



Royal Berkshire
NHS Foundation Trust

Non-Tuberculous Mycobacteria (NTM)

Information for patients

This leaflet is for people diagnosed with a Non-Tuberculous Mycobacteria. These are a group of bacteria found throughout the environment.

Are these the same bacteria that cause tuberculosis (TB)?

- No, Non-Tuberculous Mycobacteria (NTMs) **do not cause TB**.
- These bacteria belong to the same family as *Mycobacterium tuberculosis* (MTB), but only MTB causes tuberculosis.
- There are many NTMs. Some common ones are *M. avium*, *M. kansasii*, *M. xenopi*, and *M. chelonae*.
- They can be found in water, soil, unpasteurised milk and animals.

Do these bacteria cause disease?

- Many people can carry these mycobacteria without any symptoms or evidence of disease.
- In some people they can cause disease. A weakened immune system, lung diseases, heavy smoking and alcohol abuse can all make you vulnerable to disease.

What are the signs and symptoms of disease?

- They commonly cause respiratory symptoms, such as cough, increased sputum production and an abnormal chest x-ray.
- People may also experience fever, weakness, and weight loss.
- These symptoms are similar to TB so further tests are needed to confirm the diagnosis. This can take many weeks.

Can I infect others?

- People with these bacteria in their lungs **do not** need to be isolated from others. There is very little evidence that these bacteria are spread from person to person.

Why do I need treatment?

- Your diagnosis has been confirmed by two samples that show the presence of the same NTM.

- There is evidence from your symptoms and tests that the NTM may be making your lung disease worse.
- The doctors think that a trial of treatment will benefit you.

Your treatment

- You will be looked after as an outpatient by a chest consultant and specialist nurse.
- You will need to take medicines **every day**. If you miss a dose, take it as soon as you remember. If you forget and it is time for the next dose, miss out the one you forgot and **do not take double the dose**. If this happens, please tell your nurse / doctor as soon as possible.
- NTMs are killed very slowly. Length of the treatment depends on what mycobacterium you have. Treatments can last for 1-2 years.

Important advice

- These tablets may interfere with any other medication you take, please check with your specialist nurse for advice.
- All medication must be taken together by mouth on an empty stomach (30 minutes before food).
- **Avoid alcohol** for the duration of your antibiotic therapy.
- **Take your medication every day without missing a dose.** If you do not take your tablets, any remaining mycobacteria will continue to grow and the infection may become more difficult to treat. You could also then become resistant to some of the treatment. This may mean you have to take treatment for even longer.
- Try to make sure you don't run out of your medication, but if you do, get in contact with the specialist nurse as soon as possible.
- Remember to attend all your hospital appointments so that we can monitor your progress and supply you with more medication.
- Store medicines in a cool, dark place, out of the reach of children.
- Please get in touch at any time if you want to discuss any part of your treatment.
- **Remember to contact us immediately if you have any side effects.**

Further advice:

TB Service Tel: 0118 322 6882 / 8266

Your medication and the side effects they may cause

Please read the patient information leaflet that comes with each medication for more detailed information.



Rifampicin: 300mg red and pink capsule, 150mg red and blue/grey capsule. This may make all of your body fluids (e.g. urine, tears etc.) an orange-red colour. Do not worry, this is normal and harmless. Contact lenses may become discoloured so wearing spectacles is recommended until the treatment has ended. The contraceptive pill will not work effectively so you will need to consider an alternative, barrier method of contraception. Other side effects include skin rashes, vomiting and diarrhoea. **Seek medical attention if jaundice develops (yellowing of skin, gums or eyes).**



Ethambutol: 400mg round grey tablet, 100mg round yellow tablet. Side effects may be blurred vision and changes in red/green colour vision. **Report any visual deterioration: a routine eye test is recommended.**



Clarithromycin: 500mg oval tablet and 250mg round yellow tablet. Side effects may be nausea, vomiting, skin rashes, tooth/tongue discolouration, smell/taste disturbance, headaches and excessive sweating.

Your treatment will adhere to national guidelines so other medications may be used if necessary.

To find out more about our Trust visit www.royalberkshire.nhs.uk

Please ask if you need this information in another language or format.

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