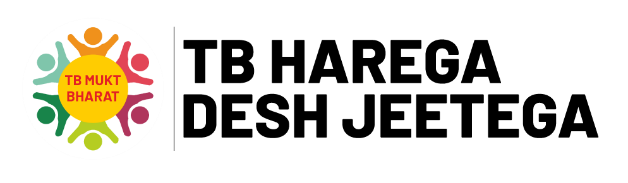
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**FREQUENTLY ASKED QUESTIONS ABOUT TUBERCULOSIS**

1. **What is tuberculosis?**

Tuberculosis (TB) is an infectious disease caused by the bacteria *Mycobacterium tuberculosis.*TB usually affects the lungs, but it can also affect other parts of the body, such as the brain, the kidneys, the spine, etc.,

1. **How do I know if I have TB?**

Symptoms of TB are usually specific to the site affected by the bacteria. Although there are some symptoms common to all types of TB, an indicative list of symptoms is given hereunder (if you experience any symptoms associated with TB, you must visit a health centre and get yourself tested immediately):

Symptoms of Pulmonary TB or lung TB:

* Persistent cough for two weeks or more
* Chest pain
* Shortness of breath
* Blood in sputum

Symptoms of Extra Pulmonary TB depend on the site/organ affected:

* Brain TB- meningitis
* Lymph node TB - enlarged lymph nodes
* Bone TB - the destruction of bones and joints
* Abdominal TB –Intestinal obstruction

Common symptoms

* Weight loss
* Fatigue
* Evening rise of temperature (Fever)
* Night sweats

1. **What do I do if I notice symptoms of TB?**

If you, or someone you know, is experiencing symptoms of TB, please visit your nearest health centre for a checkup. TB treatment is available free of cost at all government and identified private and NGO health facilities called treatment centres.

It will be useful to download the TB Aarogya Saathi app on your phone for basic clarifications and resources. You could also call the toll-free number 1800-11-6666 for further counseling and support.

1. **How is TB diagnosed?**

TB is diagnosed by demonstrating TB bacteria in a clinical specimen taken from the patient. While other investigations may strongly suggest tuberculosis as the diagnosis, they cannot confirm it.

Pulmonary TB is diagnosed through sputum smear microscopy and/or Chest X-Ray.

In Extra-pulmonary TB it is usually difficult to demonstrate TB bacteria, hence the diagnosis is made based on clinical suspicion and special tests depending on the organ affected. For instance, TB of the lymph nodes is diagnosed by a special test called FNAC (Fine Needle Aspiration Cytology).

In addition, NAAT (nucleic acid amplification test) is increasingly being used for diagnosing TB. They are highly accurate and rapid molecular tests. In addition to detecting TB, it also detects drug resistance to one of the potent anti-TB drugs, Rifampicin.

1. **How do I locate a TB diagnostic centre in my district?**

You can download the TB Aarogya Saathi app on your phone and go to “Health Facilities” to find both government and private sector TB health centres in your districts. You can also find the names and contact numbers of point persons at those health facilities. You could also call the toll-free number 1800- 11- 6666 for further help and information.

1. **Is TB curable?**

TB is curable if the prescribed drugs are taken regularly for the complete duration.

1. **Is TB always infectious?**

Microbiologically confirmed pulmonary TB patients (people with lung TB) are infectious. However, these patients don’t remain infectious, if at least 2 weeks of Anti TB medicines are taken. It is important to complete the entire duration of medication. In comparison, if it's a case of TB affecting other organs (other than the lung), then they are not infectious.

Wearing a mask potentially cuts transmission of the disease/infection, therefore person who has cough for any duration (even if not yet tested) is encouraged to wear a mask.

1. **How does TB spread? Am I likely to spread the infection if I share food or shake hands with someone too?**

TB spreads when a person with active lung TB talks, sings, coughs, or sneezes releasing TB bacteria in the air, in the vicinity of susceptible individual. However, TB does not spread through handshakes, using public toilets, sharing food and utensils, and casual contact. TB patients can continue living their normal lives after treatment completion. They should cover their mouth and nose while coughing and sneezing as a practice.

1. **How long does it take to recover from TB?**

The duration and nature of TB treatment depend upon the resistance to drugs available for treatment. For drug-sensitive TB patients, the treatment is generally 6-9 months.

Some patients might have resistance to one or few of the drugs used to treat TB. In that case, the treatment might be longer. After the diagnosis of TB, patients are offered cascade testing to check if they are resistant to any line of TB drugs. Patients may be diagnosed with DR-TB (Drug-Resistant, MDR-TB (Multi-Drug Resistant), pre-XDR (pre Extensively drug-resistant TB), or XDR-TB (Extensively drug-resistant TB) depending upon the TB drugs they are resistant to.

1. **I have TB. What kind of diet should I follow?**

TB patients should consume a nutritionally rich and balanced diet that has all nutrients in the required proportions. For example, the diet may include cereals (maize, rice, sorghum, millets, etc.); pulses (peas, beans, lentils, etc.); oil; sugar, egg, fish etc.

1. **What kind of social support am I entitled to from the government especially to address nutrition needs?**

Under the “Nikshay Poshan Yojana”, the Government of India provides 500 rupees each month to TB patients for the entire duration of their treatment as nutrition support.

1. **Who can be affected by TB?**

Anyone can be affected by TB but there are few conditions that increase the likelihood of developing active TB disease. These include:

* Close prolonged contact with a person with Pulmonary TB
* Being in an overcrowded environment
* Smoking
* HIV infection
* Malnutrition
* Diabetes patients
* Patients on immunosuppressive drugs (anti-cancer, corticosteroids etc.)
* Certain lung diseases like silicosis which causes scarring of the lungs

1. **Should a TB patient be dealt with differently within the household and/or community?**

TB patients, must be supported through their recovery and encouraged to complete their treatment and to take a nutritious diet. There is no need to ostracize TB patients or spread unverifiable and incorrect information about the disease. With complete and correct treatment, TB is completely treatable.

1. **What do I do if my family member has TB?**

As a caregiver, ensure that TB patients complete their prescribed treatment and take a nutritious diet during and post their treatment. If they have lung TB and you were in close prolonged contact with them, contact your nearest health centre to take professional advice. You can find the centres through the “Health Facilities” section in the TB Aarogya Saathi app.

1. **What are the side effects of TB drugs?**

Not everyone suffers from the side effects of TB drugs. But sometimes TB patients can have adverse reactions to drugs, and these may include nausea, vomiting, gastritis, itching etc. In this case, the patient should contact their treatment provider and not stop the treatment. Incomplete treatment can lead to drug resistance.

1. **How are TB and COVID-19 related? Can one disease act as a risk factor for the other?**

TB and COVID-19 both primarily affect the lungs although TB is caused by bacteria and COVID-19 by a virus. Many symptoms of COVID-19 and TB are similar as well. Therefore, if you have symptoms such as cough, fever, and difficulties in breathing, get yourself tested for both COVID-19 and tuberculosis.

1. **How are TB and HIV related?**

HIV is the strongest risk factor for tuberculosis among adults as it adversely affects the immune system. An HIV-positive person is 20-40 times more likely to develop TB disease once infected as compared to an HIV-negative person.

1. **Can TB be cured in HIV co-infected patients?**

TB is curable in patients who suffer from HIV using the same medicines which are used to treat HIV-negative TB patients. However, HIV/TB co-infected patients require additional medications such as Antiretroviral Therapy (ART) and Co-trimoxazole preventive therapy (CPT) to prevent other opportunistic infections.

1. **How is it assessed whether the patient is responding to TB treatment?**

The response to treatment in the case of patients with pulmonary TB is assessed by follow-up sputum examinations/culture done at regular intervals over the course of treatment. The sputum examination is also done at the end of the treatment to declare the patient cured. The response in extra-pulmonary TB patients is assessed through clinical improvement and follow-up investigations such as X-rays, CT scans, etc. depending on the site affected.

1. **Since the treatment duration is long, what happens if a patient shifts their place of residence?**

There is a provision of ‘Transferring Out’ to ensure continuity of treatment and care services if a patient shifts their residence to anywhere in the country. The patient simply needs to inform the programme officials in the district where s/he was originally notified about her/his location change. The details are automatically updated via the Ni-kshay system. All medications and social support benefits can then be availed by the patient in the new location of residence. The remaining treatment is then continued at the treatment centre or unit nearest to the new residence of the patient.

**21 I have a regular doctor who is my family physician. Can I go to him/her for guidance on TB?**

You can consult any certified MBBS doctor for medical advice. They are best placed to diagnose and provide treatment. It is important to remember that TB is diagnosed through appropriate sputum examinations and/or molecular diagnostic testing.

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