

## MEMO

**DATE:** February 23, 2026

**TO:** Saskatoon and area health care practitioners

**FROM:** Dr. Jordan Olfert, Tuberculosis Prevention and Control SK Clinical Lead; Dr. Ahmed Faress, Provincial TB Medical Health Officer; and Dr. Khami Chokani, SHA Medical Health Officer

**RE:** **Rising TB Cases Among Unhoused Population in Prince Albert**

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This memo is to alert you of high tuberculosis (TB) activity in recent months among the unhoused population within the City of Prince Albert. There have been 11 confirmed cases of TB disease since November 2024 and several individuals exposed. We ask you to review the accompanying documents and the important enhanced clinical screening information following this memo.

It is important that all medical care providers serving populations of the Prince Albert area (and those in communities where there may be patient overlaps and travel between areas) are aware of indications to screen for TB, and the systems to support timely and accurate diagnosis. This includes clinical assessment for TB disease when symptoms are present especially among individuals with increased risk of progression to TB disease (Table 1) and/or risk factors for TB exposure. Specific to Prince Albert, there is an increased risk of exposure to TB for individuals who:

- ***are precariously housed and/or transitory between high incidence communities,***
- ***have utilized shelter or other homeless services, or***
- ***live with a substance use disorder or who chronically use substances***

The Saskatchewan Health Authority (SHA) TB Prevention and Control SK (TBPC SK) program is conducting standard household and congregate contact investigations within impacted households, social networks, and emergency housing shelters in Prince Albert. Additional enhanced outreach activities are also being planned.

**TBPC SK staff are available for consultation 24/7 through the on-call TB Clinical Lead, reached by the Royal University Hospital switchboard at (306) 655-1000. TB history including past screening or treatment information can be obtained by calling TBPC during business hours at (306) 655-1740.**

### BACKGROUND ON TB

Tuberculosis is a communicable disease reportable under *Saskatchewan's Public Health Act, 1994*. Caused by *Mycobacterium tuberculosis*, TB can spread from person-to-person via airborne transmission when an infectious individual coughs, talks, or breathes. Individuals who are infected with TB can go on to develop either TB infection or TB disease.

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TB infection (formerly known as latent TB) refers to a dormant infection that does not produce symptoms. In most cases, the infection remains dormant, however, in approximately 10 per cent of cases, TB infection will progress (or “reactivate”) to TB disease with the highest risk of progression occurring in the first two years.

In contrast, TB disease (also known as active TB) occurs when the *Mycobacterium tuberculosis* organisms replicate rather than remain latent. This leads to clinical disease which typically presents with symptoms and signs such as radiographic or microbiologic evidence of illness.

### RISK FACTORS

While the primary burden of TB and risk for exposure in Saskatchewan typically is concentrated in the Far North and within the Canadian refugee and recent immigrant populations, unhoused urban populations also experience disproportionate rates of TB.

In addition to the risk factors for increased exposure to TB, it is also important to be aware of the following clinical risk factors that increase the risk of progression from TB infection to TB disease.

**Table 1. Clinical risk factors for increased risk of progression to TB disease for persons with TB infection (LTBI)**

Very High Risk	High Risk	Moderate Risk	Low Risk
Persons living with HIV	Stage 4 or 5 CKD with or without dialysis	Granuloma on CXR	General adult population with no known risk factor
Child or adolescent (<18y) tuberculosis contact	Transplant recipients (solid organ or hematopoietic)	Diabetes	Persons with a positive TB Skin Test (TST) booster and no known risk factor
Adult (>18 y) tuberculosis contact	Fibronodular disease	Heavy alcohol consumption (3 or more drinks per day)	
Silicosis	Receiving immunosuppressing drugs (e.g. anti-TNF or moderate/high dose steroids)	Heavy cigarette consumption (1 pack per day)	
	Cancer (lung, sarcoma, leukemia, lymphoma or GI)		

CTBS 8<sup>th</sup> ed. <https://www.tandfonline.com/toc/ucts20/6/sup1>

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## SYMPTOMS OF TB DISEASE

Common symptoms of TB disease in adults can include:

- Chronic cough (>2 weeks), hemoptysis
- Recurrent or prolonged fevers not associated to a clear cause
- Weight loss, night sweats, decreased appetite and fatigue
- Abnormal CXRs (any pneumonia or pleural effusions, and classically cavitations, granulomas and/or calcifications. A miliary pattern on CXR requires emergent follow-up and consultation with TB MD on call – see contact info in memo)
- Lymphadenopathy
- Back pain and other joint/bony pains or
- CNS symptoms suggestive of meningitis

**Any symptom or finding lasting more than two weeks that is not easily explained by another cause may represent TB.**

Less common symptoms include, but are not limited to:

- Lumps or bumps felt under the skin,
- Headache,
- Confusion,
- Back pain, or
- Abdominal pain

## ENHANCED CLINICAL SCREENING AND MANAGEMENT

Symptomatic Clients (test for TB disease):

*Clinical assessment for TB disease when the symptoms (see above) are present – especially among individuals with risk factors for TB exposure and/or increased risk of progression to TB disease.*

Symptomatic clients should be assessed using the pathway (and investigations) highlighted in the flow chart below (Figure 1). Please note that TB Screening tests such as IGRA or TST should not be used when evaluating symptomatic clients for TB disease; negative IGRAs and TST testing do not rule out active TB in any circumstance.

Asymptomatic\* Clients (test for TB infection):

IGRA screening for TB infection should be performed for individuals with a self-reported contact to an active TB case within the last 2 years. Referral to TBPC for assessment and follow up should be made subsequently (TBPC SK manages all contact investigations for the province).

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*IGRA screening for TB infection among individuals living with HIV and with ongoing TB exposure\*\*: screen now and repeat screening annually*

\*Please note that patients with known LTBI as diagnosed by a prior positive TST or IGRA would not benefit from additional testing. Please also note that individuals with recent TB screening (ie. within the past 3 months) may derive less benefit from repeat screening

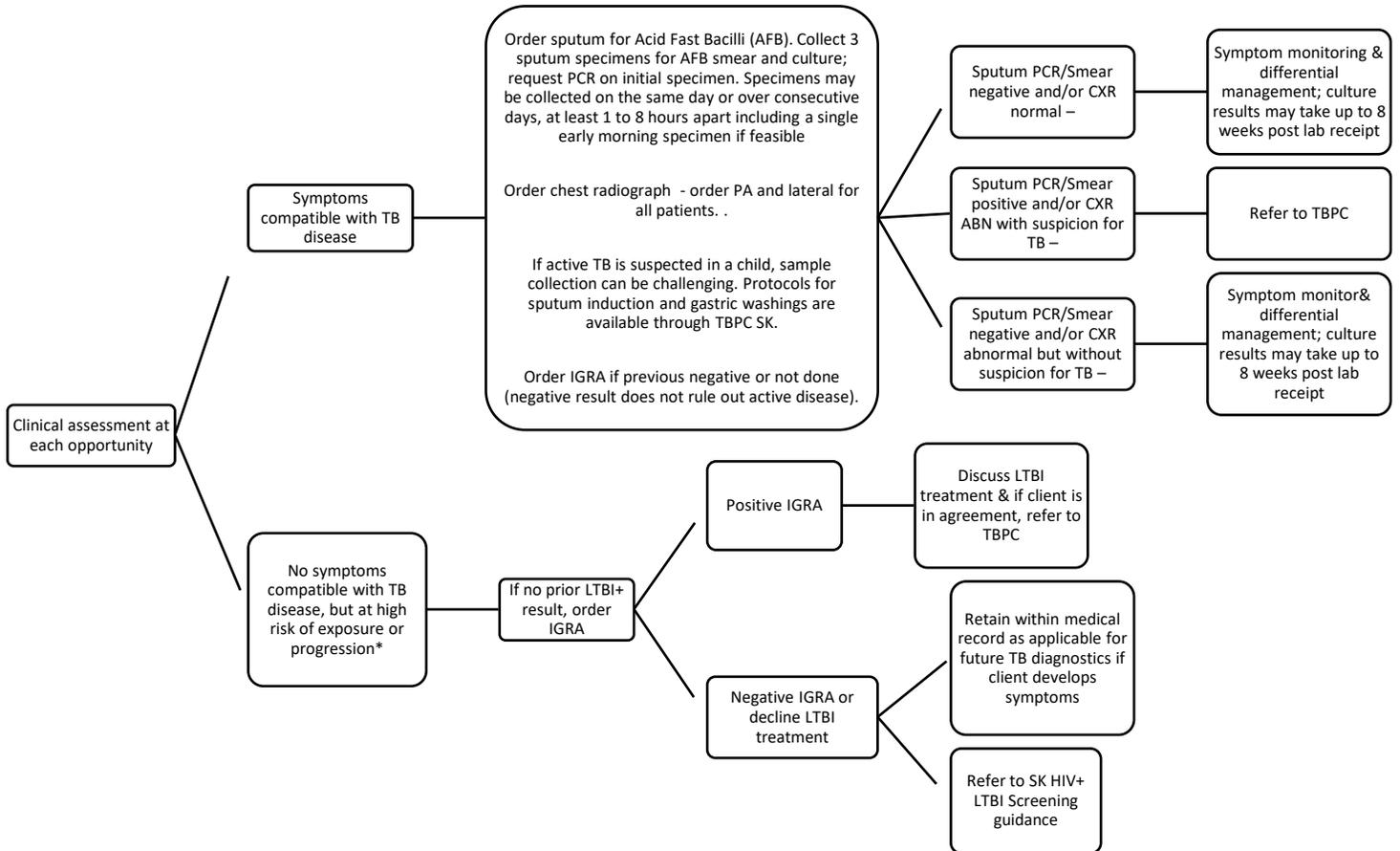
\*\*Ongoing exposure includes those affected by homelessness, inadequate or insecure housing or street-involved; residence in congregate settings such as shelters, or correctional facilities; residence in a high-TB incidence community; or [travel to a high-TB incidence country](#).

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**Figure 1. Clinical Assessment Pathway:**



\* Individuals with the highest risk of progression to TB disease include: persons living with HIV infection, individuals with recent contact to a known TB case, or those with silicosis

## ADDITIONAL TB RESOURCES

- Canadian Tuberculosis Standards - <https://www.tandfonline.com/toc/ucts20/6/sup1>
- ATS/CDC guidelines - <https://www.cdc.gov/tb/education/professionaltools.htm>
- Pediatric TB - <https://cps.ca/documents/position/approaches-to-detecting-tuberculosis-in-children-and-youth>
- <https://cps.ca/documents/position/tuberculosis-among-first-nations-inuit-and-metis-children-and-youth>
- TBPC SK website - <https://www.saskhealthauthority.ca/your-health/conditions-illnesses-services-wellness/all-z/communicable-disease-control/tb-prevention-and-control-saskatchewan>

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