



**Date:** March 21, 2023

**To:** All medical practitioners in Saskatchewan

### **Practice Alert – Increase in Tuberculosis in Saskatchewan – Increase in Pediatric Tuberculosis**

Please note that the incidence of tuberculosis continues to rise with an estimated 144 cases diagnosed in 2022, 2.25 times higher than 2019 with approximately 27% of cases occurring in children < 16 years across the province and 44% of cases in children <16 from Northern First Nations communities. Northern Inter-Tribal Health Authority and Saskatchewan Health Authority Public Health Officials continue to respond to outbreaks of tuberculosis declared in First Nation communities in Northern Saskatchewan. Additional high case activity is noted within urban Saskatoon, and Prince Albert. TB Prevention and Control TB is a communicable disease reportable under Saskatchewan's Public Health Act, 1994.

We remind you to be on the alert for potential TB cases and to screen for active TB in clients who may present with the following clinical history, signs/symptoms or abnormal CXR suggestive of possible TB:

- Cough lasting more than 2 weeks, unexplained fever, night sweats, unexplained weight loss, hemoptysis, fatigue, loss of appetite, failure to thrive, chest pain, dyspnea or lymphadenopathy
- History of contact to a known TB case or previous treatment for tuberculosis
- In children, active TB presentation can be atypical and subtle. Active TB in a child is a medical emergency. A high index of suspicion is necessary to diagnose cases

If you suspect active TB, please:

1. Consult with TB Prevention and Control Saskatchewan via the 24 hour physician on call service (306-655-1000).
2. Order sputum for Acid Fast Bacilli (AFB). Collect 3 sputum specimens for AFB smear and culture; request PCR on initial specimen. Specimens may be collected on the same day or over consecutive days, at least 1 to 8 hours apart including a single early morning specimen if feasible
3. Order chest radiograph - order PA and lateral for all patients
4. Other specimens may be needed based on history and clinical findings
5. If active TB is suspected in a child, sample collection can be challenging. Protocols for sputum induction and gastric washings are available through TBPC SK

The SK High TB Incidence Strategy further recommends that clients with residence within a Northern First Nations community receive a standing order for sputum collection in your health facilities with the following indications:

1. All patients with a cough more than 2 weeks duration being admitted to the hospital
2. All residents with a cough of more than 2 weeks duration being admitted to Long Term Care/Personal Care Home facilities
3. Any patient with a cough of more than 2 weeks duration being seen at the outpatient clinic or emergency room

Please refer to the enclosed "[Think Your Patient Has TB?](#)" guide and relevant articles for reference. To access the Canadian Tuberculosis Standards – 8<sup>th</sup> Edition, please click [here](#).

Your cooperation and continued vigilance are appreciated.

Sincerely,

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