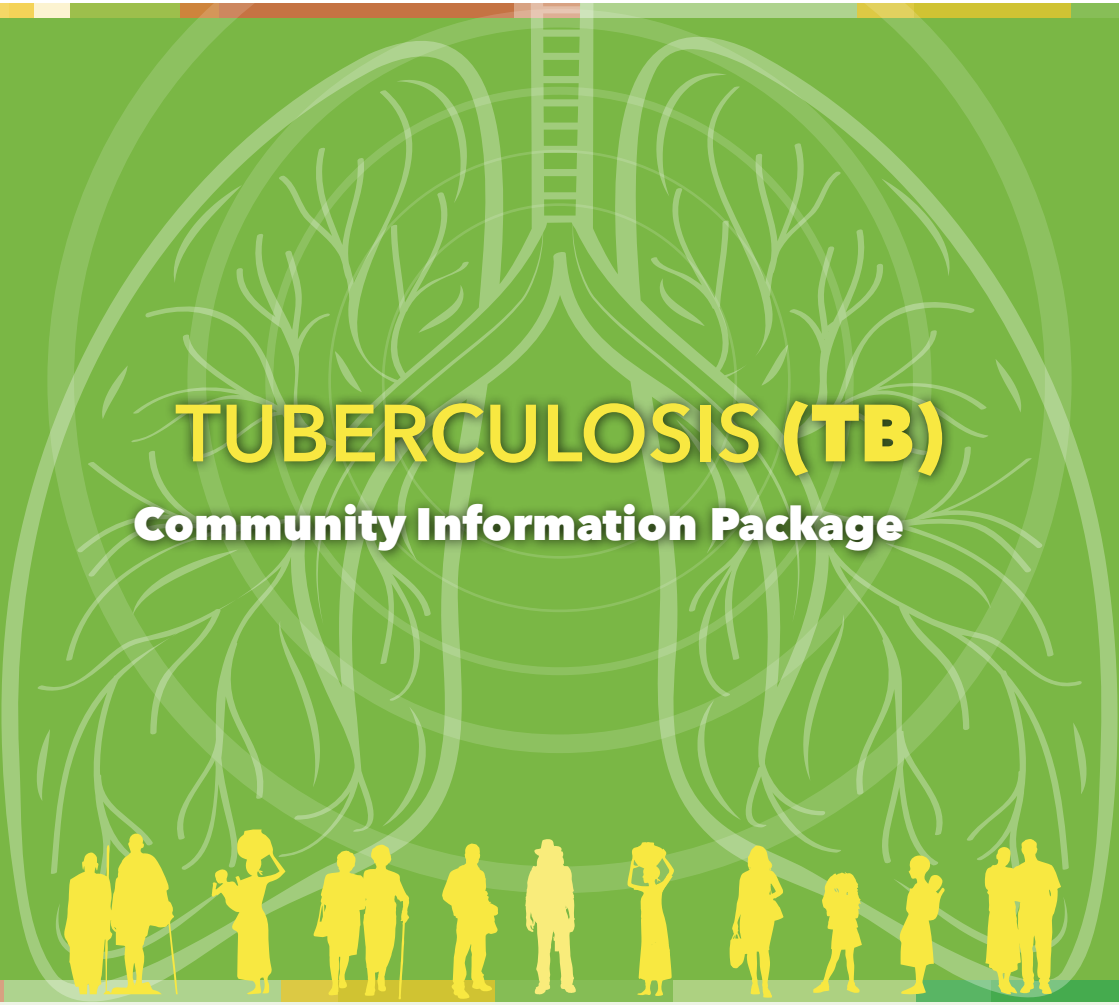
REPUBLIC OF KENYA
MINISTRY OF HEALTH

TUBERCULOSIS (TB)

Community Information Package



NATIONAL TUBERCULOSIS, LEPROSY
AND LUNG DISEASE PROGRAM

The Global Fund

Protect your family from TB. Get **tested** and **treated** today!

Pimwa TB, TiBiwa, Ishi poa

YES! WE CAN

End TB in Kenya

What is Tuberculosis (TB)

Tuberculosis (TB) is a disease caused by germs (bacteria) that mostly affects the lungs but can affect any other part of the body except the hair, nails and teeth.

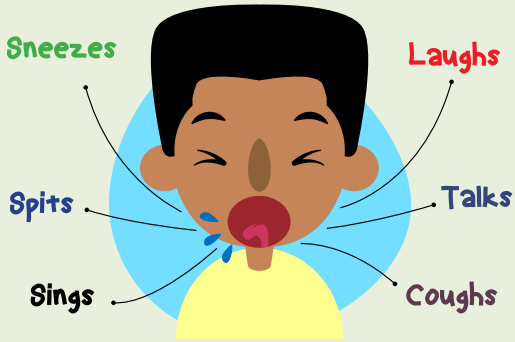
- **Pulmonary TB** - TB that affects the lungs.
- **Extra-Pulmonary TB** - TB that affects other parts of the body other than the lungs, e.g., skin, bone and joints, brain, lymph nodes and other parts of the body.

1. What types of TB are there?

- **Drug-sensitive TB (DS-TB)** is caused by a bacterium (germ) that can be treated with standard TB medicines, usually a combination of four medicines.
- **Drug-resistant TB (DR-TB)** is caused by a bacterium (germ) that has undergone changes (become resistant) and does not respond to one or more of the standard TB medicines.

2. How is TB spread?

TB is spread through breathing in infected droplets in the air. The droplets are released by an infected person who has TB disease when the cough, laugh, sneeze, sing, or spit openly.



TB preventable and curable.

TB is not transmitted by shaking hands, sharing food, toothbrushes or touching bed linen or toilet seats used infected persons.

3. Who can get TB?

TB can affect anyone (young, old, men, women, the rich, and the poor, e.t.c.)

Are there people who are more likely to get TB?

The following groups of people have a greater chance **of getting TB disease;**

- People sharing an enclosed space or room with a person with TB.
- People living and working in overcrowded places
- People who stay or who have stayed in high TB disease places like prisons, refugee camps, mines/quarries, and alcohol or drug dens.
- People with malnutrition.
- Children and elderly people because of low immunity.
- People with chronic illnesses like diabetes, cancer, and other diseases.
- People living with HIV.
- Healthcare providers.
- People living within the refugee camps.

4. How is TB diagnosed

TB is diagnosed through screening and testing individuals who have signs and symptoms of TB.

a. What are the signs and symptoms of TB?

Adults

Cough of any duration	Fever (hotness of the body)	Excessive night sweats	Unintended weight loss	Chest pain

Children

- Cough of any duration
- Fever (hotness of the body)
- Excessive night sweats
- Poor weight gain or weight loss
- General body weakness or reduced playfulness in children
- Irritability/Excessive crying
- Poor growth or if a child is not developing skills (like sitting, walking, talking, or socializing) at the expected age.

If you or your child have ANY of the above symptoms or has interacted with someone with confirmed TB, they should visit a health facility for TB screening and testing.

b. How is TB screening done?

- TB screening is checking if a person has TB signs and symptoms.
- You will be asked questions to find out if you have any of the above signs/symptoms.
- A chest X-ray will be done if necessary and if available.

c. How TB testing done?

- Those with TB signs and symptoms are tested for TB in the laboratory and/or through imaging. Several tests are available for testing in health facilities.
- The health provider will request for a specimen depending on the organ affected. This may include sputum, urine, stool, joint fluids, pus, etc.
- The health provider may also request for chest X-ray, CT scan, MRI or Ultrasound depending on the area affected.

NOTE:
In some instances, a person can have TB yet TB tests are negative when the sample is not of good quality or the bacteria load is little to be picked by the test machines.

5. How is TB prevented?

All forms of TB can be prevented through the following ways:

- Early detection and treatment of all types of TB
- Screening and/or testing people (contacts) who interact with TB patients regularly
- Taking TB medicines as prescribed and supported by the healthcare provider without missing a single dose for the entire duration of treatment
- Ensure Infection Prevention and Control
  - Cover your mouth and nose with an elbow while coughing.
  - Ensure proper air circulation and adequate natural lighting by Leaving windows open whenever possible to keep rooms and other closed spaces well well-ventilated and lit.
  - If possible, in the initial period of treatment, it is advised that you have your own well-lit and ventilated room to sleep in.

- Spend most of your time outdoors during the day, when the weather is conducive.
- Keep your environment clean.
- Avoiding overcrowded public places and dwellings.

- Vaccination for children with BCG at birth.
- Taking drugs to prevent TB (TB preventive treatment) when one is in contact with someone who has been diagnosed with TB.
- Health education to the community.

6. How is TB treated

TB is preventable, treatable and curable.

DS-TB is treated by taking medicines for a period of 4, 6 or 12 months depending on your age and the type of TB diagnosed.

These drugs are swallowed through the mouth one time every day.

Once a patient start taking medicines they should not stop until the end of the duration as advised by the healthcare provider.

If one does not adhere to the health care providers advice, they can develop resistance to the germ which is called drug resistant TB (DR-TB).

NOTE:
Inform the health provider of any other medications that you are taking.

DRUG-RESISTANT TUBERCULOSIS (DRTB)

1. What is Drug-Resistant Tuberculosis (DRTB)?

Drug-Resistant TB (DRTB) is a type of TB that is caused by a TB germ (bacteria) that has undergone changes (becomes resistant) and does not respond to one or more of the standard TB medicines.

The infected person spreads the germs through the air when he/she coughs, laughs, sneezes, sings or spits openly.

2. What increases the risk of developing DRTB?

The following factors increase the risk of developing DRTB:

Patient's factors

- Not taking TB medicines as prescribed by the healthcare provider
- Not keeping clinic appointments during TB treatment
- Inadequate information on DRTB disease
- People with previous history of TB
- Poor access/difficulty in reaching health facilities
- Stigma and discrimination
- Drug and substance abuse e.g. alcohol, smoking, miraa, bhang, injectable drugs like cocaine etc.
- People with other health conditions such as HIV, diabetes and mental illness
- Poor nutrition affecting adherence
- Close contacts with DRTB patients
- Occupation such as healthcare providers, prison staff, miners and persons working in congregate settings are at a higher risk.

Medicinal Factors

- Inadequate supply
- Poor quality medicines
- Poor storage conditions
- Unavailability of certain medicines

Healthcare provider Factors

- Poor or no treatment monitoring
- Wrong dose or wrong drug combination
- Failure to follow treatment guidelines
- Inadequate information on DRTB disease

3. Who are at a greater risk of developing DR-TB?

- All previously treated TB patients.
- Contacts of DRTB patients.
- TB patients with a positive smear result after month 2 of TB treatment.
- Patient who develops TB symptoms while on TB Preventive Therapy or has had previous TPT exposure.
- Healthcare workers with TB symptoms.
- Prisoners with TB symptoms.
- Refugees with TB symptoms.

The following are similar for both DSTB and DRTB

1. Signs and symptoms, as part 4a above. (Page 5)
2. TB Screening, as part 4b above (Page 5).
3. TB testing, as part 4c above (Page 6).
4. More special tests are done in the laboratory to detect and differentiate the type of resistance to TB medication.
5. DR TB prevention part, as part 6 above.

4. Before treatment is started the following is required:

- The patient is required to identify a suitable treatment supporter to support them during the course of treatment.
- The healthcare provider will educate the patient and treatment supporter on DRTB disease, medication and other expectations.
- They will sign a consent for treatment.
- Initial tests will be done to check for the function of various body organs.
- Further tests will be done regularly to assess progress and drug side effects during the course of treatment.
- Side effects associated with the current DRTB medicines are preventable and manageable.
- In persons living positively with HIV and have DRTB, it is safe and effective to take both HIV and DR TB treatment concurrently.

5. A patient can receive treatment either:

At home or at a TB Manyatta (where a healthcare provider visits the patient daily).

A health facility by going daily to take the medicine.

TB Manyatta or at home by a team of healthcare providers.

Monthly review and follow-up is important for DRTB patients, and can be done at the health facility, TB Manyatta or at home by a team of healthcare providers.

The monthly review and follow-up is important for:

- Assessing progress on treatment.
- Follow-up tests.
- Nutrition review and counselling.
- Checking and managing drug side effects.
- Supporting and encouraging daily intake of medication.
- Adherence counselling and psychosocial support.
- Review people (contacts) who interact with DRTB patients regularly.

6. How is DRTB treated?

DRTB is treated with a combination of TB medicines for a period of 6 to 18 months depending on the type of resistance.

It is important to take the medicines by mouth as recommended by the **healthcare provider without missing even a single dose** for the entire treatment period.

Do not share your TB medication with anyone else because this will reduce the amount you require to quickly recover from TB disease can lead to further resistance to the DRTB medicines.

If one does not adhere to the health care providers advice, they can develop further resistance to the DRTB medicines.

NOTE:
Inform the health provider of any other medications that you are taking.

7. What are the side effects of DR-TB Drugs?

DR-TB drugs are safe for most of the patients. However, should you experience any of the following side effects while on treatment, report to the healthcare providers immediately;

- Nausea and vomiting
- Abdominal pains
- Skin itch and rash
- Yellowness of the eyes
- Pain or burning sensation of the hands and feet
- Swelling of the lower legs
- Joint pains
- Vision problems
- Reduced hearing
- Feeling unhappy, sad, and not your normal self
- Extreme sensitivity to cold
- Loss of appetite
- Feeling irritable, unusual and unexpected behaviours, seeing and hearing unreal things, reduced concentration, and anxiety
- Any other problem.

8. What food should I take while on TB medication?

- A healthy diet includes variety, adequacy, balance, nutrient density, moderation, safety, and minimal processing.
- Various foods need to be combined and served together to enable the body to obtain all the required nutrients which are important for normal body functioning.
- Take at least five food groups from the 10 food groups per day to meet nutrient requirements.
- Take three main meals (breakfast, lunch and supper) and healthy snacks in between.
- Take plenty of safe and clean drinking water- 8 (250 ml) glasses of water per day.

Ten food groups guide for a healthy eating pattern


Eat a variety of dark green vegetables


Eat a grains and grains products, starchy tubers and roots including plantains


Eat a variety of meats, fish, poultry and other meats


Eat a variety of other vegetables including tomatoes, onions, cabbages


Eat a variety Pulses (beans, green grams, black beans)


Use a variety of dairy products (Milk, yoghurt, cheese


Eat a variety of other Vitamin A rich fruits and vegetables


Eat a variety other fruits including banana, pineapples, avocado


Eat eggs cooked in different ways

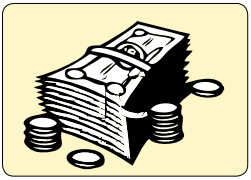

Eat a variety of nuts and seeds

NOTE:
Patients are encouraged to continue with their daily activities during treatment.

9. What is the cost associated with TB treatment?

- TB medicines are free-of-charge in all public hospitals, faith-based organizations and some private health facilities.

Other costs that the patient may incur include:

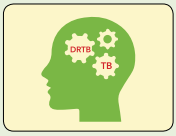


- Food expenses.
- Transport for visit to health facility.
- Accommodation when seeking medical care.
- Consultation fee and initial tests.
- Treatment costs in case of any complications.
- Patients are encouraged to enroll in SHIF to help cover a for their hospital expenses.

10. How can I protect my family and friends from contracting TB?

Take all your medication as advised by the healthcare providers.

Advise family members and friends to go for TB screening and testing.



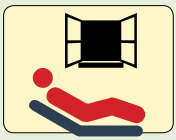
Equip yourself with knowledge of TB.

Ensure infection prevention and control.

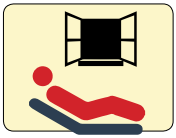
Cover your mouth and nose with an elbow while coughing.

Use handkerchief/tissue paper to cover mouth and nose when coughing and carefully dispose of used tissues.

Use surgical masks when around family members and friends.



Ensure proper air circulation and adequate natural lighting by Leaving windows open whenever possible to keep rooms and other closed spaces well well-ventilated and lit.



If possible, in the initial period of treatment, it is advised that you have your own well-lit and ventilated room to sleep in.

Spend most of your time outdoors during the day, when the weather is conducive.

Keep your environment clean.

Avoiding overcrowded public places and dwellings.

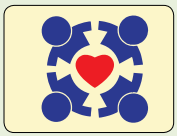
11. What is the role of the community in TB prevention and treatment?

Supporting the patient: socially, spiritually, emotionally and psychologically.

Work together with the healthcare provider to support the patient to take their medicines as prescribed.

Encouraging any persons with signs and symptoms of TB to seek medical attention.

Encouraging other household activities to supplement nutritional needs of the TB patients such as kitchen gardens and chicken rearing.



Showing love and compassion to the TB patients as it is necessary for successful treatment.

Not to discriminate against or stigmatize TB patients.

12. Other Frequently Asked Questions about TB (DSTB or DRTB)

1. **Once I am treated and cured of TB, can I get infected with TB again?**

   Yes, if you are exposed to a person with infectious TB, it is possible to get infected with TB again.

2. **Is it safe to take TB treatment during breastfeeding?**

   Yes. TB treatment does not interfere with breastfeeding, however, always inform the healthcare provider if you are breastfeeding for support and guidance.

3. **What should I do when I miss a dose of TB medicines?**

   Take the missed dose immediately you remember if it within the same day, otherwise take your next dose and then report the number of missed doses to your HCW.

4. **What can happen if I fail to complete my treatment?**

   - You may develop drug-resistant TB which is more difficult and expensive to treat.
   - The treatment could fail and you become sicker.
   - You may continue to infect more people.
   - You may be forcefully confined in a hospital until you complete treatment.
   - Death may occur.

5. **Am I able to continue with my usual work activities when I am on TB treatment?**

   Yes, however, the body may need rest in the first two weeks which requires you to avoid your usual work activities.

6. **Can I get TB after I receive vaccination (BCG)?**

   Children are given BCG vaccine at birth to protect them from severe TB disease.

13. Myths and Facts about TB (DSTB or DRTB)

Myths about TB	Facts
TB is inherited	**NO.** TB can only be spread through the air when an infected person coughs,laughs, sneezes, sings, or spits openly
TB is as a result of witchcraft	**NO.** TB is an airborne infectious disease caused by bacteria (germs)

Myths about TB	Facts
TB was eradicated in Kenya	**NO.** Many people still contract TB in Kenya
Some foods can be used to treat TB e.g. donkey milk	**NO.** Only anti-TB medicine provided at health facilities can treat TB
TB affects smokers only	**NO.** TB can affect anyone, but people who smoke are at a greater risk of contracting TB
If I have TB, I also have HIV	**NO.** HIV increases one's chance of getting TB. However, one can have TB without having HIV and you can have HIV without TB.
TB is a curse	**NO.** It is a disease caused by bacteria that have changed and is treatable and curable.
TB is a disease of poor people only	**NO.** Everyone is at risk of getting TB whether poor or rich
TB affects the lungs only	**NO.** TB mostly occurs in the lungs but can affect other body parts except the teeth, hair, and nails
You can get TB by sharing utensils with a TB patient	**NO.** You cannot get TB by sharing utensils, TB is spread through the air from an infected person.
TB is not curable	**NO.** TB is curable with the correct medicine
TB is a death sentence	**NO.** With early diagnosis and treatment with the right TB medicine and adherence to the TB medicine, TB is NOT a death sentence.

14. Patients' Rights and Responsibilities

1. Care

- The right to free and equitable access to TB care from diagnosis to completion of treatment.
- The right to receive medical advice and treatment.
- The right to benefit from comprehensive health care programs including proactive health sector community outreach and prevention campaigns.

2. Dignity

- The right to be treated with respect and dignity, including in the delivery of services, without stigma or discrimination by health care providers and authorities.
- The right to high-quality health care in a dignified environment, with moral support from family, friends, and the community.

3. Information

- The right to information about the availability of health care services for TB, and the responsibilities, engagements, and direct or indirect costs involved.
- The right to receive a timely, concise, and clear description of the medical condition, with diagnosis, prognosis and treatment proposed, with information on common risks and appropriate alternatives.
- The right to know the names and dosages of any medications or interventions to be prescribed.
- The right of access to medical information relating to the patient's condition and treatment.
- The right to meet and share experiences with peers and other patients and to voluntary counseling at any time from diagnosis to completion of treatment.

4. Choice

- The right to a second medical opinion, with access to past medical records.
- The right to accept or refuse surgical interventions.
- The right to choose whether or not to take part in research programs without compromising care.

5. Confidence

- The right to respect for personal privacy, dignity, religious beliefs, and culture.
- The right to confidentiality relating to the medical condition, with information released to other authorities contingent upon the patient's consent.

6. Justice

- The right to make a complaint through channels provided for this purpose
- The right to appeal to a higher authority if the above is not respected and to be informed in writing of the outcome

7. Organization

- The right to join or to establish organizations of people with or affected by TB, and to seek support for the development of these clubs and community-based associations through health care providers, authorities, and civil society.
- The right to participate as 'stakeholders' in the development, implementation, monitoring, and evaluation of TB policies and programs with local, national, and international health authorities.

8. Security

- The right to job security after diagnosis or appropriate rehabilitation upon completion of treatment
- The right to nutritional security or food supplements, if needed, to meet treatment requirements.

REPUBLIC OF KENYA

MINISTRY OF HEALTH

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