

**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 symptoms such as: unexplained fever, fatigue, lethargy, unexplained weight loss, night sweats
- May also have:
  - Hemoptysis, chest pain, dyspnea
  - Extrapulmonary signs such as lymphadenopathy
- *TB can present anywhere in the body, consider TB for any unexplained persistent signs/symptoms in a person with epidemiologic risk factors.*

### **Epidemiologic Risk Factors for Consideration**

- 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

### **Testing**

1. Chest x-ray - posterior-to-anterior (PA) & lateral
2. Sputum for Acid-Fast Bacillus (AFB) x 3 – at least one hour apart:
  - Send sputum samples to [Shared Health Diagnostic Services](#) for processing.
  - Refer to *On-The-Spot Sputum Collection in Clinic Settings - Quick Guide* on next page.

Tuberculin Skin Tests (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.

<b>For Clinical Consultation Province-Wide Contact</b>	
<b>Adult Chest Medicine or Pediatric Infectious Disease</b>	<b>HSC Paging 204-787-2071</b>
<b>For Any General TB Questions</b>	
<b>Contact WRHA Population &amp; Public Health Tuberculosis Services 204-940-2274</b>	
<b>Visit WRHA TB page for Health Care Providers <a href="#">Tuberculosis - WRHA Professionals</a></b>	



**Infection Prevention and Control Considerations for  
On-The-Spot Sputum Collection in Clinic Settings - Quick Guide**  
*A quick guide to be used in conjunction with your regional resources.*

### Sputum Collection

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.

Personal Protective Equipment:

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

#### 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  
AND  
- 2 additional sample containers  
- 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))

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 your applicable regional IP&C Protocols. 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  
AND  
- 2 additional sample containers  
- lab requisition