

## **FAQ concerning the potential exposure to tuberculosis (TB) at Swedish Otolaryngology and Radiology at the First Hill campus**

### **What happened?**

Swedish Otolaryngology recently received a confirmation notice from local public health authorities that a patient was diagnosed with tuberculosis (TB) and was potentially contagious to others.

### **How could this have happened?**

We live in a global community where one-third of the world's population is positive for exposure to TB. Although most people who are exposed to TB are not infectious to others, there is a 7 to 10 percent chance such a person may become infectious sometime in their life.

### **What are we doing about this potential exposure event?**

The health and well-being of our patients, staff and community are paramount to Swedish. As a result, Swedish has taken action to notify individuals who may have been potentially exposed. Following Centers for Disease Control and Prevention (CDC) and local public health guidelines, Swedish evaluated the sick patient's treatment schedule at Swedish Otolaryngology and Radiology on the First Hill campus during the period the patient was potentially contagious. Swedish identified the patients who received treatment within times and locations to be potentially exposed to the patient with TB. Patients that may have been exposed are being contacted to come to Swedish immediately for evaluation and testing. These patients are encouraged to have friends/family who accompanied them to Swedish Otolaryngology and Radiology at the First Hill campus during this period to contact Swedish for screening as well.

### **Will some of the patients tested for TB have a positive test?**

Yes, we expect there will be positive tests. However, positive tests may not be a result of a recent exposure. Remember, one-third of the earth's population is positive for TB. Results of the symptom survey and the results of the lab test performed will be evaluated by your physician — along with your medical history — to make decisions about next steps. Is there a chance that positive tests will not lead to further intervention? Yes, but you will be part of that decision with your physician. Is there a chance of false positives? Yes, no lab test is perfect. However, the lab test result is examined along with the symptom survey and your past medical history to make decisions on next steps.

### **Why are we performing a laboratory blood test instead of a TB Skin Test?**

The TB Skin Test (sometimes called TST or PPD) requires two visits and is not as accurate as the blood test for patients with potentially compromised immune systems. Your physician will have results from the blood test in approximately two weeks. Your physician will contact you with the results and let you know if more action is needed.

### **Why are some potentially exposed patients not receiving a lab test?**

If a patient already knows they are TB Skin Test positive, or have already been tested for TB, there is no need to perform a lab test. It will not provide new information. Their physician will use the symptom survey results, the patient's medical history and their knowledge of the patient to determine whether more action is needed.

### **What will happen if my tests are positive?**

Your physician will consider your health history and symptom assessment to determine whether you need further work up and/or treatment for TB. This may include CXR, sputum cultures, and medication. Latent TB

versus active infectious TB and the different possible actions are explained later in this FAQ by information from the Washington State Department of Health and CDC.

### **Do the people I live with need testing? I babysit my grandchildren, are they at risk?**

Although possible, it is very unlikely that you have exposed anyone to TB. Only people that actually develop infectious TB put others at risk. The test we are performing and information we are gathering will help your physician answer this question. Most of you will receive a letter indicating you do not have TB and no further action is necessary.

### **What if I have more questions?**

A nurse is available to address your questions at 206-215-1770 between 8:30 a.m. – 5 p.m. Monday through Friday.

## **More FAQs About Tuberculosis From the Washington State Department of Health and Centers for Disease Control and Prevention (CDC)**

### **What is Tuberculosis?**

Tuberculosis (TB) is a disease caused by TB bacteria that are spread from person to person through the air. TB usually affects the lungs, but can affect lymph nodes, bones, joints, and other parts of the body.

### **Symptoms**

General symptoms of TB disease include fever, night sweats, weight loss and tiredness. Symptoms of TB disease in the lungs also include coughing, coughing up blood, and chest pain. Symptoms of TB disease in other parts of the body depend on what area is affected. Some people with TB disease have no symptoms.

### **Who Gets Tuberculosis?**

Tuberculosis can infect anyone. People infected with the HIV virus, AIDS patients, persons with weakened immune systems, young children and the elderly are at increased risk of developing active TB disease. Other medical risks include: diabetes mellitus, prolonged corticosteroid therapy or other immunosuppressive therapy, cancer, silicosis and being 10 percent or more below ideal body weight.

### **How it Spreads**

TB is spread from person to person through the air. When a person with active TB disease of the lungs or throat coughs or sneezes the TB bacteria may get into the air and be breathed in by others. Prolonged exposure is normally necessary for infection to occur. If infection does occur the exposed person will most likely have a latent TB infection (LTBI); in rare cases the exposed person may quickly develop active disease after being infected.

### **The Difference Between Latent TB Infection and Active TB Disease**

Latent TB infection (LTBI) may result after being exposed to a person who has infectious TB disease in the lungs or throat. A person with LTBI does not feel sick or have symptoms of TB. They cannot spread TB to others. Latent TB infection may last a lifetime without developing into active TB disease. However, without preventive treatment, LTBI may develop into active TB at a later date.

Active TB disease is normally characterized by the appearance of TB symptoms. A person with active TB disease of the lungs or throat may be capable of infecting others. Medications are given to the person to treat TB disease.

### **If You Are Around a Person With Active or Latent TB**

A person with LTBI is not contagious and cannot infect others. You do not need to be tested for TB if you have spent time with someone with LTBI. However, people with active TB disease in the lungs or throat may be infectious. People with infectious TB are most likely to infect people they spend time with everyday, such as

family members or co-workers. If you have been around someone with active TB disease in the lungs or throat, you should contact your [local health department](#) for more information on when, how, and where to get tested for TB.

### **Treatment**

If you have LTBI but not TB disease, your physician may want you to take medication to prevent you from developing TB disease. People with LTBI should be evaluated to determine the need for preventive therapy based on their individual risk of developing TB disease and other medical conditions. The exact preventive therapy treatment plan must be determined by a physician but normally involves taking medication for several months.

If you have active TB disease you must complete a course of curative therapy. Treatment consists of taking several drugs exactly as prescribed by a physician. Treatment is normally done in two phases; an initial phase, usually lasting about two months, and a continuation phase lasting four months or longer. Along with taking medications the physician may also perform follow-up laboratory tests to monitor treatment effectiveness. It is important for people being treated for active TB to take all of their medication as prescribed to prevent themselves from getting sick again or developing TB that is resistant to medication. Oftentimes, health-care workers watch patients take their medications. This is called directly observed therapy (DOT). DOT helps the patient complete treatment and helps reduce complications associated with treatment.

### **How Common Is It in Washington?**

In 2011, Washington state reported 200 cases of tuberculosis for a case rate of 3.0 per 100,000 persons. Only 7 of the 39 counties had 5 or more cases of TB. King County accounted for 106 cases (53) of the 200 cases (incidence rate of 5.5 per 100,000).

[A Glance at Tuberculosis in Washington - World TB Day: March 24, 2012 \(PDF\)](#)

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### **Multiple Drug-Resistant Tuberculosis**

When patients fail to take TB medications as prescribed, the bacteria can become resistant to treatment. People exposed to a case of drug-resistant TB, especially if they have a weakened immune system, are at high risk for multiple drug-resistant tuberculosis. How common is multiple drug-resistant tuberculosis? Although this is a serious threat that is causing problems in other parts of the nation and the world, it is not a major problem in Washington.

### **Treatment for Multiple Drug-Resistant Tuberculosis**

Advice from a TB specialist is necessary when treating drug-resistant TB. It is unknown whether preventive therapy can prevent the development of active TB disease in people who are infected with drug-resistant TB strains.

### **Preventing the Spread of Tuberculosis**

The most important way to stop the spread of tuberculosis is to cover the mouth and nose when coughing, and to take all TB medicine exactly as prescribed by a physician. Educating TB patients, providing adequate treatment for people with drug-resistant TB and providing directly observed administration of anti-tuberculosis medications is valuable in preventing the further spread of the disease as well.

### **For More Information**

Email the Tuberculosis program at [tbervices@doh.wa.gov](mailto:tbervices@doh.wa.gov), or call 360-236-3443.