THINK TB! For Healthcare Providers

- ⇒ Diagnosis of tuberculosis (TB) disease is often missed or occurs after weeks or months of delays
- ⇒ Early diagnosis and referral for treatment significantly improves outcomes
- \Rightarrow Consider clinical presentation AND epidemiological risk factors in your patients...THINK TB!

Presentations of Active Respiratory TB

- Cough 2-3 weeks or longer
- Pneumonia that does not improve with antibiotics, or relapses after initial improvement on quinolones
- Systemic Sx such as: unexplained fever, fatigue, lethargy, unexplained weight loss, night sweats
- May also have:
 - Hemoptysis, chest pain, dyspnea
 - Extrapulmonary signs such as lymphadenopathy

Remember! TB can present anywhere in the body, consider TB for any unexplained, persistent signs/symptoms in a person with epidemiologic risk factors

Consider Epidemiologic Risk Factors

- Persons from countries with high TB incidence: South Asia (e.g. India), SE Asia and the Pacific (e.g. the Philippines), Sub Saharan Africa
- Persons from high TB incidence communities in northern Manitoba and Canada
- Persons who are unstably housed or are using drugs



Testing



Chest x-ray—PA & lateral

Sputum for AFB x 3—at least one hour apart:



• See over for safe, on-the-spot sputum collection guide

Website: sharedhealthmb.ca/ services/diagnosticservices



(Tuberculin Skin Tests a.k.a. Mantoux tests are **NOT** used to test for active TB disease)

My patient may have TB, next steps?

TB disease should be managed by those specialized in TB care. For clinical consultation:

Adult Chest Medicine or Pediatric Infectious Disease: HSC Paging (204)787-2071

For any other general questions about TB:

- Call WRHA Population & Public Health Tuberculosis Services (204) 940-2274
- See WRHA TB page for Health Care Providers wrha.mb.ca/extranet/tuberculosis

Infection Prevention and Control Considerations for On-the-spot Sputum Collection in Clinic Settings

A quick guide to be used in conjunction with the WRHA Infection Prevention & Control https://professionals.wrha.mb.ca/old/extranet/ipc/ (see Tuberculosis manual)

If neither outdoor nor indoor on-the-spot sputum collection can be safely performed using Airborne Precautions, provide client with instructions to collect all 3 samples at home

Sputum Collection

OUTDOOR COLLECTION:

- Attempt outdoor on-the-spot sputum collection if a relatively open area outside (e.g., parking lot) is available
- While still in clinic, provide the client a clean procedure mask and place client in a single room with the door closed
- Explain to client how to produce sputum and provide with sample container
- Instruct client or escort them to go outside the building for sputum collection away from other people
- Collect sample from client
- Provide client instructions to collect the remaining 2 sputum samples at home, 2 additional sample containers and lab requisition

INDOOR COLLECTION:

- Do not attempt indoor on-the-spot sputum collection if Airborne Precautions cannot be achieved
- Provide the client a clean procedure mask and place client in a single clinic room with the door closed (*if available, use an Airborne Infection Isolation Room (AIIR) instead of a clinic room)
- Collect sputum in single clinic room with the door shut, ensure provider is wearing an N95 respirator
- Following collection, keep the door closed and room unoccupied for 3 hours or until 99.9% air
 exchange has been achieved as per the in the Community Health Services IP&C Manual (wrha.mb.ca/extranet/ipc/files/manuals/community/9.1.pdf); no one shall enter the room without an N95 respirator until
 the air has been fully exchanged
- Provide client instructions to collect the remaining 2 sputum samples at home, 2 additional sample containers and lab requisition

Personal Protective Equipment (PPE)

- Client to wear a procedure mask
- Providers shall wear an N95 respirator while in the room with the client, and shall have been fit-tested for the N95 respirator

