

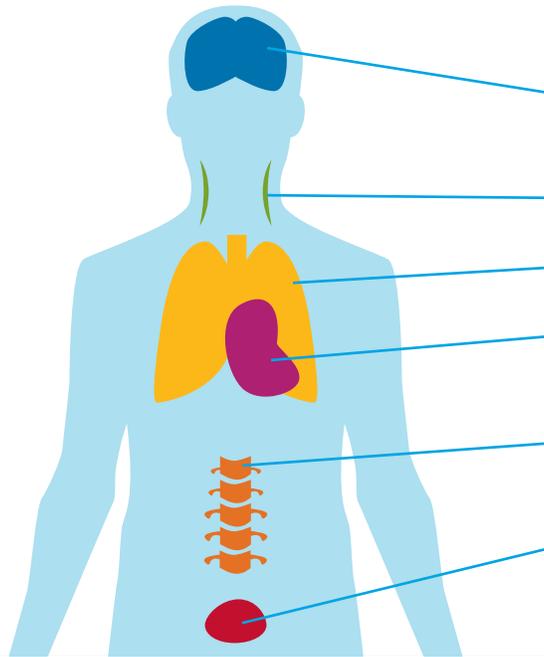
Travel Guard[®] Health Advisory

Tuberculosis (TB)

Tuberculosis that infects any organ in the body other than the lungs is called **extrapulmonary tuberculosis**.

It is caused by bacteria ***Mycobacterium tuberculosis***, which usually attacks the lungs. It spreads through the air from one person to another through coughing, speaking, and singing. It is NOT spread by

- Shaking someone's hand
- Sharing food or drink
- Touching bed linens or toilet seats
- Sharing toothbrushes or
- Kissing



Common TB sites include:

- Central nervous system (meningitis)
- Lymphatics (scrofula of the neck)
- Pleura (tuberculosis pleurisy)
- Disseminated (miliary tuberculosis)
- Bones and joints of the spine (Pott's disease)
- Genitourinary (urogenital tuberculosis)

Do you know the difference?

TB Disease

An individual contracts bacteria and the body is unable to fight it. The bacteria continues to grow and multiply. Symptoms include:

- Bad cough which lasts 3 weeks or more
- Coughing up blood or sputum
- Weakness or fatigue
- Weight loss
- Chills
- Fever
- Night sweats

This individual may spread TB bacteria to others, may have abnormal chest x-rays, positive sputum smear or culture, and usually has a skin test or blood test indicating infection.

Latent TB Infection (LTBI)

An individual contracts bacteria but does not get sick because the body is able to fight the bacteria and stop it from growing. This individual has no symptoms and does not feel sick, cannot spread TB bacteria to others, but usually has a positive TB skin test reaction or blood test. TB Disease may develop if treatment is not received.

Treatment and Vaccination

TB is treatable and curable. Active, drug-sensitive TB is treated with a standard six-month course of four antimicrobial drugs that are provided with information, supervision and support to the patient by a healthcare worker or trained volunteer. Bacille Calmette-Guérin (BCG) is a vaccine for TB. It is often given to infants and small children in countries where TB is common. It does not always protect people from getting TB.

Preventing Exposure to TB While Travelling Abroad



Travellers should avoid close contact or prolonged time with known TB patients in crowded, enclosed environments, such as clinics, hospitals, prisons, or homeless shelters.



Air travel itself carries a relatively low risk of infection with TB of any kind. Travellers who will be working in clinics, hospitals, or other health care settings where TB patients are likely to be encountered should consult infection control or occupational health experts. Ask about administrative and environmental procedures for preventing exposure to TB. Once those procedures are implemented, additional measures could include using personal respiratory protective devices.



Travellers who anticipate possible prolonged exposure to people with TB should have a TB skin test or a TB blood test. If the test reaction is negative, they should have a repeat test 8 to 10 weeks after returning to their countries.



Annual testing may be recommended for those who anticipate repeated or prolonged exposure to TB or an extended stay over a period of years in a location where TB is prevalent. Because people with HIV infection are more likely to have an impaired response to TB tests, travellers who are HIV positive should tell their physicians about their HIV infection status.



One-third of the world's population is infected with TB.

1.8 million TB-related deaths have occurred worldwide.

10.4 million people around the world became sick with TB disease in 2015.

TB is the **leading killer** of people who are HIV-infected.

About AIG Travel and Travel Guard®

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