

More about Tuberculosis (TB)

Anyone can get TB. People who are Métis are more at risk than people who are not Aboriginal because:

- Aboriginal people are often in close contact with their families in shared living spaces (extended family living with them, large families, many family members visiting etc.).
- Aboriginal people are at a higher risk of HIV and other immune system infections than people who are not Aboriginal.
- Incidence of Métis people who have had a serious disease, ongoing medical situation that can affect their immune system (eg. Diabetes) or have had a transplant is higher than in other populations.
- Some Aboriginal populations have a higher likelihood of having lived or living in a correctional facility (jail, prison).
- Incidence of homelessness amongst Aboriginal people is much higher than that of other populations.
- Some Métis people have had TB in the past, but didn't get proper treatment for it, or were informed that there is treatment for latent TB.
- Aboriginal people often live in communities with high rates of latent TB infection or active TB disease.

Where can I get more information?

For more information about TB, you can talk with your local health clinic, doctor or nurse, or call the following places. You do not have to give your name to receive information.

Shining Mountains
Living Community Services:

(403) 346-9794

STI/HIV Toll Free Information
Line:

1-800-772-2437



Shining Mountains Living
Community Services

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Métis Communities



And Tuberculosis (TB)

Tuberculosis (TB) in Métis Communities: The Facts

What is TB?

Tuberculosis is a bacterial disease usually affecting the lungs. Other parts of the body can also be affected, for example lymph nodes, kidneys, bones, joints, etc.

Who can get TB?



Anyone can get tuberculosis.

In Canada, Aboriginal people have a TB infection rate that is 29.6 times higher than the Canadian-born non-Aboriginal population.

People with weakened immune systems are more risk for tuberculosis infection.

TB data for the Métis population has only been recently collected, severely limiting the data available.

How is TB transmitted?

Tuberculosis is spread through the air when a person with untreated active TB affecting their lungs coughs or sneezes, sings, spits, or plays a wind instrument.

If you breathe in the TB bacteria, your body's immune (defence) system may kill the TB bacteria.

If your body's defence system doesn't kill the TB germs, they can remain alive but dormant in your body –

this is called latent TB infection. If TB germs become active (multiply and grow in the body), this is called active TB disease. If you have active TB disease, you will feel sick and may infect other people.

If you have active TB disease, you must get treatment right away. If you don't get treatment, you could get very sick or die. Treatment can cure you of TB and stop you from spreading it to others.



How do I know if I have TB?

TB is a serious disease that attacks the lungs and sometimes spreads to other parts of the body. You will have symptoms in the parts of your body where the TB bacteria are growing.

If you have active TB disease in the lungs, you may have the following symptoms:

- a bad cough that lasts longer than three weeks
- pain in the chest
- coughing up blood or sputum (phlegm)
- weakness or feeling very tired
- weight loss
- lack of appetite
- chills
- Fever
- Night Sweats

If you feel sick, see a doctor. The doctor will examine you. He or she will ask if you have been in contact with anyone who has active TB, and do a chest x-ray, and test your phlegm (spit).

You may have latent TB and not know it. If you have latent TB, you cannot make anyone else sick. TB germs are alive in your body, but they're not growing. Treatment can cure latent TB. If you don't get treatment for your latent TB infection, it can get worse: you can get active TB disease. Latent TB infection can turn into active TB disease at any time.