



## 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 latent tuberculosis infection?

A latent 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 tuberculous disease?

One speaks of a disease when the bacteria multiply in the lung. This may come about even 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 tuberculous disease?

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 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**. As a rule, this takes from two to three weeks. After this, they are **no longer infectious**. They must, however, continue treatment for a total of six months or longer, under medical supervision, until they are 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 tuberculin skin test and/or the blood test are 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 determine 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 a tuberculous disease. Of these, half develop the tuberculous disease 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 a tuberculous disease 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](http://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 500 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 1.8 million people world-wide die of tuberculosis every year (above all in developing countries)?

Fact sheet FAQ  
in other languages:



**Competence centre tuberculosis**

Chutzenstrasse 10  
3007 Bern  
Phone 031 378 20 50  
Fax 031 378 20 51  
[tbinfo@lung.ch](mailto:tbinfo@lung.ch)  
[www.tbinfo.ch](http://www.tbinfo.ch)

## Tuberculosis Offices

### Aargau/Basel-Land

Lungenliga Aargau  
Hintere Bahnhofstrasse 6  
Postfach  
5001 Aarau  
Tel. 062 832 40 00  
Fax 062 832 40 01  
lungenliga.aargau@llag.ch

### Basel Stadt

Kantonsärztlicher Dienst  
St. Alban-Vorstadt 12  
4001 Basel  
Tel. 061 267 95 26  
Fax 061 267 95 28  
gsd@bs.ch

### Bern

Tuberkulose-Beratung  
Universitätsklinik für Infektiologie  
Inselspital  
3010 Bern  
Tel. 031 632 60 69  
tb.info@insel.ch

### Fribourg

Ligue pulmonaire fribourgeoise  
Route St-Nicolas-de-Flüe 2 Case  
postale 96  
1705 Fribourg  
Tel. 026 426 02 70  
Fax 026 426 02 88  
info@liguepulmonaire-fr.ch

### Genève

Centre antituberculeux de Genève  
Rue Gabrielle Perret Gentil 6  
1211 Genève  
Tel. 022 372 95 44  
Fax 022 372 99 29  
cat.infirmieres@hcuge.ch

### Glarus

Lungenliga Glarus  
Wiggispark  
8754 Netstal  
Tel. 055 640 50 15  
Fax 055 640 53 32  
lungenligaglarus@bluewin.ch

### Graubünden

Lungenliga Graubünden  
Gürtelstrasse 80  
7000 Chur  
Tel. 081 354 91 00  
Fax 081 354 91 09  
info@llgr.ch

### Jura

Ligue pulmonaire jurassienne  
Place de l'Eglise 7  
2800 Delémont  
Tel. 032 422 20 12  
Fax 032 422 20 45  
direction@liguepj.ch

### Luzern/Nidwalden/Obwalden/ Schwyz/Zug

Lungenliga Zentralschweiz  
Schachenstrasse 9  
6030 Ebikon  
Tel. 041 429 31 10  
Fax 041 429 31 11  
info@lungenliga-  
zentralschweiz.ch

### Neuchâtel

Ligue pulmonaire neuchâteloise  
Rue de la Gare 4  
2034 Peseux  
Tel. 032 886 82 60  
Fax 032 886 82 61  
ligue.pulmonaire@ne.ch

### St. Gallen/ Appenzell AI/Appenzell AR

Lungenliga St. Gallen-Appenzell  
Kolumbanstrasse 2  
Postfach  
9008 St. Gallen  
Tel. 071 228 47 47  
Fax 071 228 47 48  
info@lungenliga-sg.ch

### Schaffhausen

Lungenliga Schaffhausen  
Grabenstrasse 7  
8200 Schaffhausen  
Tel. 052 625 28 03  
Fax 052 625 37 74  
info@lungenliga-sh.ch

### Solothurn

Lungenliga Solothurn  
Dornacherstrasse 33  
Postfach 563  
4501 Solothurn  
Tel. 032 628 68 28  
Fax 032 628 68 38  
info@lungenliga-so.ch

### Thurgau

Lungenliga Thurgau  
Bahnhofstrasse 15  
Postfach 251  
8570 Weinfelden  
Tel. 071 626 98 98  
Fax 071 626 98 99  
info@lungenliga-tg.ch

### Ticino

Lega polmonare ticinese  
Via alla Campagna 9  
6904 Lugano  
Tel. 091 973 22 80  
Fax 091 973 22 89  
legapolm@bluewin.ch

### Uri

Lungenliga Uri  
Seedorferstrasse 19  
6460 Altdorf  
Tel. 041 870 15 72  
Fax 041 870 18 58  
lungenliga.uri@bluewin.ch

### Valais

Ligue pulmonaire valaisanne  
Rue des Condémines 14  
Case postale 888  
1951 Sion  
Tel. 027 329 04 29  
Fax 027 329 04 30  
info@psvalais.ch

### Vaud

Ligue pulmonaire vaudoise  
Avenue de Provence 4  
1007 Lausanne  
Tel. 021 623 38 00  
Fax 021 623 38 10  
info@lpvd.ch

### Zürich

Verein Lunge Zürich  
Tuberkulose-Zentrum  
Wilfriedstrasse 7  
8032 Zürich  
Tel. 044 268 20 95  
Fax 044 268 20 20  
tuberkulose@lunge-zuerich.ch

### Fürstentum Liechtenstein

Amt für Gesundheit  
Aeulestrasse 51  
Postfach 684  
FL-9490 Vaduz  
Tel. 00423 236 73 46  
Fax 00423 236 73 39  
info.ag@llv.li