

# TAC Fact Sheet

## Tuberculosis (TB) and HIV

### Introduction

The most common opportunistic infection in people with HIV in South Africa is TB. If you have TB it can be cured and prevented from occurring again. Many people with HIV die prematurely from TB.

### What is TB?

TB is caused by a bacterium (germ). The TB germ spreads through the air when a person who has the disease coughs, sneezes or breathes. TB can occur anywhere in the body, but only TB in the lungs and throat can infect other people. Anyone can become infected with TB, **but all people with HIV are at greater risk of becoming sick with TB disease.** People with HIV/AIDS with a CD4 count lower than 200 also stand a greater chance of dying from TB.

### What is the difference between TB infection and TB disease?

TB *infection* (latent TB) means that the bacteria are inside your body but they are not active. People who are *infected* with TB usually have no symptoms and most of them do not become ill. They also do not pass the disease on to other people.

TB *disease* is also called *active* TB. Active TB means the infection has become active in your body and will make you sick. People with active TB will pass it on to other people. Therefore, active TB must be treated, cured and, where possible, prevented. If TB is left untreated it will be fatal.

### What are the signs and symptoms of TB disease?

Symptoms of TB disease in the lungs or throat include fever, night sweats, weight loss and tiredness. If you have active TB in the lungs, you will have a cough that will not go away. Sometimes your sputum (spit) will have blood when you cough. If you have HIV and TB, you can get other opportunistic infections such as pneumonia. If you have a

persistent cough for more than three weeks you must go to a clinic.

### How can health workers tell if I have TB?

Health workers can test for TB in different ways. The most common and reliable test for TB used in South Africa is a sputum test. Other tests can be used to check for TB disease. A chest X-ray can also show TB disease.

### Can TB be prevented?

Yes. TB can be prevented but it is not guaranteed. Seek counselling from an experienced TB doctor to discuss the advantages and disadvantages of prevention. Isoniazid, also called INH, is an antibiotic pill used to prevent TB disease. It must be taken for at least six months. People with HIV and a CD4 count lower than 500 must take TB prevention medication. INH is cheap and provided free of charge at hospitals and clinics. Your healthworker must check every month for serious INH side effects. If you have active TB, then you cannot take medicine to prevent the disease. When the TB is cured your doctor may recommend INH prevention to stop a relapse of TB. Relapse means getting TB disease again.

If you live, work or study in an area with TB disease, prevention may be critical. Always use a tissue or handkerchief for coughing and sneezing. Encourage other people to do the same.

### Can TB be treated?

Yes. TB can be treated and cured with medication. TB treatment starts with three or four drugs. People with severe TB might spend time in hospital. After two months, the number of drugs are reduced. If you have HIV, you may need the drugs for a longer period. TB medication must be taken **until the doctor says that your TB is cured.** Stopping or skipping TB medication just because you feel better might lead to relapse. When you relapse and get TB again, it might become more difficult to cure. By not



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**Get tested for HIV.  
Many HIV-related  
illnesses can be  
prevented, treated and  
cured, including TB.  
HIV can be treated.**

## Tuberculosis (TB) and HIV

finishing your medication you could also develop drug resistant TB. Treatment of drug resistant TB is more difficult; most people die. Resistant TB treatment is much more expensive. **Treat TB and finish all your medication until the doctor says you are cured.**

### What is DOTS?

DOTS or *directly observed treatment short-course* is a strategy used by health authorities to ensure that people finish their TB treatment. You can ask a family member, colleague, friend, or partner to help you remember when to take your pills and to make sure that you finish your treatment. You can also go to your local clinic or any place where DOTS nurses or volunteers work from (shops, churches, factories) to take your TB medicines. **But, the best way to take your medicine is to develop your own discipline and support system.** It is critical that new, easy to use medicines are developed.

### What drugs are used to treat TB?

There are five drugs produced and used to treat TB. The same drugs are used in people co-infected with HIV and TB, and in HIV negative people. Because TB is mainly a disease of poor people and countries, drug companies have not developed or researched any new drugs for more than 30 years. HIV treatment activists must campaign for more TB drug and vaccine research, as well as, better access to existing TB drugs in clinics and hospitals.

Isoniazid (INH), Rifampicin (Rifadin), Rifabutin (Mycobutin), Ethambutol (Myambutol) and Pyrazinamide (PZA) are the key drugs used to treat TB. TB drugs like all medicines may have side effects. Alcohol often causes problems with medications. Ask your health worker about alcohol use with any medications. Sometimes you have to take TB pills with food and sometimes without food. It is important to remember that drugs always cause side-effects in a minority of patients.

### INH

INH side effects can include rash, liver problems and tingling in the hands and feet. Avoid alcohol to stop liver problems. Ask the clinic or hospital for vitamin B6 to reduce tingling in hands and feet. INH must be taken **with** food to prevent stomach problems.

### Rifampacin (Rifadin)

Rifampacin can cause you to change colour. Your pee, tears and faeces can turn orange with Rifampacin. It can also cause flu-like symptoms, fever and liver problems. Rifampacin must be taken **without food** on an empty stomach. This drug can stop contraceptives such as the pill and injection from working properly. **Avoid alcohol.** If you are on any anti-retroviral treatment inform your doctor. Rifampacin may interfere with anti-retrovirals—special caution is necessary.

### Ribafutin (Mycobutin)

Ribafutin can cause irritation in the eyes, skin rash, stomach pain and nausea. It sometimes also changes the colour of your body fluids to orange.

### Ethambutol (Myambutol)

Ethambutol may cause nausea, vomiting, rash and vision problems.

### PZA (Pyrazinamide)

PZA can cause pains and aches in the joints, nausea, vomiting, rashes and liver problems. When taking PZA always drink a lot of water.

### Multi-drug resistant TB (MDR-TB)

MDR-TB is resistant to more than one of the main TB drugs, particularly INH and Rifampicin. MDR-TB can infect anyone. In people with HIV/AIDS, MDR-TB can cause death rapidly. MDR-TB is difficult and very expensive to treat. It is a small but growing epidemic. MDR-TB can be prevented by completing all TB medications when you have active disease and by rapid treatment of anyone with active TB. It is crucial that generic and state production through compulsory licensing of MDR-TB drugs be undertaken by the South African government.

### GENERAL FACTS ABOUT TB IN SA

- TB is curable but there is one death every forty minutes
- In 1997 107 000 cases of TB were diagnosed.
- In 1995 16 out of every 100 000 whites had TB
- In 1995 69 out of every 100 000 Indians had TB
- In 1995 179 out of every 100 000 Africans had TB
- In 1995 671 out of every 100 000 coloureds had TB
- About 50% of people with TB are co-infected with HIV
- In 1998 more than 40% of clinics did not have TB drugs in stock
- 23% of clinics in KwaZulu-Natal did not have TB drugs (1998)
- 55% of clinics in Mpumalanga did not have TB drugs (1998)
- 80% of clinics in Northern Province did not have TB drugs (1998)
- **100% of Northern Cape clinics had TB drugs (1998)**
- 1000 people die every month of TB = 12 000 deaths per annum
- The National TB budget is R500 million per annum

Sources: Health Systems Trust, SAMJ and Department of Health Thank you to GMHC – Gay Men's Health Crisis for permission to reproduce their fact sheet on TB with appropriate modification for South Africa.

**Affordable Treatment Now!**

**Join TAC!**