

TAKE ACTION AGAINST TB

A Guide for Health Providers

*TB = tuberculosis

THINK

Recognize the Symptoms

- ✓ Pneumonia that does not improve with antibiotics
- ✓ Cough 2 weeks or longer
- ✓ Fever, chills
- ✓ Fatigue, lethargy
- ✓ Weight loss, loss of appetite, failure to thrive
- ✓ Night sweats
- ✓ Hemoptysis
- ✓ Chest pain, dyspnea
- ✓ Lymphadenopathy

Think airborne precautions

Know the Risk Factors

- ✓ HIV
- ✓ Pediatric and adult TB contacts
- ✓ Silicosis
- ✓ Chronic kidney disease
- ✓ Transplant recipients
- ✓ Fibronodular disease on CXR
- ✓ Anti-TNF/biologic therapy
- ✓ Moderate/high dose steroids
- ✓ Cancer (lung, sarcoma, leukemia, lymphoma, GI)
- ✓ Diabetes
- ✓ Heavy alcohol or cigarette use

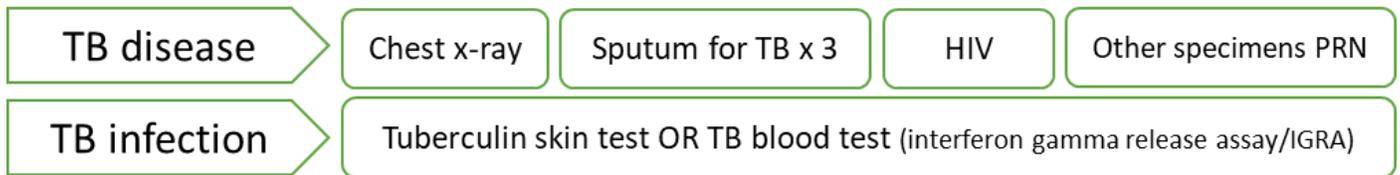
Know the Key Populations

- ✓ People from countries with a high TB incidence
- ✓ People from high TB incidence communities in Saskatchewan and Canada
- ✓ People with recent or remote exposure to a person with infectious TB
- ✓ People that are immunocompromised

Think CONSULT
TB Prevention and Control
Saskatchewan

TEST

Prompt testing leads to timely diagnosis and rapid treatment initiation which ends transmission



TREAT

TB Prevention and Control Saskatchewan works with health-care providers across the province to provide treatment for people with TB infection and disease. You can help end TB in the province. Consult TB Prevention and Control Saskatchewan as soon as you think TB.

To eliminate TB, we must all take action to think, test and treat people affected by TB.

For more information, contact
TB Prevention and Control Saskatchewan
1-866-780-6482



Healthy People, Healthy Saskatchewan



saskhealthauthority.ca

Thinking TB disease? What Next?

- ✓ Consult TB Prevention and Control SK
- ✓ Place on airborne precautions
- ✓ Chest x-ray
- ✓ Sputum for TB x 3
- ✓ Collect other specimens as needed
- ✓ History and physical assessment
- ✓ Symptoms
- ✓ Risk factors
- ✓ Key populations
- ✓ HIV test
- ✓ Thinking TB infection → TB skin test or TB blood test

TB Prevention and Control Saskatchewan (TBPC)

- TBPC is a **provincial program** with 3 offices – Saskatoon main office (Ellis Hall at Royal University Hospital), Regina (Regina General Hospital) and Prince Albert (Cooperative Health Centre)
- TBPC holds all TB **health records** for the province
- **On-call physician** available 24 hours a day through Royal University Hospital Switchboard 306-655-1000
- [Tuberculosis Referral \(SHA 0373\)](#) available on the TBPC web page
- **Nursing team** members available Monday to Friday, 0800-1630 hours
- Only TBPC physicians are authorized to **prescribe** medications to treat TB
- TB medications are dispensed from the **TB Pharmacy** at the Saskatoon office
- **Notify TBPC** if someone leaves the hospital/ER before being evaluated or starting treatment for TB

CHEST X-RAY

- Typical findings for immunocompetent person with pulmonary TB: upper lobe infiltrates, upper lobe volume loss, cavitation (advanced disease)
- Atypical findings common with immune compromise: hilar and mediastinal lymphadenopathy, non-cavitary infiltrates and lower lobe involvement, chest x-ray may be normal in those with HIV

SPUTUM COLLECTION

- Collect 3 specimens at least 8 hours apart with at least one specimen collected in the early morning upon waking
- Requisition for TB PCR, smear and culture
- PCR will be completed on one specimen – usually the first if sufficient specimen volume
- Smear and culture processed at Roy Romanow Provincial Laboratory
- Culture is the gold standard for diagnosis of TB disease and determining drug sensitivities
- Consider sputum induction if unable to produce and perform in airborne infection isolation room
- TB does not show on gram stain
- TBPC is automatically notified of all positive specimens

OTHER SPECIMENS

- Young children are usually unable to produce sputum – gastric washings may be needed to obtain a specimen
- Biopsy specimens must be placed in saline – do not place in formaldehyde
- Suspect TB if pathology report indicates necrotizing granuloma → Consult TBPC

HISTORY AND PHYSICAL ASSESSMENT

- Any prior TB testing (TB skin test, blood test, sputum, chest x-ray) or history of TB treatment → Contact TBPC for TB record
- Recent or past exposure to someone with infectious TB
- History of BCG vaccination and year
- Country of birth or residence in a high TB incidence country or community in Saskatchewan or Canada, year of arrival
- General health evaluation including height and weight, past medical history, social history
- Current medications

TB SKIN TEST and BLOOD TEST— Refer to the [TBPC web page](#) for following resources

- [Tuberculin Skin Testing Clinical Procedure \(CS-CP-0038\)](#)
- IGRA processed at RUH → For a list of community collection sites:
⇒ [TB Interferon Gamma Release Assay - Community Collection Sites \(CS-G-0180\)](#)
- Used to diagnose TB infection ONLY → a negative skin test or blood test does not rule out TB disease



AIRBORNE PRECAUTIONS— Refer to the [TBPC web page](#) for following resource

- [Tuberculosis - Airborne Precautions and Isolation Clinical Procedure \(CS-CP-0039\)](#)