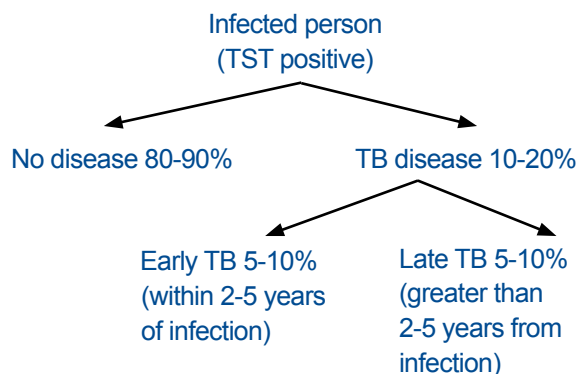


## Treatment of latent tuberculosis infection (Preventive treatment)

### Why do I need treatment to prevent TB?

Your positive tuberculin skin test (TST)/ Mantoux test indicates that you have been infected with the tuberculosis (TB) germ (*Mycobacterium tuberculosis*). Your chest X-ray and examination indicate that you DO NOT have the disease tuberculosis and cannot pass the germ on to anyone else. Being infected or having latent TB infection (LTBI) means that you may be at risk of developing disease sometime in your life especially if your body defences are weakened for any reason. By taking isoniazid (INH) tablets for 9 months, you can reduce your chance of infection developing into TB disease by 92%.

The risk of developing TB disease is outlined below



So if 100 people were infected (TST positive), 10 to 20 would be likely to go on to get TB over their lifetime with 5 to 10 of these TB cases occurring within 2-5 years of infection. If all 100 TST positive people took INH then less than 1 to 2 people would develop TB as the INH works to eliminate the dormant infection.

### What medicine do I take to prevent TB?

A 9 month course of INH is taken to prevent TB disease from developing. INH is given according to your weight and for adults the daily dose is 300mg (X100mg tablets). INH is sometimes given 3 times per week, at a higher dose, as a directly observed treatment by a health care worker. A vitamin B6 supplement (pyridoxine) is also given to reduce the risk of possible side effects.

### Blood test before starting INH medication

INH can occasionally cause drug-induced hepatitis, (liver inflammation). Before taking INH, your liver function will be tested to check that your liver is working properly. INH is not recommended for people with liver disease or for those who consume alcohol regularly and heavily. ***It is very important that you avoid/ minimise drinking alcohol while taking INH as alcohol increases the risk of serious liver toxicity.***

### Is INH safe?

INH has been taken by millions of people around the world and is generally well tolerated. However, as with any medicine, it can sometimes cause side effects. Tell your doctor, Aboriginal health worker or TB nurse immediately if any unexplained illness develops or if any of the following symptoms occur:

- upset stomach
- loss of appetite
- nausea
- vomiting

- skin rash/itch
- yellowish skin
- dark urine (tea colour)
- tingling or numbness of hands or feet
- fever lasting 3 days or more
- initial drowsiness (usually goes within the first month).

## Monthly check-ups

While you are taking INH, a monthly visit to the TB Clinic is required. The purpose of this visit is to:

- check your weight and general health
- check for any side effects from the tablets
- check you are taking the tablets correctly
- collect another month supply of tablets.

## What happens if I forget to take my tablets?

If you forget to take your tablets one day, do not worry. Just continue taking your daily dose the next day as usual. If you forget too many times, however, the medicine will not be effective.

It is easier to remember to take your tablets if you take them at the same time every day. It is also best to take them on an empty stomach.

## General advice while taking INH

- take your INH tablets at least half an hour before meals or at bedtime.

- take the tablets with milk, water or a glass of juice.
- eat healthy food and get enough rest.
- **avoid drinking alcohol.**
- tell your doctor, Aboriginal health worker or TB nurse about any other medications you are taking and before beginning any new ones.
- **women** taking INH should avoid pregnancy until the treatment course is completed. This is because pregnancy can increase the risk of side effects related to the liver. If pregnancy does occur inform the TB clinic as soon as possible.
- the **oral contraceptive pill** can be safely used while taking INH.

## What if I am exposed to someone with active TB again after completing a course of INH

Completing a course of treatment for LTBI (preventive treatment) kills the dormant TB germs in your body. Later, if you are exposed again, the risks of progressing to disease are much lower (about one quarter as much)\*. Treating your initial TST conversion is most important. However, should you be re-exposed (ie. be identified as a TB contact) a clinical review and chest X-ray follow up would be recommended.

\*Sutherland et al. The Development of Clinical Tuberculosis Following Infection with Tubercle Bacilli. *Tubercle* 63(1982) 255-268.

TB fact sheets are available at website: <http://www.nt.gov.au/health/publications>

For further information contact the TB Clinic in your region

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