Section 9: Care of Clients with Non-Respiratory Tuberculosis

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Introduction

The *Newfoundland and Labrador Communicable Disease Act* requires that all suspected or confirmed cases of TB be reported to the Medical Officer of Health (MOH). Notification is to be made by telephone as soon as a case is suspected or confirmed and is to be followed by a written report within 24 hours. The Communicable Disease Control Nurse (CDCN) is responsible for notifying the MOH of all suspect or confirmed cases of TB.

For more information on Non-respiratory TB, refer to the Canadian TB Standards (current edition).

Non-respiratory TB is defined as tuberculosis of all other disease sites not part of respiratory TB. This includes (but is not limited to) genitourinary TB, miliary/disseminated TB, bone and joint TB, abdominal TB, gastrointestinal TB, peritoneal TB, TB meningitis, ocular TB, and TB pericarditis. The definition overlaps with, but is slightly different from, that of extra-pulmonary TB.

Diagnostic Considerations

A high index of suspicion is paramount in the diagnosis of non-respiratory TB. Symptoms are often nonspecific (e.g. fever, night sweats, weight loss) which can contribute to a delayed/missed TB diagnosis. Furthermore, a normal chest x-ray and negative sputum for AFB may also result in a delayed/missed organ-specific TB diagnosis. For this reason, delays in diagnosis of non-respiratory TB are common, especially when it is present in unusual sites. Whenever practical, every effort should be made to obtain clinical samples for both mycobacteriology (AFB smear and culture) and histopathology (e.g. tissue biopsy) tests.

Infectivity

Every presumed case of non-respiratory TB should be assessed for pulmonary TB. Respiratory involvement impacts the infectiousness of the case. If there is no respiratory involvement, infectivity is unlikely. However, consult with CDCN as contact tracing may still be necessary.

Treatment

The standard medication regime to treat non-respiratory TB is the same as that used to treat pulmonary TB. Medication is delivered by Direct Observed Treatment (DOT).

See **Section 7: Care of Clients with Active TB.**

See **Section 10: Guidelines for Working with Clients.**