

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*
- ⇒ *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:**
 - Send to **Diagnostic Services Shared Health** (formerly DSM)
 - See over for safe, on-the-spot sputum collection guide

Website:
[sharedhealthmb.ca/
services/diagnostic-
services](http://sharedhealthmb.ca/services/diagnostic-services)

⊘ (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/Respirology: 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 [Community Health Services IP&C Manual- Additional Precautions in the Clinic Setting](#) (see Airborne Precautions)

Personal Protective Equipment (PPE)

- Instruct the client to wear a procedure mask until he/she has exited the building following the visit
- Providers shall wear an **N95 respirator** at all times while in the room with the client, and shall have been fit-tested for the N95 respirator. N95 respirators must be seal checked when applied

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:

- Do not attempt outdoor on-the-spot sputum collection if a relatively open area outside (e.g., parking lot) is not available
- If an open outdoor space is available, provide the client a clean procedure mask and place client in a single room with the door closed for the duration of the visit
- Explain to client how to produce sputum and provide with sample container and a clean procedure mask to return to the clinic
- Instruct client or escort him/her to go outside the building for sputum collection away from other people
- Provide client instructions to collect the remaining 2 sputum samples at home

INDOOR COLLECTION:

- Do not attempt **indoor** on-the-spot sputum collection if Airborne Precautions cannot be achieved
- If available, place symptomatic clients in an Airborne Infection Isolation Room (AIIR)
- Otherwise provide the client a clean procedure mask and place client in a single room with the door closed for duration of the visit
- Collect sputum in a single clinic room with the door shut using Airborne Precautions (ensure provider is wearing an N95 respirator)
- Following collection, keep the door closed and room unoccupied for 4 hours or until 99.9% air exchange has been achieved as per the [Air Changes per Hour Table](#) 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

