



Frequently Asked Questions about tuberculosis and the answers

1. What is tuberculosis?

Tuberculosis is an infectious disease caused by tuberculosis bacteria (*Mycobacterium tuberculosis*). The commonest form is tuberculosis of the lung (about 70 % of cases). Other forms, such as lymph-node or bone tuberculosis, are not infectious.

2. What is a tuberculosis infection?

A tuberculosis infection means that at some time in their life a person has come into contact with tuberculosis bacteria and has been infected by them. In this stage that person is **neither ill nor infectious**. Most infected people (about 90 %) **never** actually fall ill with tuberculosis.

3. How is tuberculosis transmitted?

Transmission of tuberculosis takes place through the air, from one person to another. When the diseased persons cough, they expel microscopically small droplets containing tuberculosis bacteria into the surrounding air. These droplets float in the air for some time and can be breathed in by other people. The danger of an infection only exists in case of contact with someone who has **infectious lung tuberculosis** (question 6).

4. When does one speak of tuberculosis?

One speaks of pulmonary tuberculosis when the bacteria multiply in the lung. This may come about months or years after the infection. The tuberculosis bacteria can also spread to the rest of the body through the circulation system (e.g. to the lymph nodes, the central nervous system, the bones). These forms of tuberculosis are not infectious. Tuberculosis is dangerous above all for small children and immunodepressed persons. Nowadays tuberculosis can be cured successfully if it is properly treated.

5. What are the typical symptoms of tuberculosis?

The disease often starts with just a few complaints. These include coughing (sometimes with the presence of blood in the expectorate), tiredness, a slight temperature and sweating at night. At a later stage, the patient may experience weight loss, poor appetite and chest pain.

6. When is lung tuberculosis considered infectious?

Lung tuberculosis is said to be infectious when the disease has progressed so far in the lung that the diseased person expels tuberculosis bacteria when coughing (or sneezing, as the case may be). It is not until this stage of the disease is reached that the person involved can transmit tuberculosis bacteria and infect other people (question 3).

7. How long does a person with infectious lung tuberculosis remain infectious?

A person with infectious lung tuberculosis will be isolated in a hospital or at home, that is to say they will be screened off from the outside world. They will remain in isolation until they are **no longer infectious**. When treated appropriately, the risk of infection quickly decreases, and after one to two weeks of treatment, the risk of infection is generally zero. The treatment, however, has to be continued for a total of six months or longer, under medical supervision, until the person is completely cured.

8. Who is at risk of infection?

The only people at risk of infection are those coming into very close contact with a person who has infectious lung tuberculosis (by remaining for several hours in the same rooms) (question 6).



9. I have been vaccinated. Can I be infected in spite of this?

Yes, since the vaccinations against tuberculosis (BCG) that used to be carried out regularly provide only very limited protection.

10. I have had contact with a person with lung tuberculosis. What should I do now?

The Tuberculosis Office of the Cantonal Lung Association in your canton can give you free advice and information about any issues concerning tuberculosis. Anyone who has come into close contact with a person who has infectious lung tuberculosis ([question 6](#)) can arrange for an appointment with the Tuberculosis Office (addresses attached) in order to obtain information and be tested to see whether they have been infected ([question 12](#)).

11. I have come into contact with a person with tuberculosis but not of the lung. What should I do now?

You need not do anything, since you are at no risk. These forms of tuberculosis are not infectious since the diseased person does not expel any tuberculosis bacteria through the airways.

12. How can the infection be detected?

An infection can be detected by means of a tuberculin skin test or a blood test (also known as an interferon-gamma test). You can ask the Tuberculosis Office of your Cantonal Lung Association for information about the test procedure and interpretation of the test results.

13. Why is it that, in people above the age of twelve, the blood test is not carried out until eight weeks after the last contact with a person who has infectious lung tuberculosis?

Tuberculosis bacteria multiply very slowly, and an immune reaction takes several weeks to develop. This means that it is not possible to assess whether an infection has occurred until eight weeks later. The risk of developing a dangerous form of tuberculosis is, however, greater in children below the age of twelve. What is more, the disease may develop faster in this age group. For this reason, for safety's sake, a first test is carried out on these children **immediately** after the last contact and – depending on the result of that test – another test eight weeks later.

14. The result of the blood test is positive. What does this mean and what happens next?

A positive test result means that a contact with tuberculosis bacteria has occurred ([question 2](#)). The Tuberculosis Office will inform you and your doctor of this, asking you to make an appointment to arrange for further investigation (X-ray, etc.), aimed at excluding or confirming a tuberculous disease.

15. I have been infected. Can I endanger other people because of this?

No! An infection does not mean either that you have tuberculosis or that you are infectious ([questions 2, 4 and 6](#)). This means that the people you come into contact with are not endangered because of your positive blood test.

16. I have been infected. How great is the risk that I might fall ill one day with tuberculosis?

The bacterium is kept in check by the immune system, and remains in a dormant condition. 90 % of all people who are infected do **not** develop tuberculosis at all. 10 % of them do develop tuberculosis. Of these, half develop tuberculosis within two years while the other half do so at a later time in their lives ([question 4](#)). The risk increases in the presence of insufficient immune defences (e.g. in people with an HIV infection, during long-term cortisone treatment or immune-suppressing chemotherapy and in cases of diabetes or of alcohol or tobacco abuse).

17. Can I be treated if I have caught the infection?

A proven infection ([question 2](#)) is treated with an antibiotic. Depending on which antibiotic is used, the treatment lasts between four and nine months. Treatment is recommended, since it considerably lowers the risk of developing tuberculosis later. Whether or not such treatment is carried out must be decided by the infected person together with the treating physician.

18. Who pays for what?

Sharing of the costs with regard to tuberculosis is regulated differently from one canton to another. The Tuberculosis Office of your Cantonal Lung Association will be pleased to inform you as to the provisions applicable in your canton.



19. Apart from the Cantonal Tuberculosis Offices, is there also a Swiss national centre to contact for questions about tuberculosis?

Yes, the Competence centre tuberculosis of the Swiss Lung Association, which has been assigned various responsibilities for the whole country by the Federal Office of Public Health. Further information is available at www.tbinfo.ch.

20. How does a contact investigation work?

When a case of tuberculosis is diagnosed, this must be reported by the treating physician and the laboratory to the Cantonal Medical Officer of the canton of residence of the person with tuberculosis. The Cantonal Medical Officer will decide, on the basis of the results of the tests, whether a contact investigation is to be carried out. This will be done if it is found that the disease is infectious lung tuberculosis. In such cases, the Tuberculosis Office of the appropriate Cantonal Lung Association will be entrusted with carrying out a contact investigation. The organisation will contact the diseased person. A list of people who may have been exposed to a risk of infection will be drafted jointly ([question 8](#)). As a rule, these will be family members, life companions, work colleagues and people with whom leisure activities are shared. These people will then be informed and tested for the infection ([question 12](#)).

Did you know that...

... tuberculosis is an infectious disease that must be reported to the Federal Office of Public Health (FOPH)?

... in Switzerland the number of new cases of tuberculosis has settled in recent years at between 350 and 550 a year?

... tuberculosis can be treated successfully in Switzerland, provided the medication is taken in accordance with the recommendations of the Swiss Lung Association and of the FOPH?

... approximately 1.13 million people world-wide die of tuberculosis every year (above all in developing countries)?

Fact sheet FAQ
in other languages:



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