Institution Setting
Prevention and Management of Tuberculosis

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TB & Chest Service Telephone Hotline: 2572 6024

Department of Health
TB & Chest Service
Tuberculosis (TB) is an airborne infectious disease caused by tubercle bacilli. The bacteria usually invades the lung, but may also invade other parts of the body such as lymph nodes, brain, kidneys, skin, bones or joints.

**Mode of Transmission**

When an infectious TB patient coughs or sneezes, small droplets containing the bacteria are generated and spread in the air. Not everyone exposed to a source of TB infection will be infected, and those infected may not develop disease. The occurrence of infection and disease depends on a number of factors, in particular the intensity of exposure, and each individual’s immunity. About one out of ten infected individuals will develop the disease as a life-time risk. The disease may develop weeks, months, years, or even decades after the infection. Unless disease develops, the infected individual will remain well and non-infectious like other healthy individual.

**Symptoms of Pulmonary TB**

- Weight loss
- Night sweating
- Persistent fever
- Persistent cough
- Poor appetite
- Blood-stained sputum

**Treatment for TB**

TB patient should receive treatment early. Nowadays, the treatment for TB is very effective. The great majority of TB patients can be cured completely with drug treatment. The usual course of drug treatment lasts for 6 months with a combination of several drugs. Adherence to regular drug treatment is a pre-requisite for treatment success. The great majority of TB patients can continue their work or other daily activities during the treatment period.

**High Risk Group**

1. Persons with relatively low body resistance e.g. elderly, newborn babies or persons with chronic illness, will have a higher chance of developing disease if infected by tubercle bacilli.
2. From time to time, tuberculosis may occur in inmates of old age homes. Health care workers of the institutions are in the best position to help the patients to receive appropriate treatment, achieve complete cure and prevent the spread of the infection.
1. After commencement of treatment, the infectiousness of TB patients will decrease rapidly. Thus in general, most TB patients can have their daily activities as usual and strict isolation may not be necessary.

2. Inmates receiving anti-TB treatment should take drugs under close supervision (DOT, Directly Observed Treatment) by the staff of institution. This is to ensure that patients are taking the correct dose of drugs at the scheduled time. Records of drug taking should be kept for future reference during follow-up consultation. These measures are very important as irregular drug treatment will induce the emergence of drug-resistant TB and seriously affect the treatment results.

3. To facilitate drug absorption in the empty stomach, the patient is advised not to take food for 2 hours before and after taking drugs.

4. Health care workers of the institutions have to observe whether the patients experience any discomfort or side effects of drugs after taking anti-TB drugs.
   - Possible ‘normal’ reactions may occur after taking anti-TB drugs, such as reddish orange discoloration in stool, tear, urine or nasal discharge 4 to 6 hours after medication, transient nausea, flushing, and transient numbness around the mouth. When these reactions occur, it is usually not necessary for the patient to see the doctor.
   - Seek for medical advice if the following symptoms occur: dizziness, persistent nausea, vomiting, reduced appetite, jaundice (yellowish discoloration of skin and sclera), fever, itchiness, skin rash, tinnitus (ringing sound in the ears), visual disturbance, joint pain and any other physical discomfort in case of doubt.

5. Ensure patients attend regular follow-up and complete the whole course of treatment.

6. Patients should have a balanced diet. Nutritious food such as meat, vegetables, fruit, eggs and milk can be consumed without any special restriction.

7. Stop smoking and avoid alcohol.

8. The nose and mouth should be covered with tissue paper or handkerchief during sneezing and coughing. Do not spit in public areas. Sputum should be flushed away or wrapped in tissue paper before disposed in dust-bins.

9. Maintain a clean and hygienic environment with good ventilation.

10. Depending on the assessment of each individual case, arrangement may be made if necessary for those who have been in contact with the index patient to undertake examination like chest X-ray examination. If other inmates are found to develop symptoms suspicious of TB, they should be arranged to seek early medical advice.

Your support and participation is important in the prevention and control of TB. Should there be any opinion or enquiries, please contact staff of chest clinics of Department of Health and we will offer assistance whenever possible.
### Full-time Chest Clinics

<table>
<thead>
<tr>
<th>Clinic Name</th>
<th>Address</th>
<th>Phone No</th>
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<tbody>
<tr>
<td>Wanchai Chest Clinic</td>
<td>1/F, Wanchai Polyclinic, 99 Kennedy Road, Wanchai, Hong Kong</td>
<td>2591 1195</td>
</tr>
<tr>
<td>Sai Ying Pun Chest Clinic</td>
<td>2/F, Sai Ying Pun Jockey Club Polyclinic, 134 Queen’s Road West, Hong Kong</td>
<td>2859 8227</td>
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<tr>
<td>Shaukeiwan Chest Clinic</td>
<td>2/F, Shaukeiwan Jockey Club Clinic, 8 Chai Wan Road, Hong Kong</td>
<td>2560 4522</td>
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<td>Kowloon Chest Clinic</td>
<td>G/F, 147A, Argyle Street, Kowloon</td>
<td>2711 2086</td>
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<tr>
<td>Yau Ma Tei Chest Clinic</td>
<td>2/F, Yau Ma Tei Jockey Club Polyclinic, 145 Battery Street, Kowloon</td>
<td>2388 5939</td>
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<tr>
<td>Shek Kip Mei Chest Clinic</td>
<td>1/F, Shek Kip Mei Health Centre, 2 Berwick Street, Kowloon</td>
<td>2777 4535</td>
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<tr>
<td>East Kowloon Chest Clinic</td>
<td>G/F, East Kowloon Polyclinic, 160 Hammer Hill Road, Kowloon</td>
<td>2352 0077</td>
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<tr>
<td>Yung Fung Shee Chest Clinic</td>
<td>1/F, Yung Fung Shee Memorial Centre, 79 Cha Kwo Ling Road, Kowloon</td>
<td>2727 8250</td>
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<tr>
<td>Yan Oi Chest Clinic</td>
<td>2/F, Yan Oi Polyclinic, 6 Tuend Lee Street, Tuen Mun, New Territories</td>
<td>2404 3740</td>
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<tr>
<td>South Kwai Chung Chest Clinic</td>
<td>G/F, South Kwai Chung Jockey Club Clinic, 310 Kwai Shing Circuit, Kwai Chung, New Territories</td>
<td>2419 1721</td>
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<tr>
<td>Yuen Chau Kok Chest Clinic</td>
<td>1/F, Yuen Chau Kok Clinic, 29 Chap Wai Kon Street, Shatin, New Territories</td>
<td>2647 6445</td>
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<tr>
<td>Tai Po Chest Clinic</td>
<td>1/F, Tai Po Jockey Club Clinic, 37 Ting Kok Road, Tai Po, New Territories</td>
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### Part-time Chest Clinics

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<th>Phone No</th>
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<tbody>
<tr>
<td>Sheung Shui Chest Clinic</td>
<td>1/F, Shek Wu Hui Jockey Club Clinic, 108 Jockey Club Road, Shek Wu Hui, Sheung Shui, New Territories</td>
<td>2670 0211 ext. 20</td>
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<tr>
<td>Yuen Long Chest Clinic</td>
<td>G/F, Yuen Long Jockey Club Health Centre, 269 Castle Peak Road, Yuen Long, New Territories</td>
<td>2443 8540</td>
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<tr>
<td>Sai Kung Chest Clinic</td>
<td>G/F, Mona Fong Clinic, 23 Man Nin Street, Sai Kung, New Territories</td>
<td>2792 2601</td>
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<tr>
<td>Cheung Chau Chest Clinic</td>
<td>G/F, St John Hospital, Cheung Chau Hospital Road, Tung Wan, Cheung Chau</td>
<td>2981 9441 ext. 22</td>
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<tr>
<td>Tung Chung Chest Clinic</td>
<td>1/F, Tung Chung Health Centre, 6 Fu Tung Street, Tung Chung, Lantau Island</td>
<td>2109 6810</td>
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