of active pulmonary TB. To detect the existence of extrapulmonary TB, additional physical assessment and testing may be necessary.
11. Work restriction will not be initiated if the employee is asymptomatic.
12. When active disease is present, the individual will be restricted from work assignments until antimicrobial prophylaxis has been initiated and there are three (3) negative AFB smears obtained on different days.
13. Community Choice Home Care, Inc. will comply with reporting and record keeping requirements according to state and federal law.

Note: For further information regarding Tuberculosis please refer to the:

1. Morbidity and Mortality Weekly Report (MMWR)
"Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Health-Care Settings, 2005"
December 30, 2005/Vol. 54/No. RR-17
<http://www.cdc.gov.mmwr/pdf/rr/rr5417.pdf>
2. Visit <https://www.cdc.gov/tb/topic/default.htm> for a list of resources by topic.
For more information, contact:
CDC
TB Surveillance Department
Atlanta, GA
(404) 639-1819
www.cdc.gov

TB Elimination

The Difference Between Latent TB Infection and TB Disease

What is TB?

Tuberculosis (TB) is a disease caused by a germ called *Mycobacterium tuberculosis* that is spread from person to person through the air. TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, or the spine. When a person with infectious TB coughs or sneezes, droplet nuclei containing *M. tuberculosis* are expelled into the air. If another person inhales air containing these droplet nuclei, he or she may become infected. However, not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection and TB disease.

What is Latent TB Infection?

Persons with latent TB infection do not feel sick and do not have any symptoms. They are infected with *M. tuberculosis*, but do not have TB disease. The only sign of TB infection is a positive reaction to the tuberculin skin test or TB blood test. **Persons with latent TB infection are not infectious and cannot spread TB infection to others.**

Overall, without treatment, about 5 to 10% of infected persons will develop TB disease at some time in their lives. About half of those people who develop TB disease will do so within the first two years of infection. For persons whose immune systems are weak, especially those with HIV infection, the risk of developing TB disease is considerably higher than for persons with normal immune systems.

Of special concern are persons infected by someone with extensively drug-resistant TB (XDR TB) who later develop TB disease; these persons will have XDR TB, not regular TB disease.

A person with latent TB infection

- Usually has a skin test or blood test result indicating TB infection
- Has a normal chest x-ray and a negative sputum test
- Has TB bacteria in his/her body that are alive, but inactive
- Does not feel sick
- Cannot spread TB bacteria to others
- Needs treatment for latent TB infection to prevent TB disease; however, if exposed and infected by a person with multidrug-resistant TB (MDR TB) or extensively drug-resistant TB (XDR TB), preventive treatment may not be an option

What is TB Disease?

In some people, TB bacteria overcome the defenses of the immune system and begin to multiply, resulting in the progression from latent TB infection to TB disease. Some people develop TB disease soon after infection, while others develop TB disease later when their immune system becomes weak.

The general symptoms of TB disease include

- Unexplained weight loss
- Loss of appetite
- Night sweats
- Fever
- Fatigue
- Chills

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The symptoms of TB of the lungs include

- Coughing for 3 weeks or longer
- Hemoptysis (coughing up blood)
- Chest pain

Other symptoms depend on the part of the body that is affected.

Persons with TB disease are considered infectious and may spread TB bacteria to others. If TB disease is suspected, persons should be referred for a complete medical evaluation. If it is determined that a person has TB disease, therapy is given to treat it. TB disease is a serious condition and can lead to death if not treated.

A person with TB disease

- Usually has a skin test or blood test result indicating TB infection
- May have an abnormal chest x-ray, or positive sputum smear or culture
- Has active TB bacteria in his/her body
- Usually feels sick and may have symptoms such as coughing, fever, and weight loss
- May spread TB bacteria to others
- Needs treatment to treat TB disease

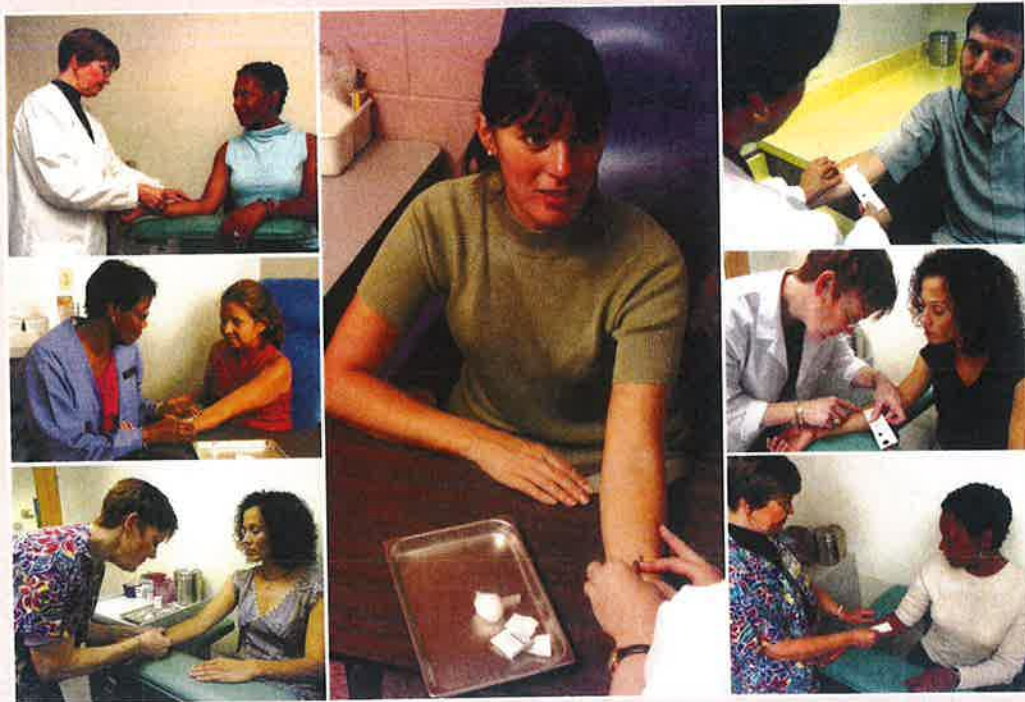
Additional Information

1. American Thoracic Society (ATS) and CDC. Diagnostic standards and classification of tuberculosis in adults and children. (PDF) *Am J Respir Crit Care Med* 2000; 161. <http://ajrccm.atsjournals.org/cgi/content/full/161/4/1376>
2. CDC. Questions and Answers About TB. <http://www.cdc.gov/tb/publications/faqs/default.htm>
3. CDC. Multidrug-Resistant Tuberculosis (MDR TB). <http://www.cdc.gov/tb/publications/factsheets/drtb/mdrtb.htm>
4. CDC. Extensively Drug-Resistant Tuberculosis (XDR TB). <http://www.cdc.gov/tb/publications/factsheets/drtb/xdrtb.htm>

<http://www.cdc.gov/tb>

TB

What You Need to Know About the Tuberculosis Skin Test



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National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention



“I was told I needed a TB skin test, so I went to the health clinic. It was quick and didn’t hurt. In two days, I went back to the clinic so the nurse could see the results. It’s important to go back in 2 or 3 days to get your results or you will have to get the test again.”

A TB skin test will tell you if you have ever had TB germs in your body.

- A harmless fluid is placed under your skin on the inside of your arm. A very small needle is used, so you will only feel a light pinch.
- Make sure you don’t put a bandage or lotion on the test spot. Also—don’t scratch the spot. If the area itches, put an ice cube or cold cloth on it. It is okay for the test spot to get wet, but do not wipe or scrub the area.
- Return to the clinic or doctor’s office in 2 to 3 days so your healthcare provider can look at the test spot on your arm. He or she will look at the test spot and measure any bump that appears there. Your healthcare provider will let you know if your test is negative or positive.

Write the time and date you will need to return here:

Remember—only a healthcare provider can read your TB skin test results the right way.



When your skin test is positive:

- You have TB germs in your body.
- You may need to get an x-ray of your chest or give a phlegm sample. These extra tests will help show if you have TB disease or TB infection.
- Your doctor or healthcare provider may ask if you have HIV. TB infection and HIV together can make you very sick very quickly. If you don't know if you have HIV, your doctor or healthcare provider may suggest you take an HIV test.

The good news:

TB can be **CURED** if you follow the medicine plan you and your doctor set up.

Did you know?

Once you have a positive TB skin test you will always have a positive TB skin test, even if you complete treatment. Ask your doctor for a written record of your positive skin test result. This will be helpful if you are asked to have another TB skin test in the future.

When your TB skin test is negative:

- You don't have TB germs in your body

OR

- TB germs are not showing up in your body at this time. Sometimes the test may have been done too soon to show the TB germs.



If your TB skin test is negative, you still may need to have more tests if:

- You have been around someone with TB disease.
- Your TB skin test was within 8 weeks of your exposure to TB.
- You have signs of TB disease, like coughing, chest pain, fever, weight loss, or tiredness.
- You have HIV infection, since the TB skin test may not react the way it should.

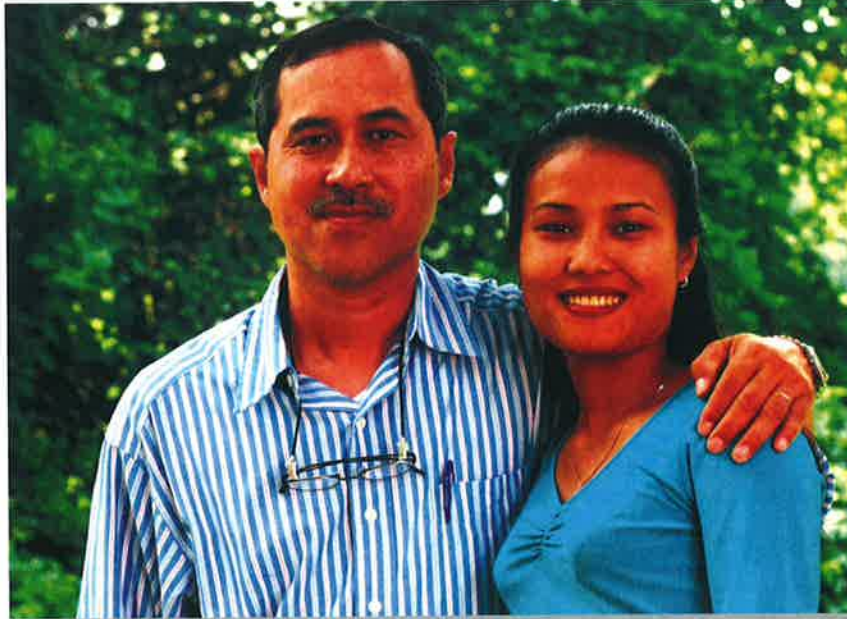
TB

Protect Your Family and Friends from Tuberculosis

The TB Contact Investigation



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TB Prevention

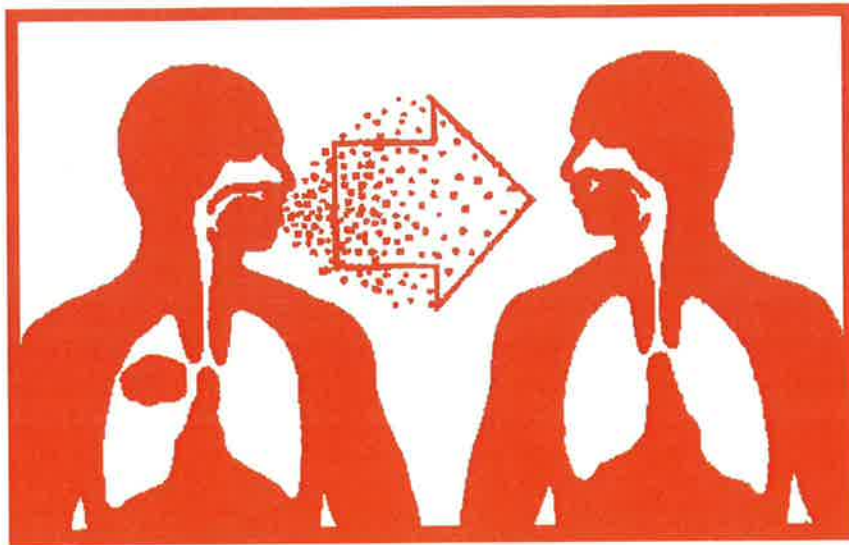


What's Inside:

Read this brochure today to learn how to protect your family and friends from TB. Then share it with people in your life.

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Did you know?

People with TB disease can pass TB germs to others. But if they take the TB medicine the right way, they won't pass TB germs to others.

“No one likes to think they have given someone TB.”

Anyone can get TB

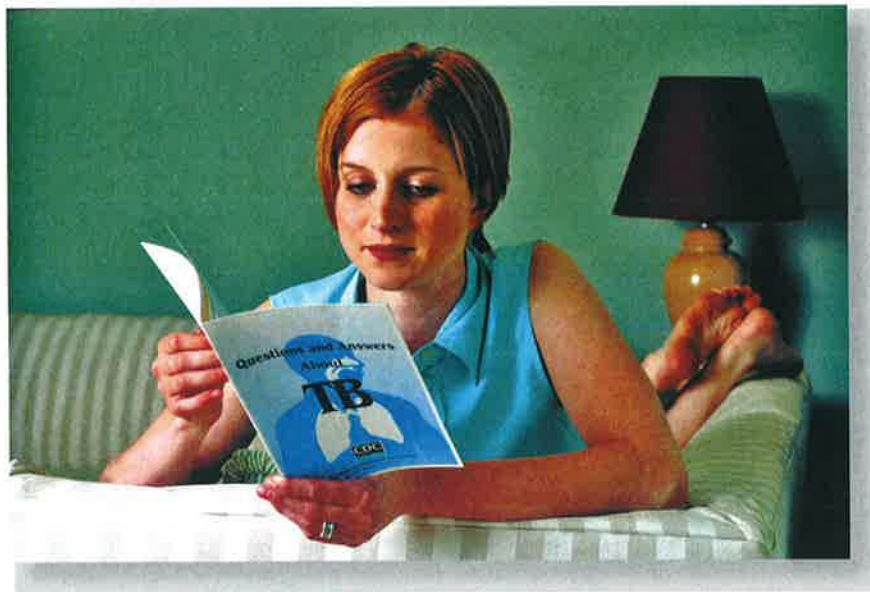
If you have TB disease, you are doing the right thing by sharing the names of people you spent time with when you were able to pass TB germs to others. By helping your doctor or healthcare provider to do a TB contact investigation, you are helping your family and friends stay well. And you are helping to make sure your community stays healthy.

Here is what Kelly had to say about contact investigation:

“My healthcare worker asked for the names of my *contacts*, people I spent time with before I got treatment—when I could still pass TB germs on to others. My healthcare worker said she needed to do a *contact investigation*. This means calling or visiting people to let them know they should be tested for TB. I knew my family and friends needed to find out if they had TB, so, together we made a list of my contacts.”

How is TB spread?

TB germs are passed through the air when a person who is sick with TB disease coughs, laughs, sings, or sneezes. Anyone nearby can breathe in these TB germs and get TB infection. People with TB infection cannot pass TB germs to others. But if left untreated, TB infection can turn into TB disease.





The good news is that TB can be prevented, treated, and cured.

Follow Kelly's tips:

- Think about your contacts. Contacts are family members, friends, neighbors, co-workers, and others who spent time with you when you were sick.
- Give the names of your contacts to your healthcare worker. Don't let being embarrassed keep you from listing people you may have given TB germs.
- Think of how you are helping those around you stay well. Protect your family and friends.
- Learn all you can about TB.

Talking with your healthcare worker:

Your healthcare worker may ask you some or all of these questions during the contact investigation.

About your symptoms:

Your healthcare worker may ask: "How long have you been coughing?"
"When did you first start to feel sick?"

About places you have been:

Your healthcare worker may ask, "Where did you spend time when you were feeling sick and coughing? Where did you live? Did you go to school? Where did you hang out when you were not at home or working?"

About people you spent time with:

Your healthcare worker may ask, “Who are the family members, friends, neighbors, and co-workers you’ve spent time with while coughing?”

Get your questions answered.**Will my healthcare worker get in touch with all the people I listed?**

Your healthcare worker will decide which people need to be contacted based on the information you give. It is important for the healthcare worker to be in touch with people you may have given TB germs. These friends, family members, co-workers, or classmates may have TB infection. That means they have dormant (sleeping) TB germs in their body, so they may not feel sick. If they get treatment for TB infection, they won’t get sick with TB disease. If they already have TB disease, they will need treatment right away.

What about my privacy?

Some people with TB disease are afraid they will lose their job if others learn they passed TB germs to people at work. Others may be worried their friends and family will reject them. What you need to know is that the information you share with the healthcare worker is kept private and personal.

If your healthcare worker has to talk with your supervisor:

Your healthcare worker will be extra careful when talking to people at your work. In most cases, a contact investigation can be done without giving your name. Your name will ONLY be given to a supervisor if it is needed to make sure the right people get tested for TB. The healthcare worker will ask your supervisor to not give your name to your co-workers.



Your healthcare workers will do everything they can to protect your privacy.

- Your healthcare worker will take steps to make sure your name is not mentioned in a contact investigation. Even if your contact already knows that you have TB, your healthcare worker will not give out your name.
- Your healthcare worker will only give your name to doctors, nurses, and other healthcare workers who are taking care of you.

Your healthcare worker may:

- Call or visit the people you name.
- Talk to a group of people at your work, school, or place of worship.

Your healthcare worker will suggest the contacts get a TB skin test or TB blood test and provide information on where to get tested.

“A nurse told us we had been around someone with TB disease and we might have TB infection. She said if we do have TB infection and don't get treatment, we can go on to get TB disease. And that can make us very sick. We're going to the clinic today to get a TB skin test or TB blood test.”





A word for contacts:

What should you do if you have been named as a contact of someone with TB disease?

FIRST: A healthcare worker will call you on the phone or come to see you. The worker will not tell you the name of the person who may have passed TB germs to you.

NEXT: After talking to you, a healthcare worker may suggest that you see a doctor or nurse for an examination. The exam may include a TB skin test or TB blood test and a chest x-ray.

FINALLY: If you have TB infection, take control now. Follow your healthcare worker's advice. Stop TB infection before you go on to get TB disease.

If a healthcare worker contacts you:

Talk with the healthcare worker. Find out all you can about TB. Get a TB skin test or TB blood test if the healthcare worker says you need one.



Talking with family and friends.

Some people do not understand how TB is spread or how it is treated. They may be afraid of getting TB from sharing dishes or drinking containers with someone who has TB. It may be helpful to share the facts you have learned about TB with your family and others who are close to you, especially if they are worried about their health or your health. Learning the facts may help lower their fears.



TB is a serious disease.

If you have TB disease, you are doing the right thing by giving names of people you have spent time with to your healthcare worker. If you know you have been around someone with TB disease, call your doctor or clinic and ask about getting a TB skin test or TB blood test.

Setting up an appointment for your TB skin test or TB blood test:

Date: _____

Time: _____

Location: _____

Phone: _____

Name of healthcare worker or clinic:

Take steps to control TB.

DO IT FOR YOUR HEALTH — DO IT FOR YOUR FAMILY.



I took steps to protect my family.

“First I gave names of people I spent time with to my healthcare worker. Then my family got tested for TB. Everyone had a TB skin test or TB blood test. We are following our doctor’s advice and taking steps to protect our health. And that’s important to us.”

TB

Get the Facts About Tuberculosis Disease



**Centers for Disease
Control and Prevention**
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention



What's Inside:

Read this brochure today to learn how to protect your family and friends from TB. Then share it with people in your life.

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Randy speaks out about TB:



“Last winter my cousin Carl got real sick with TB disease. Since I live with him, I should have had a TB skin test or TB blood test, but I never got around to

it. I don't have health insurance, so I didn't go to the doctor right away when I got a bad cough. When the cough lasted 3 weeks, and I started having night sweats, well, I knew something was wrong. The clinic doctor thought I might have TB. The nurse gave me a TB skin test and then I had a chest x-ray. Sure enough—I had TB disease.”

Get the facts, then get the cure

You may have just been told you have TB disease. You also may be feeling a bit confused. This is normal. You are learning a lot of new information. It may help if you look at this brochure and read what some people like you have to say about TB.

Randy has TB disease and is now taking TB medicines. He is taking the TB medicines just like his doctor told him. Soon he will be cured of TB.

We hope the information in this booklet can answer your questions you or your loved ones may have about TB.

How to best use this booklet:

Read this booklet to learn how other people like you coped with TB disease. Learn all you can about TB and share what you learn with your family and friends. Read through this booklet once. Then put it in a familiar place so you can read it again if you need to.

There are 3 parts to this booklet.

Part 1: Learn how TB is spread.

Part 2: Getting treated for TB.

This section also includes answers to questions you may have about TB medicines.

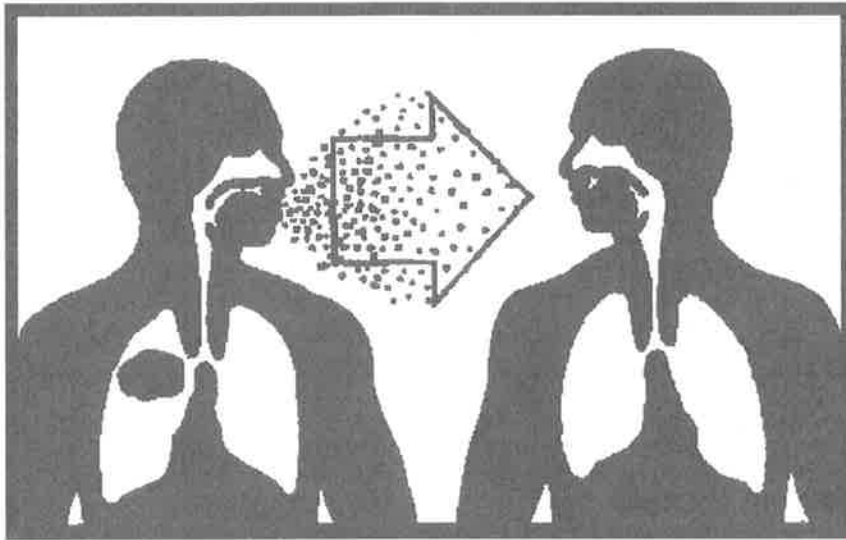
Part 3: Get good advice on how to talk to your family about TB.

What is TB?

TB is short for tuberculosis. TB is a serious disease that can cause a person to become very sick if not treated with medicine. TB usually affects the lungs, but it sometimes affects other parts of the body.

How did I get TB disease?

- TB is spread through the air from one person to another. The TB germs are passed through the air when someone who is sick with TB disease coughs, laughs, sings, or sneezes.
- If you breathe air that has TB germs, you may get TB infection. This means you have only dormant (sleeping) TB germs in your body. These dormant germs are not making you sick, and you cannot pass these germs to anyone else.
- If these dormant TB germs in your body wake up and multiply, you will get sick with TB disease.
- TB can cause death if not treated with medicine.



TB disease develops from TB infection. People don't know they have TB infection unless they have been tested for TB.

Once you have TB infection, you have a higher chance of getting TB disease if you:

- Have HIV infection.
- Have been recently infected with TB (in the last two years).
- Have other health problems, like diabetes, that make it hard for your body to fight germs.
- Abuse alcohol or inject illegal drugs.
- Were not treated correctly for TB infection in the past.

Learn how TB is spread

Did you know?

Babies, young children, and elderly people also have a much higher chance of getting TB disease if infected with TB germs. This is because their body defenses are not as strong.

You cannot get TB germs from:

- Sharing drinking containers or eating utensils.
- Smoking or sharing cigarettes with others.
- Saliva shared from kissing.

TB is NOT spread through shaking someone's hand, sharing food, touching bed linens or toilet seats, or sharing toothbrushes.



Randy's story:

Randy has TB disease. He felt sick for a while. He told his doctor he had been having night sweats and coughing a lot for three weeks. He lost about 10 pounds and felt weak and tired. He was pretty scared the day he coughed up blood.



- Because he had active TB germs in his body, Randy was able to pass TB germs on to others around him when he coughed, sang, or sneezed. How? TB germs are passed through the air from one person to another.
- Randy got treatment. He will need to stay on TB medicines for at least 6 months, or until all the TB germs in his body are killed.
- He talked to his doctor to find out when it was safe to return to work and have friends visit him at home.

Some signs of TB disease are:

- A bad cough that lasts 3 weeks or longer.
- Pain in the chest.
- Coughing up blood or phlegm from deep inside the lungs.
- Weakness or feeling very tired.
- Losing weight without trying.
- Having no appetite.
- Chills and fever.
- Sweating at night or when you are sleeping.



The good news:
TB disease
can be
prevented,
treated, and
cured!

Did you know?

Babies, young children, and elderly people also have a much higher chance of getting TB disease if infected with TB germs. This is because their body defenses are not as strong.

Treatment for TB Disease

How is TB disease treated?

- You will start off with several TB medicines.
- You will need to take your medicines the right way, just as your doctor or healthcare provider tells you.
- You will need to stay on TB medicines for at least 6 months.



Take your TB pills exactly the way your doctor tells you, even if you feel well. It's the only way to kill TB germs.

If you don't take the pills the right way:

- It can be harder or not possible to cure your TB.
- You can stay sick for a longer time.
- The medicines can stop working, and you may have to take different medicines that have more side effects.
- Even the new medicines may not cure the TB.
- You can pass TB germs on to others.

Talk to your healthcare provider if your TB medicine is making you feel sick. Any medicine can cause side effects, including TB pills. Most people can take their TB medicine without any problems.



If you are being treated for TB disease, tell your doctor right away if you have:

- A fever.
- A rash.
- Aching joints.
- Aches or tingling in your fingers or toes.
- An upset stomach, nausea, or stomach cramps.
- Vomiting.
- Changes in your eyesight such as blurred vision.
- Changes in your hearing such as ringing in your ears.
- Dizziness.
- Bruising.
- Easy bleeding when cut.
- Less appetite or no appetite for food.
- Tingling or numbness around the mouth.
- Yellow skin or eyes.

Your doctor will make sure the medicine is working:

During your treatment, you will have occasional blood, phlegm, urine tests, and x-rays as needed to make sure that your medicines are working.

If you have other health problems, like HIV infection or hepatitis, you may have these tests before and after treatment, as well.

Follow these medicine tips:

- Take your pills exactly the way your doctor tells you.
- Take your pills even if you feel well.
- Talk to your doctor about any side effects from taking the pills. Your doctor has tips to help you take your pills.

Once I complete treatment for TB disease and I'm cured, can I get TB again?

Yes, but this is unlikely. After you take the medicine the right way for as long as your doctor tells you, your chance of getting TB again is low. Now that you have had TB disease, you know what the signs are. If you notice any of those signs, you should call your doctor right away.

When you have TB disease, you will want to take these steps:

- Take your medicine the right way, as your doctor or healthcare provider tells you.
- Wear a special mask if your doctor says it is needed. If you are not wearing a mask, cover your mouth and nose with a tissue when you cough or sneeze. You may see healthcare providers wearing a mask around you so they won't get TB germs from you.
- Keep windows open in your home, if possible, until your doctor says you cannot pass TB germs to others.
- Don't spend time in closed spaces with others until your doctor or healthcare provider says you can't pass TB germs on to others.

Talking to family and friends about TB

“Letting people know you have TB disease is not always easy. I knew I had to tell my family because I spend a lot of time with them. My sister has two young sons, so I wanted them to get tested right away. Everyone got TB skin tests and all of them were negative, but it may have been too soon for their bodies to react to the test. They will all get another TB skin test or a TB blood test in about two months.”



If you have TB disease, you may want to talk to your friends and family about it. If so, share this brochure and other information you have learned about TB with them.

Let them know:

- Anyone can get TB.
- You are taking your TB pills the right way.
- Usually after you have been on the TB medicine for several weeks, your doctor will be able to tell when you are no longer passing TB germs to others.
- A healthcare worker may speak with them about their chances of getting TB. They may need to have a TB skin test or TB blood test and chest x-ray.

Remember—TB can be prevented, treated, and cured.

All of this information is a lot to take in at once. Take each day—one day at a time, as you work toward getting cured of TB disease.