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Tb is bacteria

URL of this page: Tuberculosis (TB) is a disease caused by bacteria called Mycobacterium tuberculosis. The bacteria usually attack the lungs, but they can also damage other parts of the body. TB spreads through the air when a person with TB of the lungs or throat coughs, sneezes, or talks. If you have been exposed, you should go to your doctor for tests. You are more likely to get TB if you have a weak immune system. Symptoms of TB in the lungs may include A bad cough that lasts 3 weeks or longer Weight loss Loss of appetite Coughing up blood or mucus Weakness or fatigue Fever Night sweats Skin tests, blood tests, x-rays, and other tests can tell if you have TB. If not treated properly, TB can be deadly. You can usually cure active TB by taking several medicines for a long period of time. ClinicalTrials.gov: Tuberculosis (National Institutes of Health) TB Terms (Centers for Disease Control and Prevention) Also in Spanish The information on this site should not be used as a substitute for professional medical care or advice. Contact a health care provider if you have questions about your health. In 1944, the Public Health Service launched a TB control program when the yearly number of cases in the United States averaged 126,000. In 1985, the number of cases had dropped to 22,201. However, health officials warn that TB is still a serious health problem, due in part to the rise of AIDS cases and the lowered resistance of AIDS patients to the TB infection. There are still approximately 2,000 deaths annually from TB in the United States, which is more than from all other infectious diseases excluding pneumonia and influenza. In 1999, more than 17,000 new cases of TB were diagnosed in the United States. Areas with the highest incidence of AIDS victims such as New York City, California, Florida, and Texas are also the areas with the highest incidence of TB. TB may prove to be the first "opportunistic infection" related to AIDS with potential threat to the general public. An opportunistic infection is one that takes hold because the patient's immune system is weakened. (For more information on these disorders, choose "AIDS" and "Opportunistic Infection" as your search terms in the Rare Disease Database, and also see the AIDS Update area of NORD Services.) Recently, the southeast area of the United States and states bordering Mexico reported the highest Tuberculosis (TB) cases. Additionally, the recent influx of Southeast Asians, who have a high incidence of TB, now constitutes three to five percent of new cases in the U.S. Worldwide, TB is a major health problem with as many as four million new cases and three million deaths each year. The impact of TB is felt most by older and poorer people. Cases usually occur in individuals who were infected years ago, particularly the elderly. Many of these people grew up in the first decades of the century when eighty percent of the population had been infected (though not necessarily afflicted with an active case of TB) by the time they were thirty. The Centers for Disease Control (CDC) in Atlanta, GA currently estimates that ten million people worldwide have been infected by the tubercle bacillus, carrying a small but lifelong risk of developing active TB. There were 1,200 American children diagnosed with TB during 1984, leading to the conclusion that TB is still being spread by people with active infections. Every year, thousands more children are apparently infected, but do not get the active disease, adding to the pool of those at risk of developing active TB in the future. Since 1984 the incidence of TB has been on the rise, especially in the elderly. The elderly are susceptible to TB in two different ways: dormant germs from old infections becoming active again and new exposure at a time of life when immune defense is lower than in youth. In 1991, 25,709 cases were reported, a 9.4 percent increase over the number of cases diagnosed in 1989. Cases in children are also increasing. Other persons with suppressed immune systems, such as AIDS patients and persons taking drugs to suppress the body's immune response to transplants, are also at increased risk from exposure to TB. Tuberculosis (TB) is a disease caused by a bacterium called Mycobacterium tuberculosis. On this page, we explain the difference between active and latent TB, who is most at risk and what you should do if you think you've been exposed to TB. Anyone can catch TB by breathing in TB bacteria. These bacteria are in tiny droplets in the air coughed out by people with TB in their lung. In most people, if you breathe in TB bacteria your immune system - your body's natural defence - will control most of the bacteria and you will not get ill. However, if you do become ill, which can happen weeks, months or even years after you breathe in TB bacteria, this is called active TB. In most people, the body's immune system controls the TB bacteria, which stay in the body at a low level. You won't get ill and you're not infectious. This is called latent TB. In about five to ten out of every 100 people with latent TB, the TB bacteria can start to multiply again or reactivate and lead to symptoms of active TB. Who is most at risk of developing TB? You're most at risk of developing active TB if your immune system isn't working well. For example, you may have a condition like diabetes or HIV. If you get a confirmed diagnosis of TB, you will usually have tests for these conditions too. Or you may have had an organ transplant or treatment for conditions like cancer and rheumatoid arthritis. Excessive alcohol and drug use and smoking are also risk factors for developing active TB. Next: What are the symptoms > Download our tuberculosis PDF (73KB) ABOUT CAUSES DIAGNOSIS TREATMENT NEXT STEPS Tuberculosis (TB) is a bacterial infection that often infects the lungs. Other organs such as the kidneys, spine, or brain may also be affected. TB is mainly spread from person to person through the air, such as when an infected person coughs or sneezes. It can also cause an active infection after not being active in someone who was exposed at an earlier time. There is a difference between being infected with TB bacteria and having active tuberculosis disease. The stages of TB are: Exposure. This happens when a person has been in contact with, or exposed to, another person who has TB. The exposed person will have a negative skin test, a normal chest X-ray, and no signs or symptoms of the disease. Latent TB infection. This happens when a person has TB bacteria in their body but no symptoms of the disease. The infected person's immune system walls off the TB organisms. And the TB stays inactive throughout life in most people who are infected. This person would have a positive skin or blood test for TB but a normal chest X-ray or one that only shows past scarring from the disease. They would have no signs of active infection in other parts of the body. TB disease. This person has signs and symptoms of an active TB infection. The person could have a positive or negative skin or blood test for TB and a positive chest X-ray, biopsy, or other finding showing an active infection. The main TB bacterium is Mycobacterium tuberculosis (M. tuberculosis). Many people infected with this bacterium never have active TB. They remain in the inactive (latent) TB stage. But some will develop active TB anytime from months to years, or even decades, after being exposed. The chance of developing active TB increases in babies and children and in older adults. It also increases in people with a weak immune system, especially those with HIV. Or in those getting medicines that suppress the immune system. The TB bacterium is spread through the air when an infected person coughs, sneezes, speaks, sings, or laughs. It's very unlikely to be spread from personal items that a person with TB has touched. Good ventilation can limit the spread of TB to other people. But early diagnosis and treatment of the person with active TB is most important. It's also important to limit other people's exposure. This means using masks and respiratory isolation. TB affects all ages, races, income levels, and genders. Those at higher risk include: People who live or work with others who have TB Those who can't access healthcare Homeless people People from countries where TB is more common People in group settings, such as nursing homes People who abuse alcohol People who use injection drugs People with a weak immune system, including those who have HIV, cancer, a transplant, or are taking medicines that suppress the immune system Very young children and older adults Healthcare workers who come in contact with high-risk populations Each person's symptoms may vary. The most common symptoms of active TB include: Prolonged cough lasting weeks Chest pain Feeling tired and weak (fatigue) Loss of appetite Unintended weight loss Poor growth in children Fever Coughing blood or sputum Night sweats Shortness of breath Back pain The symptoms of TB may look like other lung conditions or health problems. Talk with a healthcare provider for a diagnosis. TB infection is often diagnosed with a skin or blood test. In the skin test (called a PPD), a small amount of testing material is injected into the top layer of the skin. If a certain size bump develops within 2 or 3 days, the test may be positive for TB infection. A blood test called QuantiFERON may also be used. Other tests that may be key for diagnosing TB include X-rays and sputum tests. TB skin or blood tests are suggested for people: In high-risk categories Who live or work in areas where TB is more common or are in close contact with people who have—or are at high risk for—TB Who have never had a TB skin or blood test In children, the American Academy of Pediatrics recommends testing: If the child may have been exposed in the last 5 years If the child has an X-ray that looks like TB If the child has any TB symptoms If the child comes from a country where TB is common For children living with HIV For children receiving medicines that suppress the immune system For children who are in detention facilities For children who are exposed to high-risk people If the child's parent has come from a high-risk country If the child has traveled to high-risk areas If the child lives in a densely populated area Treatment may vary depending on if you have latent or active TB. Treatment may include: Short-term hospital stay. For latent TB. Often a 3- to 9-month course of 1 or 2 antibiotics will be given to kill off the TB organisms in the body. The most common antibiotics prescribed are isoniazid, rifampine, and rifampin. Your healthcare provider can review the treatment options. They may recommend one as the best option for you, taking into account many factors. For active TB. Your healthcare provider may prescribe 2 to 4 or more antibiotics in combination for 6 to 9 months or longer. Examples include isoniazid, rifampin, pyrazinamide, and ethambutol. People often begin to improve within a few weeks of starting treatment. After several weeks of treatment with the correct medicines, the person is often no longer contagious. But medicine must be finished for the greatest chance of cure, as prescribed by a healthcare provider. If TB of the lung is not treated early or if treatment isn't followed, long-lasting (permanent) lung damage can result. TB can also cause infection of the bones, spine, brain and spinal cord, lymph glands, and other parts of the body. It can damage those areas and cause short-term (temporary) or permanent symptoms from the damage. Uncontrolled TB can lead to death. And TB remains one of the leading infectious causes of death worldwide. If you will be spending time with anyone with active TB, wear a strongly filtering face mask. And try not to stay in a small enclosed space with poor ventilation. People who work in situations where there is a high risk for contact with people infected with TB should be tested for TB on a routine basis. This includes healthcare and shelter workers. In countries outside the U.S. where TB is more common, a childhood vaccine is often given. But it's not clear how well it works. Let your healthcare provider know if your symptoms get worse or you get new symptoms. Key points about tuberculosis Tuberculosis is a bacterial infection that often infects the lungs. It may also affect the bones, spine, brain, lymph glands, and other parts of the body. Being infected with the TB bacteria is not the same as having active tuberculosis disease. There are 3 stages of TB: exposure, latent, and active disease. A TB skin test or a TB blood test can often diagnose the infection. But other testing is also often needed. Treatment exactly as recommended is needed to cure the disease and prevent its spread to other people. Tips to help you get the most from a visit to your healthcare provider: Know the reason for your visit and what you want to happen. Before your visit, write down questions you want answered. Bring someone with you to help you ask questions and remember what your provider tells you. At the visit, write down the name of a new diagnosis and any new medicines, treatments, or tests. Also write down any new instructions your provider gives you. Know why a new medicine or treatment is prescribed and how it will help you. Also know what the side effects are. Ask if your condition can be treated in other ways. Know why a test or procedure is recommended and what the results could mean. Know what to expect if you do not take the medicine or have the test or procedure. If you have a follow-up appointment, write down the date, time, and purpose for that visit. Know how you can contact your provider if you have questions. Medical Reviewer: Barry Zingman MD Medical Reviewer: Raymond Turley Jr PA-C Medical Reviewer: L Renee Watson MSN RN © 2000-2021 The StayWell Company, LLC. All rights reserved. This information is not intended as a substitute for professional medical care. Always follow your healthcare professional's instructions.

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