



KNOW YOUR RIGHTS: TUBERCULOSIS PREVENTION, DIAGNOSIS, AND TREATMENT

YOUR RIGHTS AND TB PREVENTION

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Page 1 of 3

What is preventive therapy for TB?

You can develop TB infection if you breathe in air from someone who is sick with TB and coughing, especially someone not on treatment. This may be referred to as latent TB infection or LTBI. TB infection means you have the TB bacteria inside your body, but they are not making you sick. This means you cannot pass the TB germs to others. In many cases, your body is able to keep this TB infection under control and you do not have any symptoms. But in some cases—especially if the immune system is not working properly—TB germs in the body can multiply and make you sick sometime in the future.

How do I know if I have TB infection?

There are two kinds of tests for TB infection. One is called a tuberculin skin test, or TST. It involves injecting a small amount of harmless protein into your skin (usually in your arm) and asking you to come back a day or two later to see if your skin has reacted, which would mean you have TB infection. The other kind of test is called interferon gamma release assay, or IGRA. An IGRA test looks at a small amount of your blood for signs of TB infection. Having one of these tests may not be necessary for starting preventive therapy if you are at high risk of getting active TB disease. This is because these tests are not perfect. The TST can have a positive result in people who are not infected with TB but have had the BCG vaccine. In some people—especially those who are very young or those whose immune systems are not working well—either the TST or IGRA may have a negative result, even if there is TB infection. Persons who have been exposed to TB in their homes or other places may still benefit from preventive therapy and have the right to discuss this with their health care providers.

What is TB preventive therapy?

Preventive therapy means taking medicines for TB to prevent you from falling sick. Your doctor or nurse may recommend that you take preventive therapy after testing to see if you have TB infection, or after asking about your risk factors. Because the TB infection tests are not very good at telling who will go on to get active TB disease, your doctor or nurse may offer you treatment based only on the risk factors. One risk factor is being in close contact with someone with active TB—all contacts of someone with TB should be screened for TB and, if they have or are likely to have TB infection, should be offered preventive therapy. Another risk factor is having HIV. In fact, the WHO recommends anyone with HIV or children under five years of age who live with someone with TB should be offered preventive therapy (as long as they do not have active disease), even without a TB infection test.

There are several different preventive therapies that work and are safe:

- Six months, nine months, 36 months of or lifetime treatment with an anti-TB medicine called isoniazid, taken daily. For people with HIV, this can also be given with cotrimoxazole to prevent other HIV-related conditions;
- Three months of isoniazid plus rifapentine, taken once a week. This is the newest option, and many people think it is the easiest;
- Three to four months of daily isoniazid plus rifampicin, another anti-TB medicine;
- Three to four months of daily rifampicin alone.

Please note: if you are taking preventive therapy that includes isoniazid, you should also be given vitamin B6 (also called pyridoxine) to prevent damage to your nerves. If you are taking antiretroviral therapy (ART), your doctor should prescribe with caution preventive therapy that contains rifampicin or rifapentine, since these can interact with common HIV medicines.

Can preventive therapy work for multidrug-resistant TB (MDR-TB)?

MDR-TB means that the strain of TB is resistant to isoniazid and rifampicin, so the preventive therapy options mentioned above may not work. The WHO recently released updated guidance recommending that preventive therapy may be considered for persons living with someone with MDR-TB. There are several ongoing studies to assess the best treatment for MDR-TB infection. You should ask if any of these studies are being done in your area. In some situations, treatment of MDR-TB infection with medicines such as levofloxacin or moxifloxacin may be offered to individuals at high risk. You should discuss the risks and benefits of receiving this medication with your health care providers.

Who should be able to access TB preventive therapy?

The WHO recommends that all people with HIV, and all children under five years of age who live with or are close to someone with TB, take preventive therapy when they do not have active TB disease. This is because children and people with HIV are at very high risk of developing TB if they are exposed to the bacteria. WHO also recommends that preventive therapy may be offered to people five years and over who live with someone with TB, if they live in countries with high burdens of TB and do not have active TB. Because TB is transmitted through the air, everyone in close contact with a person with TB, or at other high risk for TB (such as working in a mine where you are exposed to silica dust that causes silicosis or living in a prison without proper ventilation) should have access to TB screening.

Can I be forced to take preventive therapy?

Preventive therapy should never be mandatory. You should always have the choice of taking it (consent) or not. You may encourage an at-risk loved one to take preventive therapy, but it is their choice to take it or not. You have the right to be fully informed about the potential benefits, risks, and existing knowledge about TB preventive therapy. For children, their parent or legal guardian must provide consent to any procedure or medication, including preventive therapy. In some places, the law does not allow children

to consent to treatment and medical decisions by themselves. Laws about consent and ages of consent vary. In many countries this is 18 years old, but in some countries it is younger or older.

I am taking care of a family member with TB. What do I need to know?

TB is infectious, but remember, TB can only be passed through the air when someone sick with still-infectious TB (also called smear-positive TB) coughs, sneezes, sings, or shouts. TB is NOT spread through touch, blood, sperm, or vaginal fluids, or through sharing food, utensils, plates, or cups. TB is generally not infectious after two weeks of good treatment. Most transmission (spread) occurs before someone is on effective therapy. Soon after effective therapy starts, the risk of transmission drops dramatically.

We know the most important way to stop the spread of TB is to quickly diagnose all persons with disease, start them on effective therapy, and support them to successfully complete therapy. If you are in close contact with someone with still-infectious TB, try to stay in well-ventilated areas, preferably with sunlight or a UV light, when you are with the person. You should have access to regular TB screening and pay close attention to any signs of TB in yourself. If you do not have TB symptoms, but think you have been exposed to TB, you should have access to preventive therapy.

Different kinds of masks can help stop the spread of TB. Persons living with TB can wear a surgical paper or cloth mask, as these can stop the TB germs that they cough from being spread to the air. If you are caring for someone with TB but you are not sick, a special type of mask needs to be worn to prevent breathing in the TB germs. This is called an N-95 respirator, and it stops germs from getting in. If you do not have TB and are trying to protect yourself, do not wear a regular surgical mask; this is actually worse than wearing no mask.



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