認識結核病的問與答

結核病是如何傳染的？

答：結核病的傳染途徑主要是空氣與飛沫傳染，傳染性的結核病人者經由咳嗽、打噴嚏、說話、唱歌等，將包在分泌物的細菌排在空氣中，被健康的人吸入造成感染。結核病不會經由食物傳染，病人所使用的餐具也不需要另外消毒。此外，診斷為「單純肺外結核」的病人不具傳染性，不會傳染給別人；診斷為「肺結核」的病人從傳染性來看，又可以分為傳染性和非傳染性兩種。傳染性是指痰內帶有結核菌，在尚未服藥治療前會傳染給別人；非傳染性指痰內不帶結核菌，不會傳染給別人。

結核病可以治好嗎？治療期間有什麼要注意的呢?

答：現在的結核藥物很先進，只要好好治療是可以治癒的。若與醫師及衛生單位配合，規則服藥、定期回診，也可以照常工作。一般治療時間約 6 個月，但有時候醫師會依據病人的病情延長治療時間，以確保治療成功。

建議傳染性結核病人在一開始服藥的前 2 個星期，儘量在家休養、加入都治服藥，配戴口罩並避免前往人口聚集的公共場合，等到規則服藥 2 週或痰液檢驗呈陰性以後，就可以恢復作息如常。

要如何保護身邊的人不被結核菌感染？

答：為避免傳染給身邊相處的人，結核病人應遵從醫囑接受治療規則服藥，並且保持個人良好之衛生習慣，如打噴嚏或咳嗽時用手帕或衛生紙掩蓋口鼻、吐出的痰液用衛生紙包好丟入馬桶沖掉以及室內保持空氣流通。

什麼是都治計畫？

答：DOTS（Directly Observed Treatment, Short Course）音譯為「都治」。目的是希望在醫療公衛人員或受過訓練的都治關懷員的嚴密監督下，確保結核病人規則服下每一顆藥物，並給予支持關懷，及協助評估病人有無服藥不適或副作用，使病人可如期完成治療，亦即發揮「送藥到手、服藥入口、吃了再走」之精神，以及避免抗藥性細菌的產生，同時也是保護社會大眾、避免疾病蔓延最有效的方法。

移工診斷為肺結核或結核性肋膜炎是否可留在國內接受治療?

答：移工如經診斷為肺結核者或結核性肋膜炎（除多重抗藥性個案外），雇主得於收受診斷證明書之次日起 15 日內，檢具「診斷證明書」、「雇主協助受聘僱外國人接受治療意願書」及「受聘僱外國人接受衛生單位安排都治服務同意書」，送縣（市）衛生主管機關申請都治服務，即可留臺治療。但若移工未配合都治累計達 15 日（含）以上，或後續診斷為多重抗藥肺結核，則將視為健康檢查不合格，地方衛生局將核發不予備查函，並復知勞動部（廢止聘僱許可）及內政部移民署（進行限制入境註記）。當移工完成都治服務藥物治療，且經縣(市)衛生主管機關認定完成治療者，即可視為健康檢查合格。

結核病人的接觸者是否須接受檢查？

答：當病人確定診斷為罹患結核病後，衛生單位人員會進行評估，若符合下列條件則須接受接觸者檢查：

(1)與結核病人共同居住者；

(2)與結核病人於可傳染期間 1 天內接觸 8 小時（含）以上或累計達 40（含）小時以上之接觸者；

(3)其他有必要進行接觸者檢查之對象另行專案處理。

與結核病人相處要如何保護自己？

答：現在的抗結核藥物效果很好，病人只要開始規則吃藥，傳染性很快就會降低，因此保護自己最佳作法，就是關心病人是否規則服藥。若與病人有長時間接觸，配合衛生單位進行接觸者檢查，若檢查沒問題，病人也確實開始服藥治療，就不必太擔心被感染的問題。另保持室內通風、落實個人良好衛生習慣及咳嗽禮節也很重要。

廣告

認識結核病的問與答-英文
About tuberculosis: Q&A

How is tuberculosis transmitted?

Ans: Tuberculosis is mainly transmitted via air and droplets. Contagious tuberculosis patients will spread the bacteria wrapped in their secretions via coughing, sneezing, talking, singing, etc., into the air. When healthy people inhale the bacteria, they will be infected. Tuberculosis is not transmitted via food. Therefore, the tableware used by tuberculosis patients does not need to be sterilized. In addition, patients diagnosed with “extra-pulmonary tuberculosis” are not contagious and will not spread the infection to other people. For patients diagnosed with tuberculosis, they can be categorized into two types, active tuberculosis and latent tuberculosis infection. Active tuberculosis means that mycobacterium tuberculosis is contained in the phlegm. Before taking any medication, other people may be infected. Latent tuberculosis means that no mycobacterium tuberculosis is contained in the phlegm, and it is not contagious.

Can tuberculosis be cured? What are the precautions during the treatment?

Ans: Now, with the advancements in pharmacy, tuberculosis can be cured by proper treatment and medication. If tuberculosis patients cooperate with their doctor and health agencies to take medicine and keep follow-up visits regularly, they can work as normal. Normally, it takes 6 months to complete a regular treatment. Nevertheless, the doctor may extend the treatment time depending on the patient’s conditions to ensure the patient’s recovery.

It is suggested that patients with active tuberculosis rest at home in the first 2 weeks of taking medicine as much as possible. Practicing DOTS when taking medication, patients are suggested to wear face masks and avoid going to crowded places. After taking medicine for 2 weeks or the phlegm is tested negative, they can resume their normal life.

How can I protect people around me against tuberculosis?

Ans: To avoid infecting people around you, tuberculosis patients should take medicine regularly prescribed by doctors and maintain good personal hygiene. For example, they should cover their mouth and nose with handkerchiefs or tissues when sneezing or coughing. The sputum coughed up should be wrapped up in toilet paper and flushed down the toilet. Indoor areas should be kept ventilated.

What is DOTS?

Ans: The purpose of DOTS (Directly Observed Treatment, Short Course) is to ensure each patient suffering from tuberculosis will take each of the pills according to prescription with the help and under the supervision of medical and public health personnel and trained DOTS caregivers. They also give patients care and help evaluate patients if there is any side effect after taking medicine so that patients can complete the treatment. This practice is regarded as the realization of the spirit of “delivering medicine to the patient, seeing to it that the patient takes the medicine, and leaving after the patient has taken the medicine ” to prevent the antibiotic-resistant bacteria. It is also an effective way to safeguard the general public and prevent the disease from spreading.

If migrant workers are diagnosed with tuberculosis, can they still stay in Taiwan to seek medical attention?

Ans: If migrant workers are diagnosed with tuberculosis or tuberculosis pleurisy (excluding multidrug-resistant tuberculosis), their employers can apply for DOTS to local health departments by submitting the “certificate of diagnosis,” “Directly Observed Treatment, Short Course (DOTS) Consent Form for Employers of Migrant Workers,” and “Directly Observed Treatment, Short Course (DOTS) Consent Form for Foreign Employee” within 15 days from the next day of the receipt of the certificate of diagnosis, and migrant workers can then stay in Taiwan for treatment. If migrant workers are unable to cooperate

with DOTS for 15 days (inclusive) or longer or are diagnosed with multidrug-resistant tuberculosis in a later period, local health departments will issue letters to refuse the filing for recordation and inform the Ministry of Labor (to suspend employment permit) and the National Immigration Agency, Ministry of the Interior (to note entry prohibited). When migrant workers complete treatment with DOTS and are verified by county (city) health authorities for completing treatment, they can be regarded as passing their health check.

Should contacts of tuberculosis patients get health checks?

Ans: When an individual has been confirmed to have tuberculosis, health personnel will help conduct an evaluation. People meeting the following criteria should receive a contact health check:

1. Co-inhabitants of tuberculosis patients;
2. People that have contact with tuberculosis patients for 8 hours (inclusive) or more per day during the contagious period for a total of 40 hours (inclusive) or more;
3. Persons with the necessity of receiving medical tests will be handled on a case-by-case basis.

How to protect yourself when being around tuberculosis patients?

Ans: Now, with the advancements in pharmacy, the results of tuberculosis drugs have been highly satisfactory. If tuberculosis patients take medicine regularly, they will be minimally contagious. Therefore, the best way to protect yourself is to pay attention to patients to see if they take medicine regularly or not. If you have prolonged contact with a tuberculosis patient, you should cooperate with health agencies to take medical tests. If you pass the health check and the patient takes medicine regularly, you do not have to worry about being infected. It is also important to keep indoor areas ventilated, maintain good hygiene habits, and practice cough etiquette.

認識結核病的問與答-印尼文

Tanya Jawab tentang Mengenal Tuberkulosis(TBC)

Bagaimana tuberkulosis(TBC) ditularkan?

Jawab: Jalur penularan tuberkulosis (TBC) terutama ditularkan melalui udara dan droplet, pasien tuberkulosis (TBC) infeksius mengeluarkan bakteri yang terbungkus dalam sekresi mereka ke udara melalui batuk, bersin, berbicara, bernyanyi, dan lainnya, dihirup oleh orang sehat sehingga menyebabkan infeksi. Tuberkulosis (TBC) tidak akan ditularkan melalui makanan, alat makan yang digunakan pasien juga tidak perlu desinfeksi tambahan. Selain itu, pasien yang didiagnosis sebagai “tuberkulosis (TBC) luar paru-paru sederhana” tidak bersifat menular, tidak akan menular kepada orang lain; pasien yang didiagnosis sebagai “tuberkulosis (TBC)”, dari segi infektivitas, dapat dibedakan lagi menjadi 2 jenis, yaitu infeksius dan non-infeksius. infeksius mengacu pada terdapat bakteri tuberkulosis (TBC) dalam dahak, sebelum menggunakan obat bisa menular kepada orang lain; non-infeksius mengacu pada tidak ada bakteri tuberkulosis (TBC) dalam dahak, tidak akan menular kepada orang lain.

Apakah tuberkulosis (TBC) bisa disembuhkan? Apa yang harus diperhatikan selama periode pengobatan?

Jawab: Obat tuberkulosis (TBC) sekarang sangat maju, bisa disembuhkan asalkan diobati dengan baik. Bila bekerja sama dengan dokter dan unit kesehatan, maka menggunakan obat dengan teratur, kembali untuk rawat jalan dengan rutin, juga bisa bekerja seperti biasa. Waktu pengobatan biasa sekitar 6 bulan, namun kadang-kadang dokter bisa memperpanjang masa pengobatan berdasarkan kondisi penyakit pasien, untuk memastikan pengobatan berhasil.

Disarankan 2 minggu pertama pasien tuberkulosis (TBC) infeksius mulai menggunakan obat, usahakan beristirahat di rumah, bergabung dalam DOTS menggunakan obat, mengenakan masker dan hindari menuju ke tempat umum tempat orang berkumpul, tunggu hingga menggunakan obat dengan teratur selama 2 minggu atau setelah tes dahak negatif, maka dapat memulihkan pekerjaan dan istirahat seperti biasa.

Bagaimana cara melindungi orang di sekitar supaya tidak terinfeksi tuberkulosis(TBC)?

Jawab: Untuk menghindari menularkan kepada orang di sekitar, pasien tuberkulosis(TBC) harus mematuhi pesan dokter menerima pengobatan menggunakan obat dengan teratur, dan mempertahankan kebiasaan kesehatan pribadi yang baik, misalnya sewaktu bersin atau batuk, menggunakan sapu tangan atau tisu menutupi mulut, hidung, dahak yang dimuntah keluar dibungkus dengan menggunakan tisu dibuang ke toilet dan mempertahankan sirkulasi udara di dalam ruangan.

Apa itu rencana DOTS?

Jawab: DOTS (Directly Observed Treatment, Short Course), transliterasi menjadi “DOTS”. Tujuannya adalah semoga di bawah pengawasan ketat dari staf kesehatan masyarakat medis atau staf perhatian DOTS yang terlatih, memastikan pasien tuberkulosis (TBC) menggunakan setiap butir obat dengan teratur, dan memberi perhatian dukungan, dan membantu menilai pasien apakah ada ketidaknyamanan dalam menggunakan obat atau efek samping, supaya pasien bisa menyelesaikan pengobatan sesuai jadwal, juga mengerahkan semangat “Mengantarkan obat hingga ke tangan, menggunakan obat masuk ke mulut, setelah dimakan baru pergi”, serta

menghindari terjadi bakteri resisten, pada bersamaan juga merupakan cara paling efektif untuk melindungi masyarakat umum, mencegah penyebaran penyakit.

Apakah pekerja migran asing yang didiagnosis sebagai tuberkulosis (TBC) atau radang selaput dada tuberkulosis(TBC) boleh tinggal di dalam negeri untuk menerima pengobatan?

Jawab: Bila pekerja migran asing didiagnosis sebagai tuberkulosis (TBC) atau radang selaput dada tuberkulosis (TBC) (kecuali kasus resistensi obat banyak), majikan dalam waktu 15 hari dihitung sejak hari kedua dari tanggal yang tertera di Surat Keterangan Dokter, harus melampirkan 「Surat Keterangan Dokter」,「Surat Kesediaan Majikan Untuk Membantu Pekerja Migran untuk Menerima Pengobatan」 dan 「Surat Persetujuan Pekerja Migran yang bersedia menerima Layanan DOTS dari Unit Kesehatan 」, mengantarkan pengajuan Layanan DOTS ke Dinas Kesehatan (kota)kabupaten, maka bisa tinggal di Taiwan untuk pengobatan. Namun bila pekerja migran tidak bekerja sama hingga lebih dari (termasuk) 15 hari, atau selanjutnya didiagnosis sebagai tuberkulosis yang resistan terhadap beberapa obat, maka akan dianggap pemeriksaan kesehatan tidak memenuhi syarat, dinas kesehatan setempat tidak akan memberikan surat referensi dan memberitahukan Departemen Tenaga Kerja (mencabut izin kerja) dan Badan Imigrasi Departemen Dalam Negeri (melakukan catatan pembatasan kedatangan). Setelah pekerja migran menyelesaikan pengobatan dengan obat dalam layanan DOTS, dan telah diakui Dinas kesehatan kabupaten (kota) bahwa telah menyelesaikan pengobatan, maka bisa dianggap pemeriksaan kesehatan memenuhi syarat.

Apakah kontak dengan pasien tuberkulosis(TBC) harus menerima pemeriksaan?

Jawab: Setelah pasien didiagnosis menderita tuberkulosis (TBC), personel unit kesehatan akan melakukan penilaian, bila memenuhi syarat berikut, maka harus menerima pemeriksaan terhadap kontak:

1. Bagi yang tinggal bersama dengan pasien tuberkulosis (TBC);
2. Bagi yang ada kontak dengan pasien tuberkulosis (TBC) selama lebih dari (termasuk) 8 jam dalam 1 hari atau akumulasi mencapai (termasuk) 40 jam;
3. Bila diperlukan akan dilakukan pemeriksaaan yg ditangani secara terpisah terhadap orang yg terkontak langsung.

Bagaimana cara melindungi diri sendiri bila bergaul dengan pasien tuberkulosis(TBC)?

Jawab: Obat anti tuberkulosis (TBC) sekarang sangat efektif, asalkan pasien mulai minum obat dengan teratur, sifat menular akan menurun dengan cepat, oleh karena itu praktik terbaik untuk melindungi diri sendiri, adalah memperhatikan apakah pasien menggunakan obat dengan teratur. Bila ada kontak dalam jangka waktu panjang dengan pasien, bekerja sama dengan unit kesehatan melakukan pemeriksaan kontak, bila pemeriksaan tidak ada masalah, pasien juga mulai menggunakan obat untuk pengobatan dengan baik, maka tidak perlu khawatir masalah terinfeksi. Selain itu, menjaga sirkulasi udara di dalam ruangan, menerapkan kebiasaan kesehatan pribadi yang baik dan kesopanan sewaktu batuk juga sangat penting.

認識結核病的問與答-泰文
คำถามและคำตอบในการทำความเข้าใจกับวัณโรค

วัณโรคเรื้อนติดต่อกันได้อย่างไร?

ตอบ:โดยส่วนใหญ่วัณโรคสามารถติดต่อทางอากาศและละออง ผู้ป่วยวัณโรคที่ติดเชื้อจะขับเชื้อที่มีอยู่ในสารคัดหลั่งกระจายสู่อากาศโดยการไอ จาม สนทนา แล ะร้องเพลง เป็นต้น ทำให้คนที่สุขภาพแข็งแรงสูดดมเข้าไปจนทำให้ติดเชื้อ วัณโรคไม่ติดต่อผ่านทางอาหาร และ อุปกรณ์อาหารที่ผู้ป่วยใช้ไม่จำเป็นต้องผ่านการฆ่าเชื้อ นอกจากนี้ผู้ป่วยที่ได้รับการวินิจฉัยว่าเป็น “วัณโรคนอกปอดชนิดไม่ซับซ้อน” จะไม่มีเชื้อติดต่อและจะไม่แพร่กระจายไปยังผู้อื่น จากมุมมองของการแพร่เชื้อผู้ป่วยที่ได้รับการวินิจฉัยว่าเป็น “วัณโรคปอด” สามารถแบ่งออกเป็นชนิดแพร่เชื้อและไม่แพร่เชื้อ ชนิดแพร่เชื้อหมายถึง มีเชื้อแบคทีเรียวัณโรคในเสมหะซึ่งสามารถแพร่เชื้อไปยังผู้อื่นก่อนมีการรับประทานยารักษา ส่วนชนิดไม่แพร่เชื้อหมายถึงไม่มีเชื้อแบคทีเรียวัณโรคในเสมหะและจะไม่แพร่เชื้อไปสู่ผู้อื่น

วัณโรคสามารถรักษาให้หายได้หรือไม่? ต้องระวังอะไรบ้างในระหว่างการรักษา?

ตอบ:ยารักษาวัณโรคปัจจุบันทันสมัยมาก เพียงรักษาอย่างดีก็สามารถหายขาดได้ หากผู้ป่วยให้ความร่วมมือกับแพทย์และหน่วยงานอนามัยโดยรับประทานยาตามกำหนด กลับไปพบแพทย์ตามเวลาก็สามารถใช้ชีวิตทำงานตามปกติได้ การรักษาโดยทั่วไปใช้เวลาประมาณ 6 เดือน แต่บางครั้งแพทย์อาจขยายเวลารักษาตามอาการของผู้ป่วย เพื่อมั่นใจรักษาได้อย่างสำเร็จ

แนะนำให้ผู้ติดเชื้อวัณโรคพยายามพักฟื้นในบ้าน เข้าร่วมทานยาตามดอทส์ สวมหน้ากากอนามัยและหลีกเลี่ยงสถานที่สาธารณะที่มีผู้คนหนาแน่นในช่วง 2 สัปดาห์แรกของการเริ่มทานยา จนกว่าทานยาตามกำหนดครบ 2 สัปดาห์ หรือผลการตรวจเสมหะเป็นลบแล้ว จึงสามารถใช้ชีวิตได้ตามปกติ

สามารถป้องกันคนรอบข้างไม่ให้ติดเชื้อวัณโรคได้อย่างไร?

ตอบ:เพื่อหลีกเลี่ยงการแพร่เชื้อสู่คนรอบข้าง ผู้ป่วยวัณโรคควรปฏิบัติตามคำแนะนำของแพทย์ในการรับประทานยาตามกำหนดพร้อมทั้งรักษาสุขอนามัยส่วนบุคคลที่ดี เช่น เมื่อจามหรือไอให้ใช้ผ้าเช็ดหน้าหรือกระดาษชำระปิดปากและจมูก เสมหะที่คลายออกให้ใช้กระดาษชำระห่อให้ดีแล้วทิ้งลงชักโครกและดูแลการถ่ายเทอากาศภายในห้องให้ดี

อะไรคือแผน DOTS?

ตอบ:DOTS (Directly Observed Treatment, Short Course) แปลตามเสียงสะกด “ดอทส์” มีวัตถุประสงค์คือ คาดหวังผู้ป่วยวัณโรครับประทานยาแต่ละเม็ดตามหลักการภายใต้การกำกับดูแลอย่างเข้มงวดจากเจ้าหน้าที่ทางการแพทย์อนามัยหรือบุคลากรใส่ใจดอทส์ที่ผ่านการฝึกอบรม พร้อมประเมินผู้ป่วยที่ทานยาเข้าไปมีอาการไม่สบายหรือผลข้างเคียงหรือไม่ ช่วยให้ผู้ป่วยสามารถรักษาให้หายสมบูรณ์ตามเวลาที่กำหนด และยังเป็นการแสดงเจตนารมณ์ของ “ส่งยาถึงมือ ทานยาเข้าปากทานแล้วค่อยไป”และเป็นการป้องกันเชื้อโรคประเภทดื้อยาเกิดขึ้น ขณะเดียวกันถือว่าเป็นวิธีการที่ได้ผลที่สุดสำหรับป้องกันสาธารณชนทุกคนและหลีกเลี่ยงการแพร่กระจายของโรค

แรงงานข้ามชาติที่ได้รับการยืนยันป่วยเป็นวัณโรคหรือเยื่อหุ้มปอดอักเสบจากวัณโรคสามารถรับการรักษาในไต้หวันได้หรือไม่?

ตอบ:หากแรงงานข้ามชาติได้รับการยืนยันว่าป่วยเป็นวัณโรคหรือเยื่อหุ้มปอดอักเสบจากวัณโรค (ยกเว้นกรณีการดื้อยาหลายขนาน) นายจ้างสามารถส่ง “ใบวินิจฉัยทางแพทย์” , “ใบแสดงความจำนงของนายจ้างที่ในการช่วยเหลือลูกจ้างต่างชาติให้เข้ารับการบำบัดรักษา” และ“ใบยินยอมจากลูกจ้างต่างชาติที่ยอมรับการรักษาจากหน่วยงานอนามัย” ให้กับหน่วยงานรับผิดชอบอนามัยในเทศมณฑล(เมือง)เพื่อร้องขอบริการดอทส์ภายใน 15 วัน หลังจากได้รับใบวินิจฉัยทางแพทย์ สามารถอยู่ในไต้หวันเพื่อรับการรักษาได้ แต่ถ้าแรงงานข้ามชาติไม่ให้ความร่วมมือในการรักษาตามดอทส์ต่อเนื่องถึง 15 วัน(รวม)ขึ้นไป หรือถูกวินิจฉัยเป็นวัณโรคดื้อยา

หลายขนานในภายหลัง จะถือว่าการตรวจสุขภาพไม่ผ่านเกณฑ์ หน่วยงานอนามัยในพื้นที่จะไม่ออกหนังสือรับรองให้พร้อมแจ้งทางกระทรวงแรงงาน (เพื่อเพิกถอนใบอนุญาตทำงาน) และสำนักงานตรวจคนเข้าเมือง (เพื่อดำเนินการลงหมายเหตุเป็นบุคคลต้องห้ามเข้าไต้หวัน) เมื่อแรงงานข้ามชาติเสร็จสิ้นการรักษาตามแผนบริการดอทส์ และหน่วยงานอนามัยในเทศมณฑล(เมือง) ให้การรับรองว่าผ่านการรักษาเสร็จเรียบร้อยแล้ว จะถือว่าการตรวจสุขภาพผ่านเกณฑ์

ผู้สัมผัสกับผู้ป่วยวัณโรคต้องรับการตรวจหรือไม่?

ตอบ:หลังจากผู้ป่วยได้รับการตรวจยืนยันเป็นวัณโรคแล้ว เจ้าหน้าที่อนามัยจะทำการประเมิน ผู้สัมผัสจะต้องรับการตรวจ

หากเข้าข่ายตามเงื่อนไขดังต่อไปนี้

1. ผู้ที่อาศัยร่วมกับผู้ป่วยวัณโรค
2. ผู้ที่สัมผัสกับผู้ป่วยวัณโรคเป็นเวลานานกว่า 8 ชั่วโมง (รวม) ใน 1 วันหรือสะสมมากกว่า 40 ชั่วโมง (รวม)
3. บุคคลอื่นๆ ที่จำเป็นต้องตรวจในกรณีได้สัมผัสกับผู้ป่วยซึ่งจะถูกดำเนินการแล้วแต่กรณี

วิธีป้องกันตัวเองเมื่ออยู่ร่วมกับผู้ป่วยวัณโรค?

ตอบ:ปัจจุบันยารักษาวัณโรคมีประสิทธิภาพที่ดีมากเพียงผู้ป่วยรับประทานยาตามกำหนด การแพร่เชื้อก็จะลดลง ปัจจุบันยารักษาวัณโรคมีประสิทธิภาพที่ดีมากเพียงผู้ป่วยรับประทานยาตามกำหนด การแพร่เชื้อก็จะลดลง

วิธีการที่ดีที่สุดในการดูแลสุขภาพตัวเอง คือการดูแลผู้ป่วยทานยาสม่ำเสมอหรือไม่ หากผู้ที่สัมผัสกับผู้ป่วยป็นเวลานาน ควรให้ความร่วมมือกับหน่วยงานอนามัยผู้ใกล้ชิดผู้ป่วย ควรดำเนินการตรวจสอบร่างกาย หากตรวจร่างกายไม่มีปัญหาใดๆ และผู้ป่วยเริ่มรับการทานยาตามปรกติ ก็ไม่ต้องกังวลปัญหาการแพร่ระบาดของโรค นอกนั้นที่พักอากาศควรถ่ายเทได้สะดวก สิ่งสำคัญควรปฏิบัติสุขอนามัยส่วนบุคคลและมารยาทในการไอก็สำคัญเช่นกัน

認識結核病的問與答-越南文

Q&A Tìm Hiểu Về Bệnh Lao

Bệnh lao lây nhiễm như thế nào?

Trả lời: Đường lây truyền bệnh lao chủ yếu là truyền nhiễm qua không khí và nước bọt, khi người mắc bệnh lao mang tính truyền nhiễm ho, hắt hơi, nói chuyện, ca hát v.v… sẽ thải vi khuẩn bọc trong chất bài tiết của mình ra ngoài không khí, và người khỏe mạnh hít vào gây lây nhiễm. Bệnh lao không lây qua thức ăn, đồ dùng ăn uống được người bệnh sử dụng cũng không cần thiết khử trùng thêm. Ngoài ra, người bệnh ~~được~~ được chẩn đoán là “lao ngoài phổi đơn thuần” thì không mang tính lây nhiễm, không truyền nhiễm cho người khác; nếu người bệnh được chẩn đoán là “lao phổi” thì có thể xét từ tính lây nhiễm, được chia làm 2 loại là tính truyền nhiễm và tính phi truyền nhiễm. Tính truyền nhiễm nghĩa là trong đờm có mang khuẩn lao, sẽ truyền nhiễm cho người khác trước khi điều trị bằng thuốc uống; tính phi truyền nhiễm nghĩa là trong đờm không mang khuẩu lao, không truyền nhiễm cho người khác.

Bệnh lao có thể điều trị khỏi không? Trong thời gian điều trị cần chú ý những gì?

Trả lời: Hiện nay thuốc chữa lao rất tiên tiến, chỉ cần điều trị tốt là có thể chữa khỏi. Nếu phối hợp với bác sĩ và Đơn vị Y tế, uống thuốc đều đặn, tái khám định kỳ, cũng có thể đi làm bình thường. Thời gian điều trị thông thường khoảng 6 tháng, nhưng có lúc bác sĩ sẽ kéo dài thời gian điều trị tùy theo tình hình bệnh của người bệnh, để đảm bảo việc điều trị được thành công.

Khuyến nghị người bệnh mắc bệnh lao mang tính truyền nhiễm cố gắng ở nhà nghỉ ngơi, điều trị ngắn hạn có kiểm soát trực tiếp, đeo khẩu trang và tránh đến nơi công cộng tập trung nhiều người vào 2 tuần trước khi mới bắt đầu uống

thuốc, chờ tới khi uống thuốc đều đặn 2 tuần hoặc sau khi được xét nghiệm dịch đờm âm tính, thì có thể khôi phục sinh hoạt bình thường.

Làm thế nào để bảo vệ những người bên cạnh không bị lây nhiễm lao?

Trả lời: Để tránh truyền nhiễm cho người ở cùng, người bệnh lao phải tuân thủ hướng dẫn của bác sĩ điều trị uống thuốc đều đặn, đồng thời giữ thói quen vệ sinh cá nhân thật tốt, nếu hắt hơi hoặc ho thì phải dùng khăn mù-xoa hoặc giấy vệ sinh che lấp miệng và mũi, dịch đờm nhổ ra thì dùng giấy vệ sinh bọc kỹ vứt vào hố xí xả nước và giữ môi trường trong phòng lưu thông không khí.

Điều trị ngắn hạn có kiểm soát trực tiếp là gì?

Trả lời: DOTS (Directly Observed Treatment, Short Course) dịch theo âm “DOTS”. Mục đích là hy vọng dưới sự giám sát nghiêm ngặt của nhân viên Y tế công cộng hoặc nhân viên chăm sóc kiểm soát trực tiếp đã được đào tạo, đảm bảo người bệnh lao uống từng viên thuốc một cách điều độ, đồng thời hỗ trợ quan tâm và hỗ trợ đánh giá người bệnh có trường hợp không thích hợp thuốc hoặc tác dụng phụ hay không, để người bệnh có thể phát sinh vi khuẩn kháng thuốc, đồng thời còn là phương pháp hữu hiệu nhất bảo vệ quần chúng xã hội, tránh để dịch bệnh lan truyền rộng.

Lao động người nước ngoài bị chẩn đoán mắc bệnh lao phổi hoặc viêm màng phổi do lao thì có thể điều trị trong nước hay không?

Trả lời:Lao động người nước ngoài nếu được chẩn đoán mắc bệnh lao phổi hoặc viêm màng phổi do lao (ngoại trừ trường hợp kháng thuốc nhiều cấp), Chủ thuê có thể gửi “Giấy chứng nhận chẩn đoán”, “Giấy đồng ý Chủ thuê hỗ trợ người nước ngoài được thuê làm chấp nhận điều trị” và “Giấy đồng ý người nước ngoài được thuê làm tiếp nhận dịch vụ điều trị ngắn hạn có kiểm soát trực tiếp

do Đơn vị Y tế sắp xếp” cho Cơ quan có thẩm quyền về Y tế tại huyện (thị) để đăng ký dịch vụ điều trị ngắn hạn có kiểm soát trực tiếp trong vòng 15 ngày kể từ ngày tiếp theo ngày nhận được Giấy chứng nhận chẩn đoán, thì được ở lại Đài Loan điều trị. Nhưng nếu lao động người nước ngoài không phối hợp điều trị ngắn hạn có kiểm soát trực tiếp tích lũy trên (gồm) 15 ngày, hoặc tiếp sau được chẩn đoán là lao phổi kháng thuốc nhiều cấp, thì sẽ coi như kiểm tra sức khỏe không đạt tiêu chuẩn, Cục Y tế địa phương sẽ cấp công văn không cho phép lưu hồ sơ, đồng thời thông báo cho Bộ Lao động (hủy bỏ Giấy phép thuê lao động) và Sở Di dân – Bộ Nội chính (tiến hành ghi chép hạn chế nhập cảnh). Khi lao động người nước ngoài hoàn thành điều trị uống thuốc theo dịch vụ điều trị ngắn hạn có kiểm soát trực tiếp, và đã được Cơ quan có thẩm quyền về Y tế tại huyện (thị) nhận định là đã hoàn thành điều trị, thì được coi là kiểm tra sức khỏe đạt tiêu chuẩn.

Người tiếp xúc với người bệnh lao có cần phải kiểm tra hay không?

Trả lời: Sau khi người bệnh được chẩn đoán xác nhận mắc bệnh lao, nhân viên Đơn vị Y tế sẽ tiến hành đánh giá, nếu phù hợp những điều kiện sau đây thì phải tiếp nhận kiểm tra đối với người tiếp xúc:

(1) Người sống chung với người bệnh lao;

(2) Người tiếp xúc với người bệnh lao (gồm) 8 giờ trở lên trong vòng 1 ngày hoặc tích lũy (gồm) 40 giờ trở lên trong thời gian có thể lây truyền;

(3) Đối tượng khác cần thiết phải tiến hành kiểm tra đối với người tiếp xúc sẽ được xử lý theo chuyên án.

Làm thế nào để bảo vệ bản thân khi tiếp xúc với người bệnh lao?

Trả lời: Hiện nay hiệu quả thuốc chống lao rất tốt, người bệnh chỉ cần bắt đầu uống thuốc đều đặn, tính truyền nhiễm sẽ được giảm thấp rất nhanh, vì thế phương pháp bảo vệ bản thân tốt nhất chính là quan tâm người bệnh có uống thuốc đều đặn hay không.

Nếu tiếp xúc với người bệnh trong thời gian dài, hãy phối hợp với Đơn vị Y tế tiến hành kiểm tra đối với người tiếp xúc, nếu kiểm tra không có vấn đề gì, người bệnh cũng đã bắt đầu uống thuốc điều trị, thì đừng quá lo lắng về vấn đề bị lây nhiễm. Ngoài ra, giữ không khí trong phòng được lưu thông, thực hiện tốt thói quen vệ sinh cá nhân và phép lịch sự khi ho cũng rất quan trọng.

認識結核病的問與答-菲律賓文

Mga katanungan at sagot tungkol sa Tuberculosis

Paano nahahawa ang Tuberculosis?

Sagot: Ang pangunahin paghahatid ng tuberculosis ay sa pamamagitan ng hangin at mga droplet. Ang mga pasyenteng may nakahahawang tuberculosis ay nagpapalabas ng bakterya na nakapaloob sa kanilang mga pagtatago patungo sa hangin sa pamamagitan ng pag-ubo, pagbahing, pakikipag-usap, pagkanta, atbp. at napasinghap ng isang malusog na tao na nagdudulot ng impeksyon. Ang tuberculosis ay hindi naililipat sa pamamagitan ng pagkain, at ang mga kagamitan sa pagkain na ginagamit ng pasyente ay hindi kailangang disimpektahin. Bilang karagdagan, ang mga pasyenteng nasuri na may "simpleng extrapulmonary tuberculosis" ay hindi nakakahawa at hindi maililipat sa iba; mula sa pananaw ng nakakahawa, ang mga pasyenteng nasuri na may "pulmonary tuberculosis" ay maaaring uriin ng nakakahawa at hindi nakakahawa. Ang nakakahawa ay tumutukoy na ang plema ay naglalaman ng bakterya ng tuberculosis, na maaaring mailipat sa iba bago makainom ng gamot; ang hindi nakakahawa ay nangangahulugan na ang plema ay hindi naglalaman ng bakterya ng tuberculosis at hindi maililipat sa iba.

Gumagaling ba ang Tuberculosis? Ano ang dapat bigyang-pansin sa panahon ng paggamot?

Sagot: Sa kasalukuyang, ang mga gamot sa tuberculosis ay napaka-advanced, ito ay maaaring gumaling hangga't ginagamot nang maayos. Kung nakikipagtulungan sa mga doktor at yunit sa kalusugan, regular na pag-inom ng gamot at pagpatingin sa doktor, ay maaari ring magtrabaho tulad ng dati. Ang pangkalahatang panahon ng paggamot ay halos sa 6 na buwan, ngunit minsan ay kailangan pahabain ng doktor ang oras ng paggamot ayon sa kondisyon ng pasyente upang matiyak ang tagumpay ng paggamot. Inirerekumenda na ang mga pasyente na may nakakahawang tuberculosis

ay magpahinga sa bahay hangga't maaari sa unang 2 linggo ng pag-inom ng gamot na kasama ang DOTS, magsuot ng mask at iwasan ang pagpunta sa masikip na mga pampublikong lugar, at pagkatapos ng regular na pag-inom ng gamot sa loob ng 2 linggo o matapos pa-iksamen ang plema ay negatibo, maaari nang ipagpatuloy ang trabaho at magpahinga tulad ng dati.

Paano maprotektahan ang mga tao sa paligid mula sa impeksyon ng tuberculosis?

Sagot: Upang maiwasan ang paghahatid ng sakit sa mga taong nasa paligid, dapat sundin ng mga pasyente ng tuberculosis ang payo ng doktor ayon sa mga patakaran ng pag-inom ng gamot, at panatilihin ang mabuting personal na kalinisan, tulad ng pagtatakip ng bibig at ilong ng panyo o toilet paper kapag bumahin o umuubo, at dumura ng plema na nakabalot sa toilet paper. I-flush sa banyo at panatilihin ang pag-ikot ng hangin sa silid.

Ano ang DOTS Plan?

Sagot: Ang DOTS (Directly Observed Treatment, Short Course) ay naisalin bilang “DOTS”. Ang layunin ay upang matiyak na ang mga pasyente ng tuberculosis ay regular na umiinom ng bawat gamot sa ilalim ng mahigpit na pangangasiwa ng mga medikal na tauhang pangkalusugan o mga bihasang tagapag-alaga ng DOTS, upang magbigay ng suporta at pangangalaga, at tumulong sa pagtatasa kung ang pasyente ay mayroong anumang kakulangan sa ginhawa o mga epekto ng gamot, para makumpleto ng pasyente ang paggamot sa iskedyul, ang pagbuo ng isang diwa na “maghatid ng gamot, pa-inumin ng gamot bago umalis” ay upang maiwasan ang pagkalat ng bakteria na lumalaban sa gamot, pinoprotektahan din nito ang publiko, ito ang pinakamabisang paraan upang maiwasan ang pagkalat ng sakit.

Maaari bang manatili sa bansa para sa paggamot ang mga migranteng manggagawa na-diagnose sa sakit na tuberculosis o tuberculous pleurisy?

Sagot: Kung ang isang migranteng manggagawa ay na-diagnose na may tuberculosis o tuberculous pleurisy (maliban sa mga kaso ng paglaban sa multi-drug), ang tagapag-empleyo ay maaaring sa loob ng 15 araw mula sa susunod na araw pagkatapos matanggap ang sertipiko ng diagnosis, magsumite ng isang “Diagnosis Certificate”, “Ang Intensyon ng Tagapag-empleyo na tulungan ang nagtatrabaho na Dayuhan sa Pagtanggap ng Paggamot” at “Ang Pahintulot para sa nagtatrabaho na Dayuhan na Tanggapin ang serbisyong DOTS na inayos ng yunit ng kalusugan”, at ipinapadala ito sa awtoridad ng kalusugan ng county (lungsod) upang mag-aplay para sa serbisyong DOTS, at maaari nang manatili sa Taiwan para sa paggamot. Gayunpaman, kung ang migranteng manggagawa ay hindi nakikipagtulungan sa DOTS hanggang naipon sa 15 araw (kabilang) higit pa, o sa kasunod na pagsusuri ay na-diagnose na may multi-drug resistant TB, ito ay maituturing na nabigo sa pagsusuri sa kalusugan, at ang lokal na tanggapang pangkalusugan ay maglalabas ng isang liham ng pagtanggi na suriin at ipagbigay-alam sa Ministry of Labor (pagpapawalang bisa ng permiso sa trabaho) at ng National Immigration Agency of the Ministry of the Interior (para sa mga paghihigpit sa pagpasok). Kapag nakumpleto ng migranteng manggagawa ang paggamot sa serbisyong DOTS, at kinikilala ng awtoridad ng kalusugan ng county (lungsod) na nakumpleto na ang paggamot, ipinalalagay na nakapasa sa pagsusuri sa kalusugan.

Kailangan bang magpa-iksamen ang mga kontak ng mga pasyente ng Tuberculosis?

Sagot: Kapag ang pasyente ay nasuri na may tuberculosis, magsasagawa ng pagtatasa ang mga tauhan ng yunit ng kalusugan, at kung ang mga sumusunod na kundisyon ay natutugunan, dapat suriin ang mga kontak:

1. Ang mga magpisan sa mga pasyente ng tuberculosis;
2. Ang mga pakikipag-ugnay sa pasyente ng tuberculosis ng 8 oras (kabilang) higit pa o naipon sa higit na 40 (kabilang) na oras sa isang araw sa nakakahawang panahon ;
3. Ang iba pang mga taong nangangailangan ng kontak inspeksyon ay paghiwalayin ang pagpoproseso.

Paano maprotektahan ang sarili kapag nakikipag-ugnay sa mga pasyente ng tuberculosis?

Sagot: Ang kasalukuyang mga gamot na kontra-tuberculosis ay napakabisa. Hangga't nagsisimula nang uminom ng gamot ang mga pasyente, madaling mababawasan ang impeksyon. Samakatuwid, ang pinakamahusay na paraan upang maprotektahan ang sarili ay ang pag-aalaga sa pasyente kung ito ay regular na umiinom ng gamot. Kapag matagal nang nakikipag-ugnay sa pasyente, makipagtulungan sa yunit ng kalusugan upang magsagawa ng isang kontak inspeksyon. Kapag walang problema ang pagsusuri at sa katunayan ang pasyente ay nagsimula nang uminom ng gamot, hindi na kailangang mag-alala ng sobra tungkol sa impeksyon. Mahalaga na panatilihin ang bentilasyon sa loob ng silid, magpatupad ng mabuting personal na kalinisan at magandang kaugaliaan sa pag-ubo.

認識漢生病的問與答

漢生病是如何傳染的？

答：漢生病的傳染途徑主要是與漢生病人長期密切接觸，或經由鼻腔、上呼吸道黏膜接觸到含有病原體的鼻腔分泌物而受到感染。

漢生病可以治好嗎？治療期間有什麼要注意的呢?

答：漢生病已經有藥物可治療，病人如依醫師指示服藥，漢生病是可以治癒的。漢生病人經服藥後，便不具傳染性。但治療期間不可任意停藥，服藥若有不適症狀時須向醫師反應，經醫師診斷可停藥時才可停止服用藥物，因此漢生病人如依醫師指示按時服藥，是可以生活如常作息的。

要如何保護身邊的人不被漢生病菌感染？

答：因為漢生病主要是與病人長期密切接觸，或經由鼻腔、上呼吸道黏膜接觸到含有病原體的鼻腔分泌物而受到感染。因此，為避免傳染，漢生病人應遵從醫囑接受治療規則服藥，並且保持個人良好之衛生習慣：如打噴嚏或咳嗽時，應用手帕或衛生紙掩蓋口鼻等，且若家人或共同居住者出現皮膚異狀，請就近前往皮膚科就診，由專科醫師進行檢查，以早期發現早期治療。

什麼是都治計畫？

答：DOTS（Directly Observed Treatment, Short Course）音譯為「都治」。目的是希望在醫療公衛人員或受過訓練的都治關懷員的嚴密監督下，確保漢生病病人規則服下每一顆藥物，並給予支持關懷，及協助評估病人有無服藥不適或副作用，使病人可如期完成治療，亦即發揮「送藥到手、服藥入口、吃了再走」之精神，以及避免抗藥性細菌的產生，同時也是保護社會大眾、避免疾病蔓延最有效的方法。

移工診斷為漢生病是否可留在國內治療?

答：移工如經診斷為漢生病，雇主得於收受診斷證明書之次日起 15 日內，檢具「診斷證明書」、「雇主協助受聘僱外國人接受治療意願書」及「受聘僱外國人接受衛生單位安排都治服務同意書」，送縣 (市) 衛生主管機關申請都治服務，即可留臺治療。但若移工未配合都治累計達 15 日 (含) 以上，則將視為健康檢查不合格，地方衛生局將核發不予備查函，並復知勞動部(廢止聘僱許可)及內政部移民署(進行限制入境註記)。當移工完成都治服務藥物治療，且經縣(市)衛生主管機關認定完成治療者，即可視為健康檢查合格。

漢生病病人的接觸者是否須接受檢查？

答：當漢生病病人被確診後，衛生單位人員會協助進行評估，與漢生病病人共同居住者皆須接受檢查，將轉介至「漢生病個案確診及治療醫院」進行接觸者檢查。

與漢生病患者相處要如何保護自己？

答：漢生病病人經服藥後，便不具傳染性。因此保護自己的積極作法，就是好好關心病人是否規則的服藥。只要檢查沒問題，病人也確實開始服藥治療，就不必太過擔心被感染的問題。此外，保持室內通風及養成良好衛生習慣，如手部衛生與咳嗽禮節也是很重要。

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認識漢生病的問與答-英文

About Hansen's disease: Q&A

How is Hansen’s disease spread?

Ans: Hansen’s disease is mainly spread through prolonged close contact with patients suffering from Hansen’s disease. People may also be infected via the nasal secretion containing the pathogen in the nasal cavity and upper airway mucosa.

Can Hansen’s disease be cured? What should the patients pay attention to during the treatment?

Ans: Hansen’s disease can be cured with medicine. If Hansen’s disease patients take medicine according to their doctor’s prescription, Hansen’s disease can be cured. After taking the medicine, the patients will not be contagious, but should not discontinue medication during the treatment. If the patients feel uncomfortable when taking the medicine, they should inform their doctor. They may discontinue medication with their doctor’ diagnosis. Therefore, patients suffering from Hansen’s disease can live normal lives if they take medicine according to their doctor’s prescriptions.

How can I protect people around me against Hansen’s bacillus?

Ans: As Hansen’s disease is transmitted through prolonged and close contact with patients suffering from Hansen’s disease or via nasal secretions containing the pathogen in the nasal cavity or upper airway mucosa. Therefore, to avoid spreading the infection to other people, Hansen’s disease patients should take medicine according to their doctor’s prescription and maintain good personal

hygiene habits. For example, they should cover their mouth and nose with handkerchiefs or tissues when sneezing or coughing. If their family members or co-inhabitants have any skin issues, they should seek medical treatment at a dermatologist near them. It is better to have experts diagnose the problems to discover and treat the disease early.

What is DOTS?

Ans: The purpose of DOTS (Directly Observed Treatment, Short Course) is to ensure each patient suffered from Hansen's disease will take each of the pills according to prescription with the help and under the supervision of medical and public health personnel and trained DOTS caregivers. They also give patients care and help evaluate patients if there is any side effect after taking the medicine to complete the treatment. This practice is regarded as the realization of the spirit of "delivering medicine to the patient, seeing to it that the patient takes the medicine, and leaving after the patient has taken the medicine" to prevent the antibiotic-resistant bacteria. It is also an effective way to safeguard the general public and prevent the disease from spreading.

If migrant workers are diagnosed with Hansen's disease, can they still stay in Taiwan to seek medical attention?

Ans: If migrant workers are diagnosed with Hansen's disease, their employers can apply for DOTS to local health departments by submitting the "certificate of diagnosis," "Directly Observed Treatment, Short Course (DOTS) Consent Form for Employers of Migrant Workers," and "Directly Observed Treatment, Short Course (DOTS) Consent Form for Foreign Employee" within 15 days from the next day of the receipt of the certificate of diagnosis, and migrant workers can then stay in Taiwan for treatment. If the migrant workers are unable to cooperate with DOTS for 15 days (inclusive) or longer, local health

departments will issue letters to refuse the filing for recordation and inform the Ministry of Labor (to suspend employment permit) and the National Immigration Agency, Ministry of the Interior (to note entry prohibited). When migrant workers complete treatment with DOTS and are verified by county (city) health authorities, they can be regarded as passing their health check.

Should contacts of Hansen's disease patients get health checks?

Ans: When an individual has been confirmed to have Hansen's disease, health personnel will help conduct an evaluation. People living with the patient should receive a medical examination and be referred to a diagnosis and treatment hospital for confirmed cases of Hansen's disease to undergo testing among contacts.

How to protect yourself when being around Hansen's disease patients?

Ans: After taking medicine, Hansen's disease patients will not be contagious anymore. Therefore, the best way to protect yourself is to pay attention to patients to see if they take medicine regularly or not. If you pass the health check, and the patients are confirmed to take medicine regularly, you do not need to worry about being infected. In addition, it is also important to keep indoor areas ventilated and maintain good hygiene habits, such as hand hygiene and cough etiquette.

認識漢生病的問與答-印尼

Tanya Jawab tentang Mengenal Penyakit Kusta

Bagaimana penyakit Kusta **ditularkan?**

Jawab: Jalur penularan penyakit Kusta terutama melalui kontak dekat jangka panjang dengan pasien Kusta, atau terinfeksi melalui sekresi hidung yang mengandung patogen melalui rongga hidung, mukosa saluran pernapasan bagian atas.

Apakah penyakit Kusta **bisa disembuhkan? Apa yang harus diperhatikan selama periode pengobatan?**

Jawab: Penyakit ~~n~~ Kusta telah bisa diobati dengan obat, bila pasien menggunakan obat sesuai petunjuk dokter, penyakit Kusta bisa diobati. Setelah pasien Kusta menggunakan obat, maka tidak bersifat menular lagi. Namun selama periode pengobatan tidak boleh menghentikan obat sembarangan, sewaktu menggunakan obat bila ada ada gejala tidak nyaman harus memberi respon kepada dokter, setelah melalui diagnosa dokter boleh menghentikan obat baru boleh berhenti menggunakan obat, oleh karena itu pasien penyakit Kusta bila menggunakan obat dengan teratur sesuai petunjuk dokter, bisa hidup seperti biasa.

Bagaimana cara melindungi orang di sekitar supaya tidak terinfeksi penyakit Kusta**?**

Jawab: Karena penyakit Kusta terutama terinfeksi melalui kontak dekat jangka panjang dengan pasien, atau terinfeksi melalui sekresi hidung yang mengandung patogen melalui rongga hidung, mukosa saluran pernapasan bagian atas. Oleh karena itu, untuk menghindari penularan, pasien penyakit

Kusta harus mematuhi pesan dokter menerima pengobatan menggunakan obat dengan teratur, dan mempertahankan kebiasaan kesehatan pribadi yang baik: misalnya sewaktu bersin atau batuk, harus menggunakan sapu tangan atau tisu menutupi mulut, hidung, dan bila anggota keluarga atau orang yang tinggal bersama muncul kelainan pada kulit, silakan pergi ke dokter kulit terdekat untuk berobat, diperiksa oleh dokter spesialis, untuk deteksi dini dan pengobatan dini.

Apa itu rencana DOTS?

Jawab: DOTS (Directly Observed Treatment, Short Course), transliterasi menjadi "DOTS". Tujuannya adalah semoga di bawah pengawasan ketat dari staf kesehatan masyarakat medis atau staf perhatian DOTS yang terlatih, memastikan pasien penyakit Kusta menggunakan setiap butir obat dengan teratur, dan memberi perhatian dukungan, dan membantu menilai pasien apakah ada ketidaknyamanan dalam menggunakan obat atau efek samping, supaya pasien bisa menyelesaikan pengobatan sesuai jadwal, juga mengerahkan semangat "Mengantarkan obat hingga ke tangan, menggunakan obat masuk ke mulut, setelah dimakan baru pergi", serta menghindari terjadi bakteri resisten, pada bersamaan juga merupakan cara paling efektif untuk melindungi masyarakat umum, mencegah penyebaran penyakit.

Apakah pekerja migran asing yang didiagnosis sebagai penyakit Kusta **boleh tinggal di dalam negeri untuk menerima pengobatan?**

Jawab: Bila pekerja migran asing didiagnosis sebagai penyakit Kusta majikan dalam waktu 15 hari dihitung sejak hari kedua dari tanggal yang tertera di Surat Keterangan Dokter, harus melampirkan 「Surat Keterangan Dokter」,

「Surat Kesediaan Majikan Membantu Pekerja Migran untuk Menerima Pengobatan」 dan 「Surat Persetujuan Pekerja Migran yang bersedia menerima Layanan DOTS dari Unit Kesehatan」, mengantarkan pengajuan Layanan DOTS ke Dinas Kesehatan (kota)kabupaten, maka bisa tinggal di Taiwan untuk pengobatan. Namun bila pekerja migran tidak bekerja sama hingga lebih dari (termasuk) 15 hari, maka akan dianggap pemeriksaan kesehatan tidak memenuhi syarat, dinas kesehatan setempat tidak akan memberikan surat referensi, dan memberitahukan Departemen Tenaga Kerja (mencabut izin kerja) dan Badan Imigrasi Departemen Dalam Negeri (melakukan catatan pembatasan kedatangan). Setelah pekerja migran asing menyelesaikan pengobatan dengan obat dalam layanan DOTS, dan telah diakui Dinas kesehatan kabupaten (kota) bahwa telah menyelesaikan pengobatan, maka bisa dianggap pemeriksaan kesehatan memenuhi syarat.

Apakah kontak dengan pasien penyakit Kusta **harus menerima pemeriksaan?**

Jawab: Setelah pasien didiagnosis menderita penyakit Kusta, personel unit kesehatan akan melakukan penilaian, orang yang tinggal bersama pasien penyakit Kusta harus menerima pemeriksaan, akan dirujuk ke “Rumah Sakit penyakit Kusta dan Pengobatan Penyakit Kusta” untuk melakukan pemeriksaan terhadap orang yang terkontak lansung

Bagaimana cara melindungi diri sendiri bila bergaul dengan pasien penyakit Kusta**?**

Jawab: Setelah pasien penyakit Kusta menggunakan obat, tidak bersifat menular. Oleh karena itu praktik aktif untuk melindungi diri sendiri, adalah memperhatikan dengan baik apakah pasien menggunakan obat dengan teratur. Asalkan pemeriksaan tidak ada masalah, pasien juga mulai

menggunakan obat untuk pengobatan dengan baik, maka tidak perlu khawatir masalah terinfeksi. Selain itu, menjaga sirkulasi udara di dalam ruangan, dan membina kebiasaan kesehatan pribadi yang baik, misalnya kesehatan tangan dan kesopanan sewaktu batuk juga sangat penting.

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認識漢生病的問與答-泰文
คำถามและคำตอบในการทำความเข้าใจกับโรคเรื้อน

โรคเรื้อนติดต่อกันได้อย่างไร?

ตอบ:ช่องทางในการติดต่อของโรคเรื้อนส่วนใหญ่เกิดจากการสัมผัสใกล้ชิดกับผู้ป่วยโรคเรื้อนในระยะยาวหรือติดเชื้อโดยเยื่อบุทางเดินหายใจส่วนบนและโพรงจมูกได้สัมผัสกับสารคัดหลั่งจากโพรงจมูกที่มีเชื้อก่อโรค

อาการป่วยโรคเรื้อนรักษาได้หรือไม่ระหว่างการรักษามีสิ่งใดที่ต้องระวัง?

ตอบ:โรคเรื้อนมียารักษาได้แล้วหากผู้ป่วยรับประทานยาตามคำแนะนำของแพทย์สามารถรักษาโรคเรื้อนให้หายผู้ป่วยโรคเรื้อนที่รับประทานยาแล้วจะไม่เกิดการแพร่เชื้อ แต่ในช่วงระหว่างการรักษาผู้ป่วยห้ามหยุดยาโดยพลการ หลังรับประทานยาหากมีอาการรู้สึกไม่สบายควรแจ้งให้แพทย์ทราบเมื่อแพทย์วินิจฉัยสามารถหยุดยาได้จึงจะหยุดรับประทานยา ดังนั้นหากผู้ป่วยโรคเรื้อนรับประทานยาตรงเวลาตามคำแนะนำของแพทย์สามารถใช้ชีวิตประจำวันได้อย่างปกติ

จะป้องกันคนรอบข้างอย่างไรไม่ให้ติดเชื้อโรคเรื้อน?

ตอบ:เนื่องจากโรคเรื้อนส่วนใหญ่ติดต่อผ่านการสัมผัสใกล้ชิดระยะยาวกับผู้ป่วยโรคเรื้อนหรือติดเชื้อโดยเยื่อบุทางเดินหายใจส่วนบนและโพรงจมูกได้สัมผัสกับสารคัดหลั่งจากโพรงจมูกที่มีเชื้อก่อโรคดังนั้นเพื่อหลีกเลี่ยงการติดเชื้อผู้ป่วยโรคเรื้อนควรปฏิบัติตามคำแนะนำในการรับประทานยาตามเวลาของแพทย์พร้อมทั้งรักษาสุขอนามัยส่วนตัวที่ดีเช่นเมื่อจามหรือไอควรใช้ผ้าเช็ดหน้าหรือกระดาษชำระปิดปากและจมูกหากสมาชิกในครอบครัวหรือผู้ร่วมอาศัยมีอาการผิดปกติทางผิวหนังกรุณาไปพบแพทย์คลินิกผิวหนังที่อยู่ใกล้บ้านเพื่อให้แพทย์เฉพาะทางทำการวินิจฉัย ตรวจหาเชื้อและทำการรักษาโดยเร็ว

แผน DOTS คืออะไร?

ตอบ:DOTS (Directly Observed Treatment, Short Course) แปลตามเสียงอ่านคือ “ดอทส์”มีวัตถุประสงค์คือคาดหวังผู้ป่วยโรคเรื้อนรับประทานยาแต่ละเม็ดตามหลักการภายใต้การกำกับดูแลอย่างเข้มงวดจากเจ้าหน้าที่การแพทย์อนามัยหรือบุคลากรใส่ใจดอทส์ที่ผ่านการฝึกอบรมพร้อมประเมินผู้ป่วยที่ทานยาเข้าไปมีอาการไม่สบายหรือผลข้างเคียงหรือไม่ ช่วยให้ผู้ป่วยสามารถรักษาให้หายสมบูรณ์ตามเวลาที่กำหนดและยังเป็นการแสดงเจตนารมณ์ของ“ส่งยาถึงมือทานยาเข้าปากทานแล้วค่อยไป”และเป็นการป้องกันเชื้อโรคประเภทดื้อยาเกิดขึ้นขณะเดียวกันถือว่าเป็นวิธีการได้ผลที่สุดสำหรับป้องกันสาธารณชนทุกคนและหลีกเลี่ยงการแพร่กระจายของโรค

แรงงานข้ามชาติที่ได้วินิจฉัยเป็นโรคเรื้อนสามารถรับการรักษาในไต้หวันได้หรือไม่?

ตอบ:หากแรงงานข้ามชาติได้รับการยืนยันป่วยเป็นโรคเรื้อนนายจ้างสามารถส่ง“ใบวินิจฉัยทางแพทย์”,“ใบแสดงความจำนงของนายจ้างที่ช่วยเหลือลูกจ้างต่างชาติรับการรักษา”และ“ใบยินยอมจากลูกจ้างต่างชาติที่ยอมรับการรักษาจากหน่วยงานอนามัย”ให้กับหน่วยงานรับผิดชอบอนามัยในเทศมณฑล(เมือง)เพื่อร้องขอบริการดอทส์ภายใน 15 วันหลังจากได้รับใบวินิจฉัยทางแพทย์สามารถอยู่รักษาในไต้หวันได้แต่ถ้าแรงงานข้ามชาติไม่ให้ความร่วมมือในการรักษาดอทส์ต่อเนื่องถึง15วัน(รวม)ขึ้นไปจะถือว่าการตรวจสุขภาพไม่ผ่านเกณฑ์หน่วยงานอนามัยในพื้นที่จะไม่ออกหนังสือตรวจรับรองพร้อมสำเนาแจ้งกระทรวงแรงงาน(เพื่อเพิกถอนใบอนุญาตทำงาน)และสำนักงานตรวจคนเข้าเมือง(เพื่อดำเนินการลงหมายเหตุเป็นบุคคลต้องห้ามเข้าไต้หวัน)เมื่อแรงงานข้ามชาติเสร็จสิ้นการรักษาตามแผนบริการดอทส์และหน่วยงานผู้รับผิดชอบอนามัยในเทศมณฑล(เมือง)ให้การรับรองว่าผ่านการรักษาเสร็จเรียบร้อยแล้ว จะถือว่าการตรวจสุขภาพผ่านเกณฑ์

ผู้สัมผัสกับผู้ป่วยโรคเรื้อนต้องรับการตรวจหรือไม่?

ตอบ:เมื่อผู้ป่วยโรคเรื้อนได้รับการยืนยันแล้ว เจ้าหน้าที่หน่วยงานอนามัยจะช่วยทำการประเมิน บุคคลที่อาศัยร่วมกับผู้ป่วยโรคเรื้อนจะต้องรับการตรวจพร้อมส่งตัวไปทำการตรวจสอบผู้สัมผัสที่ “โรงพยาบาลสำหรับยืนยันและรักษาผู้ป่วยโรคเรื้อน”

วิธีป้องกันตัวเองเมื่ออยู่กับผู้ป่วยโรคเรื้อน?

ตอบ:ผู้ป่วยโรคเรื้อนหลังจากรับประทานยาแล้วจะไม่แพร่เชื้อไปสู่ผู้อื่น ดังนั้นวิธีป้องกันตนเองที่ดีที่สุดคือ ดูแลผู้ป่วยให้รับ ประทานยาตามกำหนด เพียงแค่ตรวจสอบแล้วไม่มีปัญหาและผู้ป่วยเริ่มรับประทานยารักษาก็ไม่ต้องกังวลใจเกินไปที่จะติดเชื้อ นอกจากนี้ การดูแลการถ่ายเทของอากาศภายในห้องและนิสัยสุขอนามัยที่ดี เช่น สุขอนามัยในส่วนของมือและมารยาทในการไอ เป็นต้น ถือว่าเป็นสิ่งที่สำคัญอย่างยิ่ง

認識漢生病的問與答-越南文
Q&A Tìm Hiểu Về Bệnh Phong

Bệnh phong lây nhiễm như thế nào?

Trả lời: Đường lây nhiễm bệnh phong chủ yếu là thông qua tiếp xúc gần gũi trong thời gian dài với người bệnh phong, hoặc qua khoang mũi, niêm mạc đường hô hấp trên tiếp xúc với chất bài tiết từ mũi có chứa mầm bệnh mà bị lây nhiễm.

Bệnh phong có thể chữa khỏi không? Trong thời gian điều trị cần chú ý những gì?

Trả lời: Bệnh phong đã có thuốc có thể điều trị, nếu người bệnh uống thuốc theo hướng dẫn của bác sĩ, thì bệnh phong có thể được chữa khỏi. Người bệnh phong sau khi uống thuốc, sẽ không còn mang tính truyền nhiễm. Nhưng trong thời điều trị không được ngừng thuốc tùy ý, nếu cảm thấy khó chịu khi uống thuốc, thì phải phản ánh với bác sĩ, sau khi được bác sĩ chẩn đoán có thể ngừng thuốc thì mới được ngừng uống thuốc, vì thể người bệnh phong nếu uống thuốc đúng giờ theo hướng dẫn của bác sĩ, thì có thể sinh hoạt như bình thường.

Làm thế nào để bảo vệ những người bên cạnh không bị lây nhiễm khuẩn bệnh phong?

Trả lời: Do bởi bệnh phong chủ yếu là thông qua tiếp xúc gần gũi trong thời gian dài với người bệnh, hoặc qua khoang mũi, niêm mạc đường hô hấp trên tiếp xúc với chất bài tiết từ mũi có chứa mầm bệnh mà bị lây nhiễm. Vì thế, để tránh truyền nhiễm, người bệnh phong phải tuân theo hướng dẫn của bác sĩ điều trị uống thuốc đều đặn, đồng thời giữ thói quen vệ sinh cá nhân tốt: như khi hắt hơi hoặc ho, thì phải dùng khăn mù-xoa hoặc giấy vệ sinh che lấp miệng và mũi, và nếu người nhà hoặc người sống chung có triệu chứng bất thường về da, vui

lòng đến Phòng khám da liễu gần nhất để kiểm tra, bác sĩ chuyên khoa tiến hành kiểm tra và sớm phát hiện sớm điều trị.

Điều trị ngắn hạn có kiểm soát trực tiếp là gì?

Trả lời: DOTS (Directly Observed Treatment, Short Course) dịch theo âm "DOTS". Mục đích là hy vọng dưới sự giám sát nghiêm ngặt của nhân viên Y tế công cộng hoặc nhân viên chăm sóc kiểm soát trực tiếp đã được đào tạo, đảm bảo người bệnh phong uống từng viên thuốc một cách điều độ, đồng thời hỗ trợ quan tâm và hỗ trợ đánh giá người bệnh có trường hợp không thích hợp thuốc hoặc tác dụng phụ hay không, để người bệnh có thể hoàn thành điều trị đúng thời hạn, cũng là để phát huy tinh thần "đưa thuốc đến tận tay, đưa thuốc vào miệng uống, uống xong mới rời đi", và tránh phát sinh vi khuẩn kháng thuốc, đồng thời còn là phương pháp hữu hiệu nhất bảo vệ quần chúng xã hội, tránh để dịch bệnh lan truyền rộng.

Lao động người nước ngoài bị chẩn đoán mắc bệnh phong thì có thể điều trị trong nước hay không?

Trả lời: Lao động người nước ngoài nếu được chẩn đoán mắc bệnh phong, Chủ thuê có thể gửi "Giấy chứng nhận chẩn đoán", "Giấy đồng ý Chủ thuê hỗ trợ người nước ngoài được thuê làm tiếp nhận điều trị" và "Giấy đồng ý người nước ngoài được thuê làm tiếp nhận dịch vụ điều trị ngắn hạn có kiểm soát trực tiếp do Đơn vị Y tế sắp xếp" cho Cơ quan có thẩm quyền về Y tế tại huyện (thị) để đăng ký dịch vụ điều trị ngắn hạn có kiểm soát trực tiếp trong vòng 15 ngày kể từ ngày tiếp theo ngày nhận được Giấy chứng nhận chẩn đoán, thì có thể ở lại Đài Loan điều trị. Nhưng nếu lao động người nước ngoài không phối hợp điều trị ngắn hạn có kiểm soát trực tiếp tích lũy trên (gồm) 15 ngày, thì sẽ coi như kiểm tra sức khỏe không đạt tiêu chuẩn, Cục Y tế địa phương sẽ cấp công văn không cho phép lưu hồ sơ, đồng thời thông báo cho Bộ Lao động (hủy bỏ Giấy phép thuê lao động) và Sở Di dân – Bộ Nội chính (tiến hành ghi chép hạn

chế nhập cảnh). Khi lao động người nước ngoài hoàn thành điều trị uống thuốc theo dịch vụ điều trị ngắn hạn có kiểm soát trực tiếp, và đã được Cơ quan có thẩm quyền về Y tế tại huyện (thị) nhận định là đã hoàn thành điều trị, thì được coi là kiểm tra sức khỏe đạt tiêu chuẩn.

Người tiếp xúc với người bệnh phong có cần phải kiểm tra hay không?

Trả lời: Sau khi người bệnh được chẩn đoán mắc bệnh phong, nhân viên Đơn vị Y tế sẽ hỗ trợ tiến hành đánh giá, người sống chung với người bệnh phong đều phải tiếp nhận kiểm tra, sẽ chuyển đến “Bệnh viện chẩn đoán và điều trị đối với trường hợp mắc bệnh phong” để tiến hành kiểm tra đối với người tiếp xúc.

Làm thế nào để bảo vệ bản thân khi tiếp xúc với người bệnh phong?

Trả lời: Người bệnh phong sau khi uống thuốc, sẽ không còn tính truyền nhiễm. Vì thế phương pháp bảo vệ bản thân tích cực nhất đó là quan tâm nhiều đến người bệnh có uống thuốc đều đặn hay không. Chỉ cần kiểm tra không có vấn đề gì, người bệnh cũng đã bắt đầu uống thuốc điều trị, thì đừng quá lo lắng về vấn đề bị lây nhiễm. Ngoài ra, giữ không khí trong phòng được lưu thông, thực hiện tốt thói quen vệ sinh cá nhân, như vệ sinh tay và phép lịch sự khi ho cũng

廣告

認識漢生病的問與答-菲律賓文

Mga katanungan at sagot tungkol sa pag-unawa sa Hansen’s disease

Paano kumakalat ang Hansen’s disease?

Sagot: Ang pangunahing daan sa pagkalat ng Hansen’s disease ay sa pamamagitan ng matagal, malapit na pakikipag-ugnay sa mga pasyente, o sa pamamagitan ng lukab ng ilong, ang itaas na respiratory tract mucosa ay sumaling sa mga pagtatago ng ilong na naglalaman ng mga pathogens at nahawahan.

Gumagaling ba ang Hansen’s disease? Ano ang dapat bigyang-pansin sa panahon ng paggamot?

Sagot: Mayroon nang mga gamot para sa Hansen’s disease. Kung ang pasyente ay uminom ng gamot alinsunod sa mga tagubilin ng doktor, maaaring gumaling ang sakit. Ang mga pasyente ng Hansen’s disease ay hindi nakakahawa pagkatapos uminom ng gamot. Gayunpaman, sa panahon ng paggamot ay hindi dapat hihinto nang arbitraryo ang gamot, kung mayroon anumang mga sintomas ng kakulangan sa ginhawa, dapat sabihin sa doctor, maaari lang ihinto ang pag-inom ng gamot kapag nasuri na ng doktor na pwedeng ihinto ang gamot. Samakatuwid, ang mga pasyente ng Hansen’s disease ay maaaring mamuhay tulad ng dati kung uminom sila ng gamot nang tama ayon sa mga tagubilin ng doktor.

Paano maprotektahan ang mga tao sa paligid upang maiwasan ang impeksyon ng Hansen’s bacteria?

Sagot: Dahil ang Hansen’s disease ay higit na nahahawahan ng pangmatagal at malapit na pakikipag-ugnay sa pasyente, o ang pagsaling sa mga

pagtatago ng ilong na naglalaman ng mga pathogens sa pamamagitan ng lukab ng ilong at mucosa sa itaas na respiratory tract. Samakatuwid, upang maiwasan ang impeksyon, dapat sundin ng mga pasyente ng Hansen's disease ang payo ng doktor na tumanggap ng mga patakaran sa pag-inom ng mga gamot, at panatilihin ang mabuting personal na kalinisan: halimbawa, gumamit ng panyo o toilet paper upang takpan ang bibig at ilong sa pagbahin o pagubo, at kung ang mga miyembro ng kanilang pamilya o kapwa residente ay may mga problema sa balat, mangyaring pumunta sa pinakamalapit na dermatologist para sa paggamot, at susuriin ito ng isang dalubhasa para sa maagang pagtuklas at maagang paggamot.

Ano ang DOTS Plan?

Sagot: Ang DOTS (Directly Observed Treatment, Short Course) ay naisalin bilang "DOTS". Ang layunin ay upang matiyak na ang mga pasyente ng Hansen's disease ay regular na umiinom ng bawat gamot sa ilalim ng mahigpit na pangangasiwa ng mga medikal na tauhang pangkalusugan o mga bihasang tagapag-alaga ng DOTS, upang magbigay ng suporta at pangangalaga, at tumulong sa pagtatasa kung ang pasyente ay mayroong anumang kakulangan sa ginhawa o mga epekto ng gamot, para makumpleto ng pasyente ang paggamot sa iskedyul, ang pagbuo ng isang diwa na "maghatid ng gamot, pa-inumin ng gamot bago umalis" ay upang maiwasan ang pagkalat ng bakteria na lumalaban sa gamot, pinoprotektahan din nito ang publiko, ito ang pinakamabisang paraan upang maiwasan ang pagkalat ng sakit.

Maaari bang manatili sa bansa para sa paggamot ang migranteng manggagawa nasuri na may Hansen's disease?

Sagot: Kung ang isang migranteng manggagawa ay na-diagnose na may Hansen's disease, ang tagapag-empleyo ay maaaring sa loob ng 15 araw mula sa susunod na araw pagkatapos matanggap ang sertipiko ng diagnosis, magsumite ng "Diagnosis Certificate", "Ang Intensyon ng Tagapag-empleyo na tulungan ang nagtatrabaho na Dayuhan sa Pagtanggap ng Paggamot" at "Ang Pahintulot para sa nagtatrabaho na

Dayuhan na Tanggapin ang serbisyong DOTS na inayos ng yunit ng kalusugan", at ipinapadala ito sa awtoridad ng kalusugan ng county (lungsod) upang mag-aplay para sa serbisyong DOTS, at maaari nang manatili sa Taiwan para sa paggamot. Gayunpaman, kung ang migranteng manggagawa ay hindi nakikipagtulungan sa DOTS hanggang naipon sa 15 araw (kasama) higit pa, ituturing na nabigo sa pagsusuri sa kalusugan, at ang lokal na tanggapang pangkalusugan ay maglalabas ng isang liham ng pagtanggi na suriin at ipagbigay-alam sa Ministry of Labor (pagpapawalang bisa ng permiso sa trabaho) at ang National Immigration Agency of the Ministry of the Interior (para sa mga paghihigpit sa pagpasok). Kapag nakumpleto ng migranteng manggagawa ang paggamot sa serbisyong DOTS, at kinikilala ng awtoridad ng kalusugan ng county (lungsod) na nakumpleto na ang paggamot, ay maaaring itinuturing na nakapasa sa pagsusuri sa kalusugan.

Kailangan bang suriin ang mga kontak ng mga pasyente ng Hansen's disease?

Sagot: Kapag ang pasyente ng Hansen's disease ay positibo, ang tauhan ng yunit ng kalusugan ay tutulong sa pagtatasa, ang mga magpisan ng pasyente ay kailangan sumailalim sa isang pagsusuri ay at ire-refer sa "Hansen's Disease Confirmation and Treatment Hospital" para sa kontak inspeksyon.

Paano maprotektahan ang iyong sarili kapag nakikipag-ugnayan sa mga pasyente ng Hansen's Disease?

Sagot: Pagkatapos makainom ng gamot ang mga pasyente ng Hansen's Disease ay hindi na nakakahawa. Samakatuwid, ang positibong paraan upang maprotektahan ang sarili ay alagaan mabuti ang pasyente sa regular na pag-inom ng gamot. Kapag walang problema ang pagsusuri at sa katunayan ang pasyente ay nagsimula nang uminom ng gamot, hindi na kailangang mag-alala ng sobra tungkol sa impeksyon. Bilang

karagdagan, mahalaga na panatilihin ang bentilasyon sa loob ng silid at magkaroon ng mahusay na gawi sa kalinisan, tulad ng kalinisan sa kamay at magandang kaugaliaan sa pag-ubo.

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廣告

認識阿米巴性痢疾的問與答

什麼是阿米巴性痢疾？

答：

1. 阿米巴性痢疾是感染單細胞原蟲痢疾阿米巴（Entamoeba histolytica）所造成的疾病。痢疾阿米巴主要寄生在腸道，大部份感染者沒有明顯症狀。
2. 阿米巴性痢疾的發生，以衛生環境較差的地區較普遍，精神疾病及智能障礙收養機構的住民、男男間性行為者、免疫能力低下者、有流行地區旅遊史或居住史者，都是阿米巴性痢疾的高危險族群。

阿米巴痢疾的感染途徑？

答：由糞口途徑傳染，經由人與人親密接觸或食入受糞便污染的水或未煮熟的食物為主要的傳染來源，也可能經由口對肛門的接觸行為造成。。

阿米巴痢疾的常見症狀？

答：輕微、慢性到嚴重腹瀉，糞便中帶粘液、血絲、間歇性下痢，腹痛、發燒、噁心、嘔吐，症狀可持續 2-4 週。少部份感染者可發生肝膿瘍（liver abscess）、肺膿瘍(lung abscess)或腦膿瘍(brain abscess)等腸道外感染。

阿米巴痢疾的潛伏期有多長？

答：潛伏期平均為 2 至 4 週，但也可能長達數年。

如何預防阿米巴痢疾？

答：

1. 有症狀或檢驗陽性者請即早就醫治療，並特別注意飯前、便後洗手。
2. 注重手部清潔及飲食衛生，要吃熟食及喝煮沸的水，家庭廢水應妥善處理。
3. 防止飲食被污染，以紗罩隔離食物或剝皮水果，避免被病媒（如：蠅、蟑螂）接觸污染。
4. 避免口對肛門的接觸行為。

移工罹患阿米巴痢疾，能否在臺接受治療？

答：

1. 移工健康檢查不合格且屬痢疾阿米巴原蟲者，應於收受健康檢查證明之次日起 65 日內配合衛生單位之疫情調查、自費藥物治療及完成治療後一個月進行複檢（7 天內 3 次採檢，每次間隔至少 24 小時），3 次採檢經疾病管制署檢驗均為陰性時，此項檢查視為合格。
2. 未依前述規定措施辦理者，即視為健康檢查不合格，地方衛生局將核發不予備查函，並復知勞動部（廢止聘僱許可）及內政部移民署（進行限制入境註記）。

認識阿米巴性痢疾的問與答-英文版

About Amebiasis: Q&A

What is amebiasis?

Ans:

1. Amebiasis is the disease caused by the infection of Entamoeba histolytica, which is a parasite capable of invading the intestinal mucosa. In most conditions, it does not have any obvious symptoms.
2. Amebiasis mainly happens in areas with bad hygienic conditions, on patients suffering from psychiatric problems or mental retardation living in adoption agencies, people engaged in male-male sexual behaviors, people with weak immune systems, and people with a history of traveling or living in areas with epidemic outbreaks. These are the high-risk population groups.

What is the route of amebiasis infection?

Ans: Transmission occurs via the fecal-oral route, intimate contact among people, ingested food with fecal contamination, or raw food. Transmission may also occur via mouth-anus contact.

What are the frequently seen symptoms of amebiasis?

Ans: Slight, chronic, to severe diarrhea. There may be mucus or blood in the stool, intermittent diarrhea, abdominal pain, fever, nausea, vomit, and other symptoms. The symptoms may last for 2-4 weeks. Some infected patients may suffer from extra-intestinal infection, such as liver abscess, lung abscess, or brain abscess.

廣告

How long is the incubation period of amebiasis?

Ans: The incubation period is 2 to 4 weeks on average, but it may be as long as years.

How can I prevent amebiasis?

Ans:

1. People with the above symptoms or who test positive should seek medical treatment as soon as possible. They should also pay extra attention to washing their hands before meals and after bowel movements.
2. Pay attention to the hygiene of the hand, food, and drink. Eat cooked food and drink boiled water. Discharge family wastewater properly.
3. Prevent food from being contaminated. Cover food and fruits with skins peeled with gauze food cover to avoid exposure to contamination by vectors (such as flies, roaches, etc.).
4. Avoid mouth-anus contact behaviors.

If migrant workers suffer from amebiasis, can they seek medical treatment in Taiwan?

Ans:

1. For migrant workers who fail a medical check-up because of amebiasis, they should cooperate with health agencies in an epidemiological investigation and seek treatment with self-funded medication within 65 days from the next day of receipt of the medical check-up reports. They should also take further tests within one month after completing the treatment (3 tests in 7 days; each test should be taken at least 24 hours apart). If all of the three tests conducted by the Taiwan Centers for Disease Control are negative, the tests will be regarded as passed.
2. Those who do not follow the procedures above are regarded as failing their medical health check. Local health departments will issue letters to refuse the filing for recordation and inform the Ministry of Labor (to suspend employment permit) and the National Immigration Agency, Ministry of the Interior (to note entry prohibited).

廣告

認識阿米巴性痢疾的問與答-印尼文版

Tanya Jawab tentang Mengenal Disentri Amuba

Apa itu Disentri Amuba?

Jawab:

1. Disentri amuba adalah penyakit yang disebabkan infeksi Entamoeba histolytica. Amuba disentri terutama berparasit di usus, kebanyakan orang yang terinfeksi tidak memiliki gejala yang jelas.
2. Terjadinya disentri amuba lebih umum di daerah dengan sanitasi lingkungan yang lebih buruk, penduduk lembaga adopsi dengan penyakit mental dan gangguan kecerdasan, pelaku hubungan seksual antara pria dengan pria, bagi yang kekebalan rendah, bagi yang memiliki sejarah perjalanan atau sejarah tinggal di daerah endemik, semuanya adalah kelompok risiko tinggi disentri amuba.

Jalur infeksi Disentri Amuba?

Jawab: Tertular melalui jalur feses atau oral, melalui kontak intim orang dengan orang atau termakan air yang terkontaminasi feses atau makanan yang belum dimasak matang merupakan sumber penularan utama, juga mungkin disebabkan kontak melalui mulut dengan anus.

Gejala yang sering dijumpai pada Disentri Amuba?

Jawab: Diare ringan, kronis hingga parah, pada feses terdapat lendir, darah, diare intermiten, sakit perut, demam, mual, muntah, gejala bisa berlangsung selama 2-4 minggu. Sejumlah kecil orang yang terinfeksi dapat terjadi abses hati, abses paru-paru atau abses otak, serta infeksi di luar usus lainnya.

Berapa lama masa inkubasi Disentri Amuba?

Jawab: Masa inkubasi rata-rata 2 hingga 4 minggu, namun juga mungkin mencapai beberapa tahun.

Bagaimana mencegah Disentri Amuba?

Jawab:

1. Bagi yang ada gejala atau dites positif silakan segera berobat, dan perhatikan secara khusus untuk mencuci tangan sebelum makan, setelah ke toilet.
2. Memperhatikan kebersihan tangan dan kebersihan makanan, harus makan makanan matang dan minum air yang telah dimasak mendidih, air limbah rumah tangga harus ditangani dengan baik.
3. Mencegah makanan terkontaminasi, gunakan penutup kasa untuk mengisolasi makanan atau buah yang telah dikupas kulitnya, menghindari kontak dan kontaminasi oleh vektor penyakit (misalnya: lalat, kecoa).
4. Hindari perilaku kontak mulut dengan anus.

Pekerja migran asing menderita Disentri Amuba, apakah bisa menerima pengobatan di Taiwan?

Jawab:

1. Pemeriksaan kesehatan pekerja migran asing yang tidak memenuhi syarat dan termasuk disentri amuba, dalam waktu 65 hari sejak hari berikut menerima bukti pemeriksaan kesehatan harus bekerja sama dengan investigasi epidemi unit kesehatan, membayar sendiri obat untuk pengobatan dan 1 bulan setelah menyelesaikan pengobatan melakukan pemeriksaan ulang (dalam 7 hari dites 3 kali, setiap kali berselang minimal 24 jam), sewaktu ketiga tes semuanya negatif oleh Badan Pengendalian Penyakit, pemeriksaan tersebut dianggap memenuhi syarat.
2. Bagi yang belum menangani berdasarkan peraturan yang disebutkan di depan, akan dianggap pemeriksaan kesehatan tidak memenuhi syarat, dinas kesehatan setempat akan menerbitkan surat tidak disetujui, dan memberitahukan Departemen Tenaga Kerja (mencabut izin kerja) dan Badan Imigrasi Departemen Dalam Negeri (melakukan catatan dibatasi untuk masuk ke wilayah Taiwan).

認識阿米巴性痢疾的問與答-泰文
คำถามและคำตอบในการทำความเข้าใจกับโรคบิดอะมีบา

โรคบิดอะมีบาคืออะไร?

ตอบ:

1. โรคบิดอะมีบาเป็นโรคที่เกิดจากการติดเชื้ออะมีบาชนิดเซลล์เดียว (Entamoeba histolytica) โรคบิดอะมีบาส่วนใหญ่จะเป็นปรสิตที่อาศัยในลำไส้ ผู้ติดเชื้อส่วนใหญ่จะไม่มีอาการชัดเจน
2. การเกิดโรคบิดอะมีบาพบได้บ่อยในพื้นที่ที่มีสภาพแวดล้อมอนามัยค่อนข้างแย่ ผู้อยู่อาศัยในสถาบันรับเลี้ยงผู้ป่วยทางจิตและผู้บกพร่องทางปัญญา ผู้มีเพศสัมพันธ์ระหว่างผู้ชายกับผู้ชาย ผู้มีภูมิคุ้มกันต่ำ ผู้มีประวัติการเดินทางหรือพักอาศัยในพื้นที่โรคระบาด ล้วนเป็นกลุ่มที่มีความเสี่ยงสูงในการเป็นโรคบิดอะมีบา

โรคบิดอะมีบาติดเชื้อได้อย่างไร?

ตอบ:ติดเชื้อจากอุจจาระสู่ปาก ผ่านการสัมผัสใกล้ชิดระหว่างคนหรือดื่มน้ำปนเปื้อนอุจจาระ หรือทางเดินอาหารดิบเป็นแหล่งแพร่เชื้อที่สำคัญ นอกจากนี้ยังอาจเกิดพฤติกรรมปากสัมผัสกับทวารหนัก

อาการทั่วไปของโรคบิดอะมีบา?

ตอบ:ท้องเสียไม่รุนแรง เรื้อรังจนถึงขั้นรุนแรง อุจจาระมีมูก มูกเลือด ถ่ายเหลว ปวดท้อง มีไข้ คลื่นไส้ อาเจียนเป็นระยะ อาการอาจต่อเนื่อง 2-4 สัปดาห์ ผู้ติดเชื้อบางรายอาจติดเชื้อนอกลำไส้เช่น เกิดฝีในตับ (liver abscess) ฝีในปอด (lung abscess) หรือฝีในสมอง (brain abscess) เป็นต้น

ระยะฟักตัวของโรคบิดอะมีบานานแค่ไหน?

ตอบ:ระยะฟักตัวเฉลี่ย 2 ถึง 4 สัปดาห์ แต่บางกรณีอาจนานถึงหลายปี

จะป้องกันโรคบิดอะมีบาอย่างไร?

ตอบ :

1. ผู้มีอาการหรือผลตรวจสอบเป็นบวกควรพบแพทย์รักษาโดยเร็ว และควรระวังล้างมือก่อนมื้ออาหารหรือหลังถ่ายอุจจาระเป็นพิเศษ
2. ระวังความสะอาดในส่วนของมือ ควรทานอาหารปรุงสุกและดื่มน้ำต้มสุก น้ำเสียจากครัวเรือนควรจัดการอย่างเหมาะสม
3. ป้องกันอาหารปนเปื้อน ใช้มุ้งในการแยกอาหารหรือปอกเปือกผลไม้ หลีกเลี่ยงถูกพาหะนำโรค (เช่น : แมลงวัน แมลงสาบ)สัมผัส
4. หลีกเลี่ยงพฤติกรรมสัมผัสกับทวารหนัก

แรงงานข้ามชาติป่วยเป็นโรคบิดอะมีบาสามารถรับการรักษาในไต้หวันได้หรือไม่?

ตอบ :

1. แรงงามข้ามชาติผู้ที่ตรวจสุขภาพไม่ผ่านเกณฑ์และเป็นโรคบิดอะมีบา ควรให้ความร่วมมือกับหน่วยงานอนามัยในการสอบสวนโรคระบาด รักษาโดยยาที่เสียค่าใช้จ่ายเองและทำการตรวจสอบซ้ำภายใน 1 เดือนหลังจากการรักษาเสร็จสิ้น(ตรวจ 3 ครั้งภายใน 7 วัน แต่ละครั้งห่างอย่างน้อย 24 ชั่วโมง)ภายใน 65 วันหลังจากวันถัดไปที่ได้รับใบรับรองการตรวจสุขภาพ เมื่อการตรวจสอบ 3 ครั้งโดยสำนักงานควบคุมโรคระบาดผลออกมาล้วนเป็นลบ การตรวจสอบนั้นผ่านเกณฑ์
2. ผู้ที่ไม่ได้ปฏิบัติตามข้อกำหนดข้างต้น จะถือเป็นผู้ที่ไม่ผ่านการตรวจสอบสุขภาพ สำนักงานอนามัยในพื้นที่จะไม่ออกหนังสือตรวจรับรองให้ พร้อมสำเนาแจ้งกระทรวงแรงงาน (เพื่อเพิกถอนใบอนุญาตทำงาน) และสำนักงานตรวจคนเข้าเมือง (เพื่อดำเนินการลงหมายเหตุเป็นบุคคลต้องห้ามเข้าไต้หวัน)

認識阿米巴性痢疾的問與答-越南文

Q&A Tìm Hiểu Bệnh Lỵ Amip

Bệnh lỵ amip là gì?

Trả lời:

1. Bệnh lỵ amip là bệnh do nhiễm ký sinh trùng đơn bào Entamoeba histolytica. Ký sinh trùng này chủ yếu sống ký sinh trong đường ruột, đại đa số người bị nhiễm đều không có triệu chứng rõ ràng.
2. Lỵ amip thường phát sinh ở các khu vực môi trường vệ sinh kém, ở người bệnh tại các Cơ sở chăm sóc thần kinh và khuyết tật về năng lực trí tuệ, ở người có hành vi tình dục giữa nam giới với nhau, người giảm năng lực miễn dịch, người có lịch sử du lịch hoặc người sinh sống ở khu vực nhiễm bệnh cao, đều là những nhóm người có nguy cơ mắc bệnh lỵ amip cao.

Các đường lây nhiễm lỵ amip?

Trả lời: Lây nhiễm qua đường miệng và bài tiết, lây nhiễm do tiếp xúc gần gũi giữa người với người hoặc đưa vào cơ thể nước bị tiểu phân ô nhiễm hoặc thức ăn chưa được nấu chín, là nguồn lây nhiễm chủ yếu, cũng có thể lây nhiễm do hành vi tiếp xúc giữa miệng và hậu môn.

Triệu chứng thường gặp của lỵ amip?

Trả lời: Tiêu chảy từ nhẹ, mãn tính choặ đến nghiêm trọng, trong phân có dịch nhầy, tia máu, tiêu chảy ngắt quãng, đau bụng, sốt cao, buồn nôn, nôn ói, triệu chứng có thể kéo dài 2-4 tuần. Số ít người bị lây nhiễm có thể phát sinh lây nhiễm ngoài đường ruột như áp xe gan (liver abscess), áp xe phổi (lung abscess) hoặc áp xe não (brain abscess).

Thời gian ủ bệnh của lỵ amip là bao lâu?

Trả lời: Thời gian ủ bệnh bình quân từ 2 đến 4 tuần, nhưng cũng có thể kéo dài vài năm.

Làm thế nào để phòng ngừa bệnh lỵ amip?

Trả lời:

1. Người có triệu chứng hoặc xét nghiệm dương tính, hãy lập tức đi khám và điều trị sớm, đồng thời đặc biệt chú ý phải rửa sạch tay trước khi ăn và sau khi đi vệ sinh
2. Chú trọng vệ sinh tay và vệ sinh ăn uống, cần ăn thức ăn nấu chín và uống nước đã đun sôi, nước thải gia đình phải xử lý cẩn thận.
3. Phòng ngừa đồ ăn uống bị ô nhiễm, sử dụng lồng bàn cách ly thức ăn hoặc hoa quả đã bóc vỏ, tránh bị côn trùng lây nhiễm (như: ruồi, gián) tiếp xúc gây ô nhiễm.
4. Tránh hành vi tiếp xúc giữa miệng với hậu môn.

Lao động người nước ngoài mắc bệnh lỵ amip, có thể được điều trị tại Đài Loan hay không?

Trả lời:

1. Lao động người nước ngoài kiểm tra sức khỏe không đạt tiêu chuẩn và thuộc trường hợp trùng nguyên sinh lỵ amip, thì phải phối hợp kiểm tra dịch bệnh, điều trị thuốc tự phí và sau khi hoàn thành điều trị 1 tháng của Đơn vị Y tế trong vòng 65 ngày kể từ ngày tiếp theo sau khi nhận được giấy chứng nhận kiểm tra sức khỏe, để tiến hành khám lại (kiểm tra 3 lần trong vòng 7 ngày, mỗi lần cách nhau ít nhất 24 giờ), nếu 3 lần kiểm tra đều được Sở Kiểm soát Dịch bệnh xét nghiệm âm tính, thì mục kiểm tra này coi như đạt tiêu chuẩn.
2. Trường hợp không thực hiện theo biện pháp quy định nêu trên, thì coi như kiểm tra sức khỏe không đạt tiêu chuẩn, Cục Y tế địa phương sẽ cấp công văn không cho phép lưu hồ sơ, đồng thời thông báo cho Bộ Lao động (hủy Giấy phép thuê lao động) và Sở Di dân – Bộ Nội chính (tiến hành ghi chú hạn chế nhập cảnh).

認識阿米巴性痢疾的問與答-菲律賓文

Mga Tanong at Sagot tungkol sa pag-unawa sa Amoebic Dysentery

Ano ang amoebic dysentery?

Sagot:

1. Ang Amoebic dysentery ay isang impeksyon sa bituka na dulot ng isang protozoan parasite na tinatawag na (Entamoeba histolytica), at ang karamihan sa mga nahawahan ay walang malinaw na sintomas.
2. Ang amoebic disenteriya ay mas karaniwan nangyayari sa mga lugar na may mahinang kalinisan, mga may diperensiya sa pag-iisip at mga naninirahan sa mga ahensya ng pag-aampon na may kapansanan sa pag-iisip, mga kalalakihan na nakikipagtalik sa mga kalalakihan, mga taong may mababang immune system, at ang mga may kasaysayan ng paglalakbay o paninirahan sa mga endemikong lugar, lahat sila ay mga pangkat na may peligro sa amoebic disenteriya.

Ano ang mga daan ng paghahatid ng amoebic disenteriya?

Sagot: Ang pangunahing mapagkukunan ng impeksyon ay sa pamamagitan ng rutang pandumi-pambibig (fecal-oral), sa pamamagitan ng malapit na pakikipag-ugnay sa mga tao o nakainom ng tubig na kontaminado ng fecal o kumain ng hilaw na pagkain, maaari rin itong sanhi ng pakikipag-ugnay sa pagitan ng bibig at anus

Ano ang karaniwang mga sintomas ng amoebic disenteriya?

Sagot: Banayad, talamak hanggang sa matinding pagtatae, uhog sa pandumi, namumulang mata, paulit-ulit na pagtatae, sakit sa tiyan, lagnat, pagduduwal, at pagsusuka, ang mga sintomas ay maaaring tumagal ng 2-4 na linggo. May maliit na bilang ng mga nahawaang tao ay maaaring magkaroon ng naknak sa atay (liver abscess), naknak sa baga (lung abscess) o naknak sa utak (brain abscess), at iba pang impeksyon sa labas ng bituka.

Gaano katagal ang panahon ng pagpapapisa ng amoebic disenteriya?

Sagot: Ang panahon ng pagpapapisa ay Karaniwan 2 hanggang 4 na lingo ngunit maaari rin itong kasing haba ng maraming taon.

Paano maiiwasan ang amoebic dysentery?

Sagot:

1. Kung mayroon mga sintomas o positibong resulta ng pagsusuri, mangyaring humingi kaagad ng paggamot, at bigyan ng espesyal na pansin sa paghuhugas ng mga kamay bago kumain at pagkatapos pumunta sa banyo.
2. Bigyang pansin ang kalinisan ng kamay at kalinisan sa pagkain, kumain ng lutong pagkain at uminom ng pinakuluang tubig, ang wastewater sa bahay
   ay dapat na malunasan ng maayos.
3. Upang maiwasan na mahawahan ang pagkain, gumamit ng mga takip na gasa
   upang ihiwalay ang pagkain o alisan ng balat ang mga prutas upang maiwasan ang kontaminasyon ng mga vector ng sakit (tulad ng mga langaw at ipis).
4. Iwasang makipag-ugnay sa pagitan ng bibig at anus.

Maaari bang magpagamot sa Taiwan ang isang migranteng manggagawa na may sakit na amoebic disenteriya?

Sagot:

1. Ang mga migranteng manggagawa na hindi nakapasa sa pagsusuri sa kalusugan at nabibilang sa amoebic disenteriya ay dapat na makipagtulungan sa yunit pangkalusugan sa pagsisiyasat sa epidemya sa loob ng 65 araw mula sa susunod na araw pagkatapos matanggap ang sertipiko ng pagsusuri, sariling gastos sa bayarin at isang buwan matapos ng paggamot ay muling susuriin (3 beses sa loob ng 7 araw, hindi bababa sa 24 na oras ang agwat), kung ang 3 beses ng pag-iinspeksyon ay negatibo ang inspeksyon ay itinuturing na kwalipikado ng Kagawaran ng Pagkontrol sa Sakit.
2. Ang mga hindi sumunod sa nabanggit na mga hakbangin ay maituturing na hindi nakapasa sa pagsusuri sa kalusugan, at ang lokal na tanggapang pangkalusugan ay maglalabas ng isang liham ng hindi pagsusuri at aabisuhan ang Ministry of Labor (pagpapawalang bisa ng permiso sa trabaho) at ang National Immigration Agency of the Ministry of the Interior (para sa mga paghihigpit sa pagpasok).