

# World TB Day Quiz

## Q1: True or False? TB has been eradicated and is no longer a health concern.

A1: False - It's estimated by the World Health Organization (WHO) that 2 billion people -- one third of the people in the world -- are infected with *M. tuberculosis*. Each year, nearly 9 million people in the world become sick with TB disease, and almost 1.5 million deaths are attributed to TB. Worldwide, the number of TB cases and deaths are slowly declining as evidenced by a decrease of 1.5% from 2014 to 2015. Over 95% of deaths from TB occur in developing countries but infection is possible anywhere. Tuberculosis is especially prevalent in sub-Saharan Africa and in Southeast Asia. The disease is more common in Eastern Europe than Western Europe, and Scandinavia has the lowest number of cases in the world. In Canada, where 1,568 active cases of TB were reported in 2014, the TB incidence rate has not shifted significantly for a decade. More than a third of all Canadian cases are in Ontario (primarily in the Greater Toronto Area) and within the Foreign Born population.

**Interesting Fact:** In Kenora and Rainy River Districts combined, our TB rate is among the highest in Ontario but still lower than the GTA.

## Q2: True or False? Most TB is drug-resistant these days.

A2: False - Globally in 2015 the WHO estimated that 3.9% of new cases and 21% of previously treated cases of TB were drug resistant. A person with active TB disease has drug resistant TB if the TB bacteria that the person is infected with, will not respond to, and are resistant to, at least one of the main TB drugs. In 2015 an estimated 480,000 new cases of MDR-TB were reported. Drug resistance can develop from taking the wrong combination of medications, or not taking the medicines for long enough to cure the TB. However, a person with infectious drug resistant TB can also pass it on to other people who can then get sick with the same drug resistant strain.

## Q3: True or False? No one dies from TB any more.

A3: False - **Globally, TB causes more deaths than any other infectious disease.** Although TB is curable, it requires a lengthy course of treatment with several medications, for at least six months or longer. In Canada, almost everyone who gets sick with TB is cured, however 9% of people diagnosed with TB in Canada die before treatment can start or shortly after. Most of these individuals also have other serious health concerns; only about 1% of TB cases die directly because of their TB. In Ontario, all TB medications are available at no cost to the individual and can be obtained through their local public health unit.

## Q4: True or False? If you've had a BCG vaccine you can't catch TB.

A4: False – BCG does not prevent infection effectively; especially not in adults. It does give some protection to babies against TB meningitis and disseminated TB, and may increase resistance to the TB bacteria. BCG is no longer routinely used in Canada except for babies born in remote northern communities where there continue to be higher rates of TB, and babies might be exposed to an infectious case. BCG is not a contra-indication for administering a TB skin test but should be taken into consideration when interpreting the result of the test for latent TB infection.



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**Q5: True or False? People with Diabetes should have a TB assessment as part of their routine care.**

A5: True – This is true especially for people with diabetes who were born outside Canada, or have lived in a First Nations or Inuit community. Diabetes can weaken the immune system making people more likely to develop some kinds of infections such as TB and are three times more likely of converting from latent TB infection to active TB disease.

**Q6: True or False? You can catch TB more than once.**

A6: True – This happens very rarely. It may happen a little more often in parts of the world where TB rates are very high and risk of re-exposure increased. However, re-activation of TB disease can occur if inadequate treatment is received, also increasing the risk of drug resistant TB.

**Q7: True or False? Coughing up blood is a symptom of active TB disease.**

A7: True – Symptoms of TB depend on where the TB bacteria are growing in the body. Coughing up blood is usually a sign of advanced active Pulmonary TB disease. Other common signs and symptoms include a cough for more than 2 weeks, fever, loss of appetite, night sweats, weight loss, shortness of breath and weakness or a lump often on the side of the neck. Symptoms can mimic those of other infections such as blastomycosis. In Kenora and Rainy River Districts, both diseases should be considered as possibilities.

**Q8: True or False? The TB skin test is an acceptable screening tool for latent TB infection in adults 65yrs and older.**

A8: False – Due to the decreasing utility and sensitivity of the TST to diagnose LTBI after the age of 65yrs and the increasing risk of adverse effects from LTBI treatment in this age group, screening with a posterior-anterior and lateral chest x-ray for active TB is preferred.

**Q9: True or False? Anyone could be infected with TB and not know it.**

A9: True – Although there are certain high risk groups of people that are at increased risk of exposure to TB anyone can become infected. People at higher risk include those born in or travelling to countries where TB is widespread, aboriginal persons who have lived in a community with high rates of TB disease, the homeless, and those living in long-term care or correctional facilities. Individuals with latent TB infection do not exhibit signs and symptoms of TB and cannot spread the infection to others.

**Q10: True or False? Publicly funded Tubersol is available to anyone within Ontario.**

A10: False – Only contacts of cases of active TB, individuals deemed to need as “medically indicated” based on level of risk, those under the age of 65yrs who are entering long-term care facilities, and for those who have a requirement by an educational institution for admission or continuation of an educational program are eligible for the publicly funded test. For individuals needing TST’s for employment or travel purposes, please direct them to your local health unit for purchasable Tubersol at a small cost.

