

Latent TB your Treatment

UHD TB Service Patient information

Telephone **0300 019 4570** Hours of Service - **8am-4pm** Monday to Friday

Your TB Nurse is:

What is Tuberculosis (TB)?

- TB is an infection caused by bacteria (Mycobacterium Tuberculosis).
- TB can affect many different parts of the body, but most commonly affects the lungs and can be infectious
- TB can be cured by taking treatment

How is TB caught?

- When someone with active TB of the lungs coughs, the germs can get into the air in small droplets and other people can breathe them in. People most at risk of catching TB are those who live in the same accommodation as the person with TB

What is the difference between latent (non active) TB infection and TB disease?

- With latent TB infection, the TB germs are in the body but are not active. The person is well and cannot pass the germs on to other people
- With TB disease the TB germs are active in the body and the person is ill and may pass on the germs to others if the disease is in the lungs or the throat

Why does latent TB need to be treated?

- Latent TB can develop into active TB disease as you become older or if your immune system becomes weaker through stress, illness or immunosuppressive treatment such as chemotherapy for cancer
- Treating the latent TB can prevent this from occurring

How will I know if I have latent TB infection?

- You will be asked to have a number of tests. This usually includes a skin test and/or blood test and a chest x-ray

How will I be treated?

- You will be looked after as an outpatient by a TB nurse specialist
- Treatment usually lasts for a period of 3 months and occasionally 6 months depending on which antibiotic is used
- It is vital that you take the full course of treatment to ensure it is effective at killing dormant TB bacteria
- If you do not wish to take the treatment then the recommendation would be for repeat Chest x-rays 3 and 12 months after diagnosis and advice given regarding the signs and symptoms of active TB should you have any concerns in the future

Your Medication

Also refer to tablet containers/boxes that also have details on how to take your medicine.

Rifinah

This consists of 2 antibiotics in one tablet which includes Rifampicin and Isoniazid. The dose you take is dependent on your weight.

You need to take tablets once daily for 3 months

Isoniazid

This is a single antibiotic sometimes used instead of Rifinah.

You will need to take tablets once daily for 6 months.

Pyridoxine

This is a vitamin B6 tablet. This is needed as one of your antibiotics can lead to a reduction of this in the body and it will need to be replaced.

You need to take tablet once a day at the same time as your TB treatment.

All the treatment needs to be taken as prescribed on an empty stomach at least 30 minutes before food. 30 minutes before breakfast is usually recommended. Try to take it at around the same time each day. If you forget to take your medicine then take it as soon as you remember or the next day if it is more than 6 hours after you usually take your tablets.

Other treatment that may be prescribed:

Name: Dose: When:

Name: Dose: When:

Name: Dose: When:

Name: Dose: When:

Side Effects

Latent TB treatment can cause some side effects which you need to be aware of:

Orange coloured urine

One of the tablets you are taking can discolour urine and other bodily fluids. This is normal, not harmful and is simply a dye in one of the drugs. Please inform your TB nurse if you wear contact lenses as certain types of lenses can be stained by this dye.

Nausea / Vomiting

This can occur during the first few weeks of starting treatment and should clear by itself. You can ask your GP to prescribe an anti-sickness tablet, usually Metoclopramide or Cyclizine. Try taking 1 tablet 30 minutes before you take your TB treatment and then try to eat your breakfast 30 minutes after that. You can usually take these anti-sickness tablets up to 3 times a day. It may be helpful if nausea continues through the day to take one tablet 30 minutes before lunch and dinner so that you are able to eat. Please note if your GP prescribes metoclopramide this can only be used for a maximum of 5 days. If you are still experiencing nausea after this time, your GP will need to provide you with an alternative drug.

Itching / Rash

If a rash appears and / or itching, please can you contact your TB Nurse to discuss how to manage it. We may ask you to have a blood test and an antihistamine may be needed. Loratidine 10mg is a non-drowsy formula that is available cheaply at most supermarkets. There are many other types of anti-histamine, so if this one does not work for you, then please speak to your GP about alternatives.

Liver problems

Should you develop stomach pain, especially in the right side, jaundice (a yellowing of the skin or whites of the eyes), severe nausea and vomiting or a severe rash; please contact your TB nurse or GP as soon as possible. Out of hours please contact 111 for advice. It is likely that you will need a blood test to check that your liver is working properly.

Food and drink

Food and drink containing substances called tyramine or histamine might interact with your treatment and cause headaches, dizziness, palpitations, skin flushing and sweating. Foods to avoid are:

Matured cheeses: such as cheddar, parmesan, blue cheese, camembert, brie (cream / cottage cheese and ricotta is ok).

Fish: skipjack tuna, mackerel, salmon

Alcohol: red wine and beer

Other foods: sauerkraut, soy sauce, flava beans, bovril and marmite, cured meats.

Flu like Symptoms

If you experience flu-like symptoms, such as aching joints and feeling very tired, as with normal flu it is recommended that you take regular paracetamol (maximum of 2x500mg 4 times a day). Also to drink plenty of fluids and get plenty of rest.

Drug Interactions

If you are taking other medications for other conditions, it is possible that TB treatment can affect these. Please let your TB Nurse know of any medications you are taking before having treatment (including herbal preparations and non-prescription drugs) and any new medicines started during TB treatment. They will make sure these combinations are safe to take together.

Contraception (if applicable)

Rifampicin used in TB treatment, can stop hormonal contraception, including tablets (the Pill), long lasting injection and emergency contraception from working. Barrier forms of contraception such as condoms (alongside your usual contraception) will be needed for additional protection. You should continue using barrier forms of contraception for 28 days after you finish your TB treatment. We advise that pregnancy should be avoided if you are on TB treatment. Please speak to your TB Nurse for further advice.

Outpatient Appointments

If you are unable to attend a hospital appointment, please alert your TB Nurse, who can arrange another appointment for you.

Signs of TB reactivation

Whilst the aim of taking these antibiotics is to eradicate any TB bacteria whilst it is dormant in your body, there is no test available that can prove this. Therefore if you display any of the following symptoms at any point in the future, it is important that you contact your GP for advice:

- Cough (with or without phlegm) lasting more than 3 weeks
- Coughing up blood
- Unexplained weight loss or poor appetite
- Recurring temperatures
- Drenching night sweats
- Swollen glands (typically in the neck, under the arms or groin area)
- Unexplained severe fatigue.

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