HOW DO YOU CATCH TUBERCULOSIS?

When a person who has contagious pulmonary tuberculosis coughs or sneezes, germs are released into the air. Another person can become infected by breathing in these germs. Most people infected with the germ will not develop the disease. The risk of developing the disease is greater in close contacts if their physical resistance has been weakened by any of the following:

- a serious disease such as diabetes, HIV infection, cancer or a treatment that weakens the immune system;
- their lifestyle (alcoholism, drug addiction, poor nutrition);
- age: the elderly and young children are more vulnerable.

WHO IS CONSIDERED A CLOSE CONTACT?

Any person who lives in the same house as a person who has pulmonary tuberculosis. The term may also apply to people outside the home who are in frequent or prolonged contact with the sick person, such as co-workers, friends and other family members.

WHAT IS LATENT TUBERCULOSIS INFECTION?

In this state, the tuberculosis germ is dormant – present in the body but not active. Latent tuberculosis infection occurs after a person’s first contact with the germ. Mostly, this first contact does not lead to any symptoms or clinical signs, and 90% of people will not develop the disease. Latent infection can be detected, in the majority of cases, by a positive reaction to a tuberculin skin test. However, latent tuberculosis infection is not contagious.

WHAT IS PULMONARY TUBERCULOSIS?

In this state, the tuberculosis germ is active and causes symptoms such as coughing, spitting, weight loss, fatigue, fever and sweating. This occurs when a person infected by the tuberculosis germ is unable to fight it. The disease is caused by the germs multiplying and spreading in the body. The disease usually strikes the lungs but it may also affect other organs such as the lymph glands, kidneys, and bones. When it affects the lungs, tuberculosis disease is often contagious.
HOW IS THE TUBERCULOSIS GERM DETECTED?

The tuberculosis germ is detected by a tuberculin skin test known as the TST or Mantoux test. This test is neither a treatment nor a vaccine. It shows whether you have ever been in contact with the tuberculosis germ, and whether you are at risk of developing the disease later on.

The TST requires two visits. At the first visit, a small quantity of a substance called tuberculin is injected into your skin on the inside of your forearm. At the second visit, 48 to 72 hours after the first, someone with training reads the results.

IF YOU HAVE ALREADY HAD A TST, IT IS IMPORTANT TO TELL YOUR DOCTOR, AS YOU MAY NOT NEED ANOTHER ONE.

WHAT PRECAUTIONS SHOULD BE TAKEN AFTER THE TST?

- Do not put anything on the injection site (for example, a sticking plaster or an ointment);
- Do not irritate the injection site (for example, scratching, rubbing, or washing with soap).

You can continue your usual activities, and take a bath or shower. If it itches, apply a cold water compress.

WHAT ARE THE POSSIBLE REACTIONS?

Between 48 and 72 hours after taking the test, redness and a small bump may appear at the injection site. The size of the bump has to be measured by someone with training.

It is very important that you keep your appointment for the test results, even if there does not appear to be any redness or bump.

WHAT IS TUBERCULOSIS?

Tuberculosis is an infectious disease caused by a germ called *Mycobacterium tuberculosis*. It usually develops in the lungs but it may also affect other organs such as the lymph glands, kidneys, and bones. To understand tuberculosis and how it is detected, it is important to know the difference between two conditions: latent tuberculosis infection and pulmonary tuberculosis.

A NEGATIVE REACTION

A negative reaction means that you have never been in contact with the tuberculosis germ or that your body has lost its ability to react to the test. If the TST is negative, it will be repeated in some people because it may take up to two months after the last contact for a positive reaction to appear.

A POSITIVE REACTION

A positive reaction means that your body has already encountered the tuberculosis germ and has developed defence mechanisms: this is latent tuberculosis infection. The tuberculosis vaccine (BCG) may also cause a positive reaction. You may be recommended to have more tests, such as a chest X-ray and a medical exam, to make sure that you do not have pulmonary tuberculosis. Your doctor may also suggest that you start preventive treatment. People who have been in contact with a case of tuberculosis are not contagious and represent no danger to those close to them.