



*Advancing the Frontiers of the Pulmonary
Medicine in the Philippines.*

Philippine College of Chest Physicians

A specialty society of the Philippine Medical Association (PMA)

A component society of the Philippine College of Physicians (PCP)

*A member society of the Asian Pacific Society of Respiriology (APSR)
and the European Respiratory Society (ERS)*

MEDIA KIT FOR TB

I. Background:

Tuberculosis (TB) remains a major global health problem. It causes ill-health among millions of people each year and ranks as the second leading cause of death from an infectious disease worldwide. The World Health Organization (WHO) declared TB a global public health emergency in 1993; and starting in the mid 1990's, efforts to improve TB care and control intensified at national and international levels were made. The Philippines is one of the 22 countries in the world which account for 80% of the world's TB cases. TB, in the country, is the sixth leading cause of death.

TB is caused by a bacteria called *Mycobacterium tuberculosis*, an acid fast bacilli that is transmitted "airborne", most effectively by coughing. Other means of transmitting the infection are through sneezing, yelling, group singing and talking. Persons with tuberculosis usually have chronic cough, which is the most common symptom, defined as cough that is productive or dry lasting for at least two weeks or more. Some may have weight loss, sweat and chills, fatigue and malaise, afternoon fever and hemoptysis (coughing out of blood). Although, about 5-14% of patients have no symptoms, especially in the elderly.

The most important test to request for a person presumed to have pulmonary TB is sputum examination for identification of Acid Fast Bacilli, [Direct Sputum Smear Microscopy (DSSM)]. Two sputum specimens of good quality should be submitted either as "front loading" (spot-spot one hour apart) or "spot early morning" specimens based on the patient's preference. The two specimens should be collected at most within three days. Positive DSSM result is at least 1 out of the 2 specimens detects the presence of acid fast bacilli. When unable to bring up sputum, patients may be subjected for sputum induction by supervised nebulization using a sterile hypertonic saline (3%) solution. The advent of Gene Xpert testing has recently gained popularity using sputum as specimen (other body fluids that at be Xpert tested include cerebrospinal fluid ad gastric fluid) in the past years. And currently, Xpert sites have increased in number.

The sensitivity of a routine chest radiograph (CXR) for PTB screening is low (68-75%) but the consequences of missing the diagnosis when not requested remain significant enough to support the practice. Hence, several experts concluded that routine admission chest radiographs are useful in populations where TB is still common.

The standard treatment of new pulmonary TB case is completion of six-month course and is composed of 2 months of fixed dose combination consisting of isoniazid, rifampicin, pyrazinamide and ethambutol as intensive phase and 4 months of isoniazid and rifampicin as maintenance phase. Treatment should be under Daily Observed Treatment Shot Course (DOTS). There are also situations wherein, patients are given re-treatment and in certain circumstances managed as a case of extra pulmonary tuberculosis (eg: TB involving the bone, brain etc). It is noteworthy to emphasize that once symptoms have resolved or significantly improved during the early course of treatment, patients should not discontinue the treatment course. Treatment

default or incomplete treatment is among the causes of the development of Multi Drug Resistant Tuberculosis (MDRTB). It should always be the physician who should terminate the treatment.

As part of tuberculosis infection control plan to minimize possible transmission, educating all patients, treatment partners and other health care providers that the best means of preventing the spread of the disease would be for a TB patient to wear surgical face mask, to cover mouth when coughing and to refrain spitting sputum elsewhere. Healthcare providers are advised to wear N-95 masks especially at high risk areas particularly in areas with drug resistant TB patients.

II. FAQ's:

- *Is Tuberculosis hereditary?*
Tuberculosis is NOT hereditary. TB is an airborne disease and can be contracted by anybody.
- *How does TB spread?*
TB spreads through the air from one person to another, when a person with TB disease of the lungs coughs, sneezes, speaks, spits or sings. These bacteria can remain airborne for several hours, depending on the environment. Persons who breathe in the air containing these TB bacteria can become infected. However, it is NOT spread by:
 - shaking someone's hand
 - sharing food or drink
 - touching bed linen or toilet seats
 - sharing toothbrushes
 - kissing
- *If someone with tuberculosis coughs, will I automatically contact it?*
TB is not easily contracted. You have to be in close contact with someone who has TB for a long time (usually many hours or days). You should be aware of the symptoms of the disease so you can seek treatment as soon as possible.
- *Do Tuberculosis disease and tuberculosis infection mean the same thing?*
There are two types of tuberculosis: tuberculosis disease and tuberculosis infection. A person infected with a tuberculosis infection is not contagious because the germ is inactive, or latent. The person does not know he or she is infected because no signs or symptoms are experienced. A person with tuberculosis disease has the active germ within their body; therefore, the person is contagious and may be experiencing signs and symptoms. So, they are not one and the same.
- *Does Tuberculosis infection always develop into tuberculosis disease?*
A TB infection does not always develop into tuberculosis disease. People with weakened immune systems, such as the very young and very old, persons with cancer or HIV infection, are more likely to develop active disease once infected.
- *If I don't have TB symptoms, does that mean I don't have TB?*
A person with TB disease can have any of the following symptoms: chest pain; chronic cough; night sweats; feeling tired or weak; loss of appetite; unexpected weight loss; or coughing up blood. It is also important to remember that a person with TB disease may feel perfectly healthy (may not have symptoms at all) or show fewer symptoms.
- *When I have a positive skin test, does this mean I have TB?*
A positive TB skin test only confirms that you have been exposed to tuberculosis and are infected, but not necessarily that you have disease.

- *Am I protected from TB if I have been vaccinated with BCG?*
BCG is a vaccine for TB, routinely given to infants and small children. BCG vaccine protects against the severe, life-threatening forms of extra-pulmonary TB such as TB meningitis and miliary TB in childhood. However, it is unreliable protection against pulmonary TB, the main form of tuberculosis.
- *Can TB be cured?*
Yes. TB can be cured if the full course of the prescribed drugs is taken regularly, and without interruption. The WHO-approved standardized and effective cure for TB, called DOTS (directly-observed treatment, short-course) is available. It takes at least 6 months of medication to completely treat the disease. It is very important that the patient takes all the prescribed drugs for the recommended duration and should not be stopped without medical advice to prevent drug resistance.
- *What is DOTS?*
DOTS (directly-observed therapy, short-course) means that the patient taking the medicine should be observed by a nominated person, and the taking of the medicine should be recorded. This ensures that the patient takes the medication regularly, which is essential for the medicines to be effective – and to prevent the bacteria from becoming resistant and the drug from becoming ineffective. This is done in a health center.
- *Once a person completes treatment for TB disease and is cured, can he/she get TB again?*
This is unlikely but can, rarely, occur. If the patient has taken the medicine in the right way for as long as the doctor advises, the chances of getting TB again are low. However, if he/she notices any of the signs and symptoms, consult the doctor immediately.

Other common questions asked:

Can a lactating mother receiving anti-TB treatment breastfeed her baby?

Breastfeeding should not be discouraged for women being treated with the first-line anti-TB drugs because the concentrations of these drugs in breast milk are too small to produce toxicity in the nursing newborn. For the same reason, drugs in breast milk are not an effective treatment for TB disease or latent TB infection in a nursing infant. Breastfeeding women taking isoniazid should also take pyridoxine (vitamin B6) supplements.

What should I do if I am pregnant and have TB?

If you are pregnant and have active TB, you should start treatment as soon as TB is suspected. Although the TB drugs used during treatment cross the placenta, they do not appear to have any harmful effects on the fetus. TB medications such as isoniazid, rifampin, ethambutol and even pyrazinamide, based on studies and guidelines, are used for treatment during pregnancy. Untreated TB disease represents a greater hazard to a pregnant woman and her fetus than does its treatment. Infants born to women with untreated TB may be of lower birth weight than those born to women without TB and, in rare circumstances the infant may be born with TB. The drug Streptomycin should not be used because it has been shown to have harmful effects on the fetus.

About National Lung Month

August of every year is lung month by virtue of proclamation no. 1761 s. 1978 proclaimed by Philippine President, Ferdinand E. Marcos. This decree was done in 1978 in recognition of the fact that lung diseases, especially pneumonia and tuberculosis, continue to exact a huge toll of precious lives among Filipinos, especially the low-income group. This declaration aimed to increase public awareness of these diseases.

About Philippine College of Chest Physicians

Established on April 25, 1973, the Philippine College of Chest Physicians (PCCP) is the premiere specialty organization acknowledged as the authority in pulmonary medicine in the Philippines. It sets the standards of excellence in the training and practice of pulmonary medicine in the Philippines.

PCCP is a value-centered specialty organization. It empowers its members, who are recognized and respected experts in the field, to constantly adapt and innovate to set the benchmark of excellence in the practice of pulmonary medicine in the Philippines. It is a body all around the country, comprised of 691 fellows, 91 diplomates, 9 honorary members and 322 associate members.

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