Tuberculosis (TB)

Tuberculosis (TB) is a major cause of death among people with HIV. TB is most often found in the lungs. It can also affect other parts of the body.

People with HIV have a greater risk of active TB than those who do not have HIV. Active TB can spread to other people.

HIV makes TB worse. HIV and TB can work together to make a person very sick.

TB often shows up in a person with HIV years before other signs of HIV appear. A sudden case of TB can be an early sign of HIV. This is more common if the infection is somewhere other than the lungs.

TB can occur in a person at any CD4 level. People with a CD4 count of less than 200 are more likely to have TB spread to places besides their lungs.

Symptoms

Signs of active TB include:

- Cough that lasts for more than three weeks. The cough at first brings up yellow or green mucus. Later it is bloody.
- Feeling tired
- Night sweats
- Chest pain
- Shortness of breath
- Fever
- Weight loss

Causes

Bacteria cause TB. When someone with TB sneezes or coughs the germs are spread through the air from one person to another. It is not often spread when you walk past a person who is infected. People who live in the same house with someone with TB, or use public buses, subways or trains are at a greater risk.

Most people who have been exposed have no signs of TB.

When the immune system gets weak, the bacteria can become active. This can cause death.

How to Know You Have TB

Soon after a person is told they have HIV, he or she should be tested for TB.

A skin test or blood test is used to check for TB. If you have a skin test, they inject a small amount of liquid under the top layer of skin on the arm. In 2-3 days, the spot will be checked to see if there is a hard, red welt. A welt means that the person had TB at some point. It does not mean the TB is active now.

If you have a positive TB test, a chest X-ray will be done to see if the infection is active. Active TB is hard to detect in a person with HIV. The signs can look like pneumonia or other infections.

Treatment

If a person with HIV has TB, he or she needs treatment so the TB does not become active. This helps prevent the spread to other parts of the body and to other people.

A person with TB that is not active is given an antibiotic for at least 6 months. Sometimes 1 or 2 other TB medications (meds) are also given for 3 months. This works better than just 1 type of TB med.

You need to take all your TB meds just how the doctor says. The treatment might not work if you miss doses. This is a concern for people with HIV/AIDS and makes it harder to treat.

Meds that fight TB have some of the same side effects as HIV meds. Both can damage the liver and kidneys. That makes it hard to take meds for TB and HIV at the same time. Some TB meds

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cause nerve damage in your hands and feet. Black and Hispanic women are at greater risk for liver damage from the TB treatment.

If a person with TB needs to start HIV treatment, TB should be treated first. You may not be able to start TB meds if CD4 cell counts are too low.

Two meds that fight TB can cause levels of HIV meds in the blood to drop too low to fight HIV.

There is a danger that some meds may not mix well. A few TB meds may make the HIV meds not work. You need to tell you doctor all of the meds you take and drugs you use.

For more information

Contact your Registered Nurse Care Manager, or call PHP Nurse Advice Line at: (800) 797-1717.
Visit the Center for Disease Prevention and Control website http://www.cdc.gov/tb/

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