

City of El Paso Department of Public Health

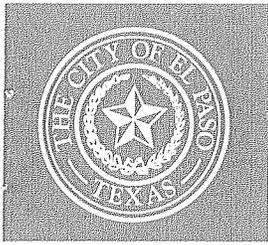


**TB HOSPITAL EVENT
PARENT INFORMATION PACKET**

September 2014

Prepared by Angela Mora, M.Ed., Ruth Castillo, MPHe

Approved by: Hector I. Ocaranza, M.D. – Health Authority for the El Paso City-County



Department of Public Health

Mayor

Oscar Leeser

City Council

District 1

Ann Morgan Lilly

District 2

Larry Romero

District 3

Emma Acosta

District 4

Carl L. Robinson

District 5

Dr. Michiel R. Noe

District 6

Claudia Ordaz

District 7

Lily Limón

District 8

Cortney C. Niland

City Manager

Tommy Gonzalez

Public Health

Director

Robert Resendes

Dear Parents:

We have created this Parent Information Packet to provide you with basic information on the various issues and preventive treatment components you will be discussing with the care team (nurse, educators, clinical assistant, etc.). This information includes basic Tuberculosis (TB) information including Fact Sheets on:

- Tuberculin Skin Testing, X-Rays
- Directly Observed Therapy or DOT (medication to be administered to prevent TB disease)
- Medication side effects.

The information will help you prepare to ask the care team additional questions you may have.

In addition, it will also assist you in making your decision to consent or not consent to have your child treated.

Thank you,

Hector I. Ocaranza, M.D.
El Paso City-County Health Authority



Department of Public Health
5115 El Paso Drive | El Paso, Texas 79905 | (915) 771-5702

Dedicated to Outstanding Customer Service for a Better Community



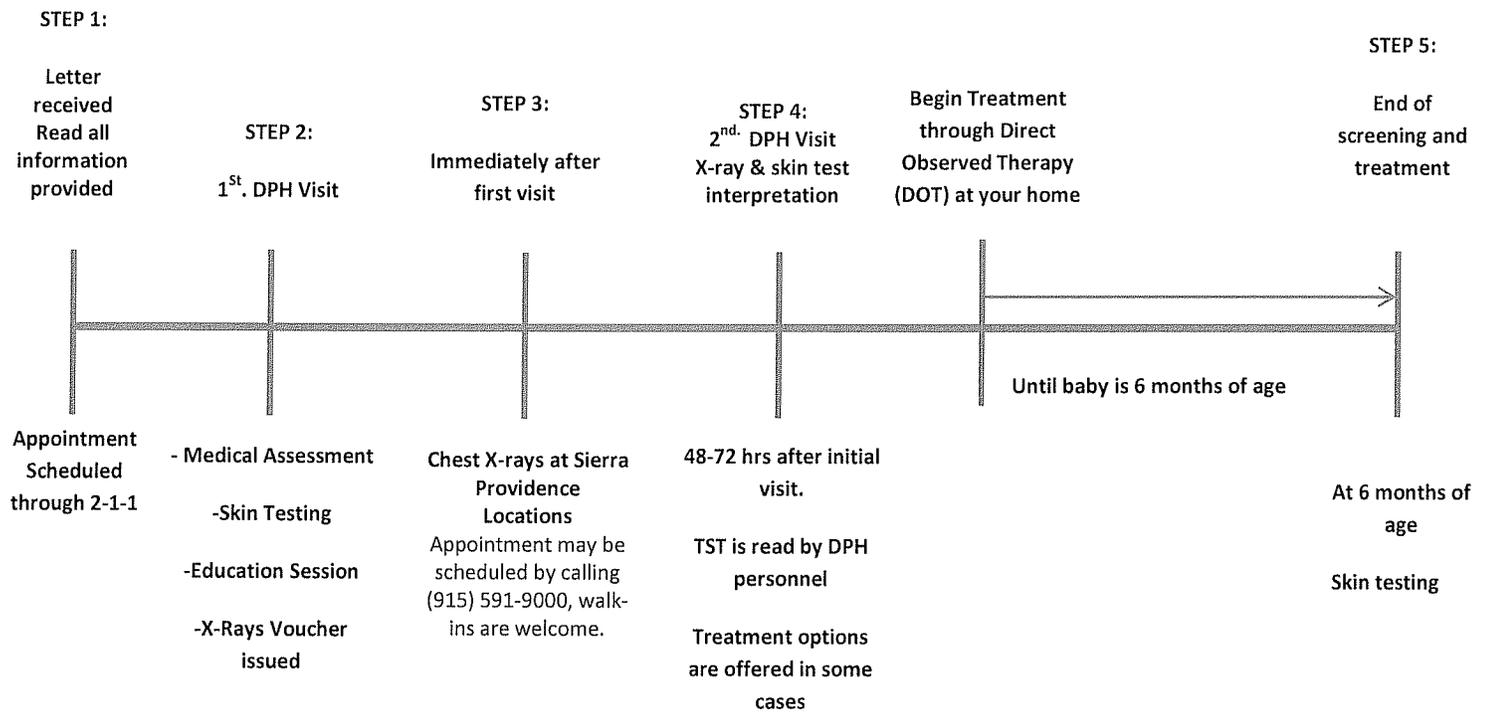
Public Health
Prevent. Promote. Protect.

City of El Paso Department of Public Health

TB Hospital Event Care Center

Intervention Sequence of Activities

(Babies less than 6 months)

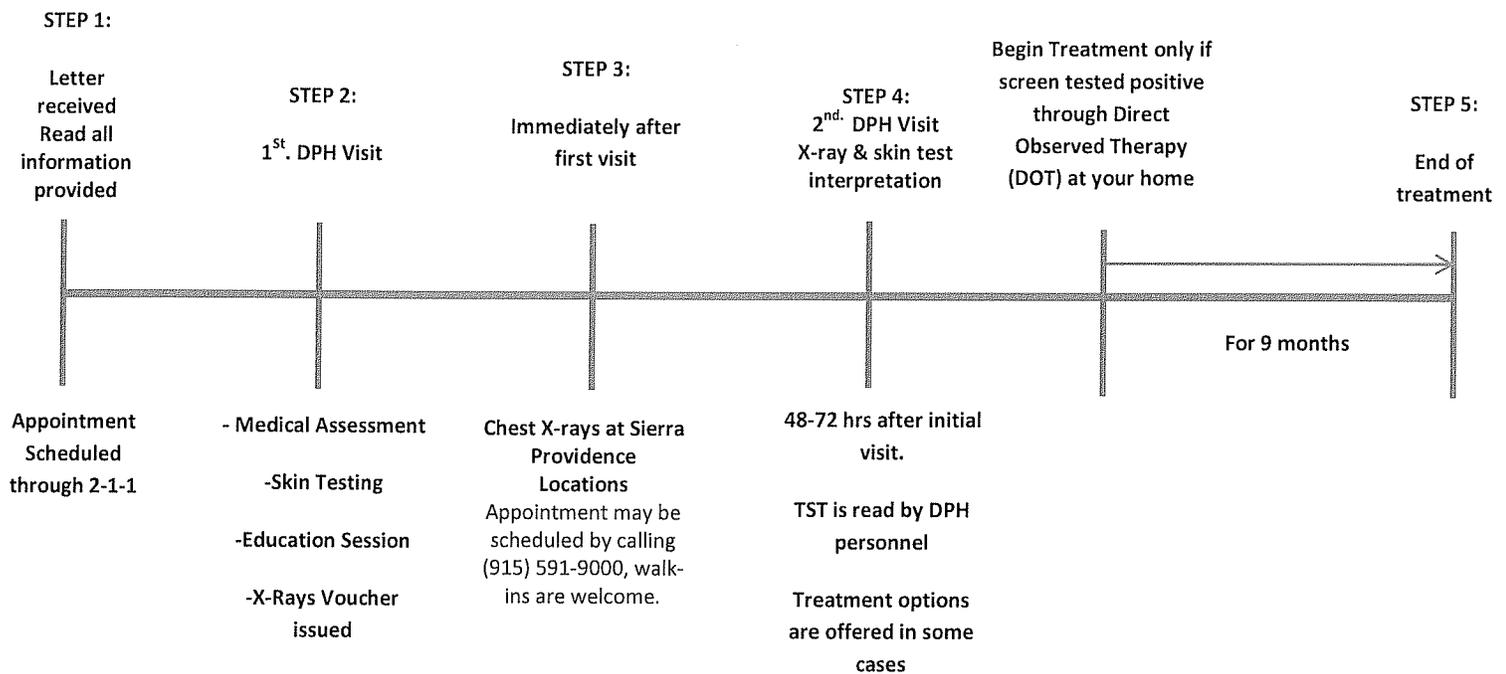


City of El Paso Department of Public Health

TB Hospital Event Care Center

Intervention Sequence of Activities

(Babies older than 6 months)



Parent Fact Sheet

What is Preventive/Prophylactic Treatment?

Preventive or Prophylactic Treatment is the practice of treating TB skin test (TST) negative persons exposed to a contagious TB case with a medication called isoniazid (INH).

Will my baby receive Preventive Treatment?

Your baby was exposed to active TB and should be evaluated by TST, history, a physical exam, and chest X-Rays. If your baby is 6 months or younger and the TST and X-Rays are negative and there are no symptoms of active tuberculosis, you will be offered to treat your baby with Isoniazid (INH) prophylaxis. If your baby is over 6 months old and the TST and X-rays are negative and there are no signs or symptoms of active tuberculosis your baby will not receive treatment with isoniazid.

Why is Preventive Treatment necessary?

The purpose of Preventive or Prophylactic Treatment is to protect your baby despite a negative TST and a negative X-ray after your baby has been exposed to TB, therefore preventing your baby from progressing to active tuberculosis in the future.

Why do only 6 month and younger babies receive Preventive Treatment?

Babies who are younger than 6 months of age are particularly vulnerable and their immune system is not mature. Because they are considered at higher risk of developing TB disease after being exposed to someone with active TB, experts recommend that babies younger than 6 months of age receive Preventive Treatment with Isoniazid to decrease the risk of your baby developing TB disease in the future. The duration of treatment will depend on whether the baby has a negative TST and X-Ray at 6 months of age. At 6 months of age, the TST is more reliable because your baby's immune system is better developed.

Will the medication Isoniazid (INH) hurt my baby?

Isoniazid (INH) is an antibiotic that its main action is to eliminate bacteria. The main benefit of taking this medication is to prevent TB bacteria from causing active disease. The medication Isoniazid has been one of the main medications used to treat Tuberculosis around the world. It is an old but good medication and is the recommended medication to be given as Preventive/Prophylactic treatment.

As any other medication, it does have some side effects, but those side effects are most commonly seen in older people, especially with other chronic medical conditions.

Among the side effects related to Isoniazid (INH) are liver and gastrointestinal problems. These side effects are also seen with prolonged use of the medication. A public healthcare worker providing Direct Observed Therapy (DOT) will monitor for side effects of the medication. Please report symptoms such as vomiting, weakness, yellow discoloration of eyes and skin, stomach bloating, at every visit to ensure that your baby is fine.

Other important facts:

- Routine laboratory studies are not recommended for children unless they have an underlying health issue or are on other medications cleared by the liver.
- Children do not smoke or drink alcohol or do other things that might stress their liver so routine laboratory testing is not required.
- INH is well tolerated by infants. It has been used for over 50 years in the US and is the CDC recommended treatment for TB infection in children.
- Routine laboratory draws on infants is not necessary with INH since they tolerate the medication very well.

Are the X- Rays harmful to my baby?

No, chest x-rays are very, very safe. It uses a very small amount of radiation that is compared to approximately the radiation from 10 days living a

normal life. Normally, we are exposed to radiation from naturally occurring sources such as the ground or from cosmic rays in passing through the atmosphere.

If you have additional questions contact the DPH clinician at the number provided to you at the end of your visit.

This Fact Sheet was adapted by the City of El Paso Department of Public Health on September 2014 from the source referenced below and approved by Hector I. Ocaranza, M.D.
Health Authority for City-County of El Paso.



City of El Paso Department of Public Health

PARENT FACT SHEET – DIRECTLY OBSERVED THERAPY

This Fact Sheet provides parents with information regarding the Tuberculosis preventive treatment approach known as Directly Observed Therapy (DOT).

If your child is 6 months old or younger, he/she will receive medical treatment until a repeat TST and 6 months of age. The treatment will be provided to your child at his/her own home by Department of Public Health staff. This home-based approach is known as Directly Observed Therapy (DOT). Below are some details on DOT.

What is DOT?

In DOT, each baby receiving treatment will receive the medication at a scheduled place and time and the parent or care taker is observed providing to baby and seeing that baby ingests EVERY DOSE. Effective DOT actually DECREASES the PROBABILITY that someone INFECTED with the TB organism will develop active TB disease.

DOT is:	DOT is not:
1. ... a treatment technique where an outreach worker/ health care provider OBSERVES the patient TAKING and SWALLOWING all anti-tuberculosis medications for each and every dose of medication until treatment is completed.	1. ... allowing a family member or friend to supervise and observe a patient taking the prescribed medication without the DOT worker being present.
2. ... provided ONLY by an outreach worker/ health care provider who is TRAINED in observing, recognizing, documenting and reporting possible side effects of medications to a supervisor.	2. ... allowing a parent or guardian to administer medication to a child or adolescent without the DOT worker present.
3. ... when the outreach worker/ health care provider AND the patient (parent/guardian) co-sign that the medication was ingested and that side effects or signs of toxicity were denied by the patient or parent/guardian.	3. ... leaving medication at the patient's home site when the patient is not present.
4. ... when outreach workers or health care providers report DAILY , to their supervisor, those DOT doses successfully administered as well as those that were missed.	

This Fact Sheet was approved by Hector I. Ocaranza, M.D. – Health Authority of El Paso-City County. It was adapted from The Center for Pulmonary and Infectious Disease Control (CPIDC), located at The University of Texas Health Center at Tyler (UTHCT) and based on the original memorandum to health care professional and outreach workers issued by the Texas Department of State health Services (DSHS).

WHAT PARENTS SHOULD KNOW ABOUT TB

Tuberculosis (TB) is a disease caused by a kind of bacteria which primarily affects the lungs. In some cases the intestines, kidneys, bone marrow, brain, spine, and stomach can also be affected. TB can be cured and early diagnosis helps to treat it effectively.

Does TB affect babies and children?

Yes, TB does affect babies. Children below the age of two are particularly at risk because they have an under-developed immune system.

Is TB a contagious disease?

Yes, but children less than 12 years of age rarely have contagious TB. TB spreads when an infectious person coughs or sneezes, quite like the common cold.

How do I know if my baby has TB?

Your doctor may want to test your child for TB if he:

- looks unhealthy
- has a cough that won't go away
- has repeated chest infections and fever
- is tired and does not gain enough weight

If your baby has TB, he may find it hard to breathe.

What tests are done for TB?

The tuberculin skin test and the chest X-ray are the usual tests for TB. With the help of x-rays, your doctor will get an idea of the extent of damage to your baby's body.

What should I do if my child tests positive for TB?

TB is curable. Your child will be treated for about six to nine months as it takes that long for the bacteria to die. Make sure your child takes his medicine every day at the same time. If he stops midway, he will have to start all over again.

Will I have to isolate my baby during the entire course of TB treatment?

No. TB does not spread through touching. There is no risk to you in breastfeeding him either.

Are there any side effects of TB treatment?

TB medicines are safe. At times your child's urine, potty and saliva may be faintly reddish in color. Your child's skin may become sensitive to the sun. He may also develop mild diarrhea or jaundice. If this happens, contact a clinician the Department of Public Health, or your doctor if seeing a private doctor.

How can I reduce the chances of my baby catching TB?

- Get yourself, your family members and your household help screened for TB.
- Keep your baby's surroundings clean, airy and sunny. TB bacteria thrive in closed, cramped and dark corners.

Is there a vaccine against TB?

Yes there is. This vaccine contains a weakened form of the TB-causing bacteria. When your baby is vaccinated with the BCG vaccine, his body will produce the antibodies that will fight future infection. However, the BCG vaccine is not generally used in the United States, because of the low risk of infection with TB bacteria and the variable effectiveness of the vaccine.

This Fact Sheet was adapted by the City of El Paso Department of Public Health from the Global Tuberculosis Institute and approved by Hector I. Ocaranza, M.D. – Health Authority for the El Paso City County.



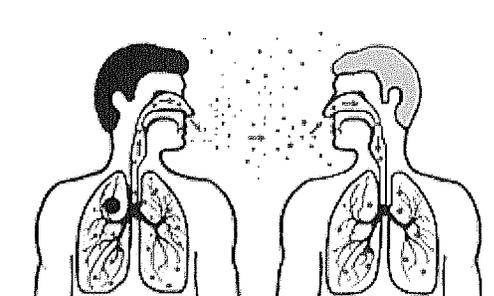
General TB Facts

Basic TB Facts

Tuberculosis (TB) is caused by a bacterium called *Mycobacterium tuberculosis*. The bacteria usually attack the lungs, but TB bacteria can attack any part of the body such as the kidney, spine, and brain. If not treated properly, TB disease can be fatal.

How TB Spreads

TB is spread through the air from one person to another. The TB bacteria are put into the air when a person with TB disease of the lungs or throat coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected.



TB is NOT spread by

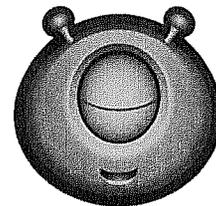
- shaking someone's hand
- sharing food or drink
- touching bed linens or toilet seats
- sharing toothbrushes
- kissing

Latent TB Infection and TB Disease

Not everyone infected with TB bacteria becomes sick. As a result, two TB-related conditions exist: latent TB infection and TB disease.

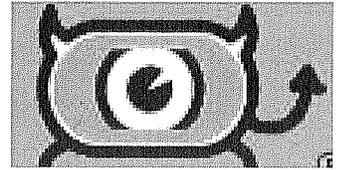
Latent TB Infection

TB bacteria can live in the body without making you sick. This is called latent TB infection. In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. People with latent TB infection do not feel sick and do not have any symptoms. People with latent TB infection are not infectious and cannot spread TB bacteria to others. However, if TB bacteria become active in the body and multiply, the person will go from having latent TB infection to being sick with TB disease.



TB Disease

TB bacteria become active if the immune system can't stop them from growing. When TB bacteria are active (multiplying in your body), this is called TB disease. People with TB disease are sick. They may also be able to spread the bacteria to people they spend time with every day.



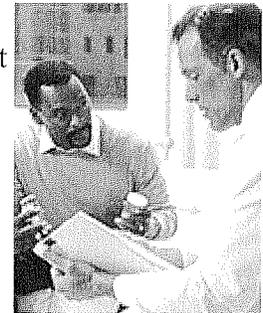
Many people who have latent TB infection never develop TB disease. Some people develop TB disease soon after becoming infected (within weeks) before their immune system can fight the TB bacteria. Other people may get sick years later when their immune system becomes weak for another reason.

Testing for TB Infection

There are two kinds of tests that are used to detect TB bacteria in the body: the TB skin test (TST) and TB blood tests. These tests can be given by a health care provider or local health department. If you have a positive reaction to either of the tests, you will be given other tests to see if you have latent TB infection or TB disease.

Treatment for Latent TB Infection

If you have latent TB infection but not TB disease, your health care provider may want you be treated to keep you from developing TB disease. Treatment of latent TB infection reduces the risk that TB infection will progress to TB disease. Treatment of latent TB infection is essential to controlling and eliminating TB in the United States. The decision about taking treatment for latent TB infection will be based on your chances of developing TB disease.



Treatment for TB Disease

TB disease can be treated by taking several drugs, usually for 6 to 9 months. It is very important to finish the medicine, and take the drugs exactly as prescribed. If you stop taking the drugs too soon, you can become sick again. If you do not take the drugs correctly, the germs that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat.

Isoniazid (INH)

The standard treatment regimen for LTBI is nine months of daily INH. This regimen is very effective and is the preferred regimen for HIV-infected people taking antiretroviral therapy, and children aged 2–11 years of age.



Tuberculosis in Children

Testing for TB in Children

In the absence of symptoms, usually the only sign of TB infection is a positive reaction to the TB skin test or TB blood test. TB skin testing is considered safe in children, and is preferred over TB blood tests for children less than 5 years of age.



All children with a positive test for TB infection, symptoms of TB, or a history of contact with a person with infectious TB disease should undergo a medical evaluation. Medical evaluations for TB disease include a chest x-ray and physical examination to exclude TB disease, and must be done before beginning treatment for latent TB infection.

For more information on where to get a TB test, contact your State TB Control Program.

Signs and Symptoms of TB Disease in Children

Signs and symptoms of TB disease in children include:

- Cough;
- Feelings of sickness or weakness, lethargy, and/or reduced playfulness;
- Weight loss or failure to thrive;
- Fever; and/or
- Night sweats.

The most common form of TB disease occurs in the lungs, but TB disease can affect other parts of the body as well. Symptoms of TB disease in other parts of the body depend on the area affected. Infants, young children, and immunocompromised children (e.g., children with HIV) are at the highest risk of developing the most severe forms of TB such as TB meningitis or disseminated TB disease.

Treatment

A pediatric TB expert should be involved in the treatment of TB in children and in the management of infants, young children, and immunocompromised children who have been exposed to someone with infectious TB disease. It is very important that children or anyone being treated for latent TB infection or TB disease finish the medicine and take the drugs exactly as instructed.

Latent TB Infection

Treatment is recommended for children with latent TB infection to prevent them from developing TB disease. Infants, young children, and immunocompromised children with latent



TB infection or children in close contact with someone with infectious TB disease, require special consideration because they are at increased risk for getting TB disease. Consultation with a pediatric TB expert is recommended before treatment begins. Isoniazid is the anti-TB medicine that is most commonly used for treatment of latent TB infection. In children, the recommended length of treatment with isoniazid is 9 months.

TB Disease

TB disease is treated by taking several anti-TB medicines for 6 to 9 months. It is important to note that if a child stops taking the drugs before completion, the child can become sick again. If drugs are not taken correctly, the bacteria that are still alive may become resistant to those drugs. TB that is resistant to drugs is harder and more expensive to treat, and treatment lasts much longer (up to 18 to 24 months).



Public Health
Prevent. Promote. Protect.

Department of Public Health

5115 El Paso Drive | El Paso, Texas 79905 | (915) 771-5702