TB and the workplace

Tuberculosis (TB) is an infectious disease and because of this, when someone in the workplace is diagnosed with it, people tend to panic. It is therefore important that you are informed about the disease so that you can know fact from fiction and recognise the true risks of becoming infected.

The risk of catching TB in the workplace

The risk of becoming infected with TB in the workplace is dependent on many things, including the number of infected people, the conditions under which you work, and the state of your immune system. It is important to know that your average air-conditioned office is not the most accommodating space for TB bacteria to travel through, so panicking about catching TB is not necessary.

TB screening in the workplace

While there are tests you can have to check whether you or your colleagues have been exposed to TB, the information you may gain is not very useful. To explain this, we compare a TB screening test to a blood glucose level check. A test for blood glucose is able to measure precisely how much glucose is in the blood, and can reveal whether a person is at risk of diabetes or other diseases. A test for TB will either be positive or negative but this may not mean anything for various reasons. These revolve around the fact that a positive reaction doesn't mean a person is ill with TB, just that their immune system has been exposed to it previously. South Africa routinely vaccinates against TB, so most people will have had prior exposure.

Avoiding an atmosphere of panic

It is recommended that you look at educating yourself and your co-workers before taking any other measures (such as TB screening). With a simple explanation of the risks and what you can do for prevention, you will be able to reduce unnecessary panic. Calling in an expert, such as a doctor, to give talks about this may also be helpful.

It's also important to use this opportunity as a drive to encourage HIV testing. If you know your HIV status, you will know if you are at a higher risk for TB infection and can take measures to decrease this risk.

Frequently asked questions

Q: I'm pregnant. Am I at a higher risk of becoming infected with TB?

There isn't conclusive evidence to suggest that HIV negative pregnant women are at a higher risk of TB than other HIV negative people. However, treating TB in pregnant women is difficult and undiagnosed TB in pregnant women can bring about complications. This is why pregnant women should take extra precaution to avoid becoming infected with TB.

Q: If South Africans are vaccinated against TB, why is it so common?

The vaccine that South Africans are given in infancy does not protect against TB infection, but it does reduce the chance of TB spreading from the lungs to the rest of the body or to the brain. The reason the disease is so common in South Africa is because there are many South Africans that have weakened immune systems due to HIV.





Q: Do I need a chest X-ray every year to check if I have TB?

No. If your first chest X-ray is negative for active TB disease, a chest X-ray does not need to be repeated every year for a person with a positive skin test result who is not showing symptoms of active TB disease. Some employers may recommend employees take a follow-up chest X-ray routinely.

Q: If I have had TB before, can I catch it again?

Yes it is possible. Like any bacterial infection, it can be caught and cured more than once. So if you have any doubts, please consult your local doctor.

Q: What is the impact of co-infection with TB and HIV?

Each disease speeds up the progress of the other, and TB considerably shortens the survival of people with HIV & AIDS. TB kills up to half of all AIDS patients worldwide. People who are HIV positive and infected with TB are up to 50 times more likely to develop active TB in a given year than people who are HIV negative. HIV infection is the most potent risk factor for converting latent TB into active TB, while TB bacteria accelerate the progress of AIDS infection in the patient.

Q: When can employees with active TB return to work?

When employees are no longer infectious, and are able to work, they may return to the workplace. In most cases, TB is no longer contagious after two to four weeks of effective drug therapy. However, return to work should be based on medical clearance by a health-care professional and usually requires demonstration of clearance of the TB bacteria. Health-care personnel or an employee's private physician should ensure that employees returning to work adhere to ongoing treatment for TB.

Q: Is there any way I can prevent myself from getting TB?

TB is an 'opportunistic infection', which means you are more likely to catch the disease when your immune system is compromised and weakened through illness or stress. The best way to prevent catching the disease is to look after yourself and live a healthy lifestyle.

Overall, this means keeping yourself (and your family) well nourished by eating a variety of healthy foods and limiting the amount of harmful substances you consume (such as cigarettes, drugs, and alcohol).



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