

manifestations (see table below). However, atypical or nonspecific symptoms (e.g., seizures, abdominal pain, failure to thrive in children) may occur, and some individuals may also remain asymptomatic. Active TB is both a notifiable disease (*MADO*) and a mandatory treatment disease (*MATO*).

Without appropriate treatment, active TB can progress to severe or disseminated disease and lead to death. Young children under the age of 5 and immunosuppressed individuals are particularly at risk of developing more severe forms of the disease. To prevent severe TB, the Bacillus Calmette-Guérin (BCG) vaccine has been offered to all newborns in Nunavik since January 1, 2023. It is recommended for all immunocompetent children under 2 years old. Please offer it to your patients!

Recommendations:

Remain vigilant when faced with respiratory and constitutional symptoms suggestive of active TB, as well as any radiological anomalies compatible with this diagnosis. Pay particular attention in case of confirmed or suspected exposure to an individual with contagious active TB.

1. Suspect Active TB in Any of the Following Cases:	
<p>a. Signs or Symptoms:</p> <ul style="list-style-type: none"> • Unusual and persistent cough (lasting more than 3 weeks) • New or increased sputum production • Hemoptysis • Pleuritic pain • Fever • Night sweats • Unexplained weight loss (or lack of weight gain in children) • General health decline (e.g., fatigue, weakness, anorexia) • Erythema nodosum • Lymphadenopathy 	<p>b. Chest X-Ray (CXR) Abnormalities:</p> <ul style="list-style-type: none"> • Cavitory lesions • Nodules, opacities, or infiltrates • Pleural effusion • Hilar or mediastinal lymphadenopathy <p>Note: The presence of a calcified granuloma on CXR is generally indicative of a past infection.</p>
2. Prevention and Protection Measures	
<p>Implement airborne transmission precautions as soon as active TB is suspected:</p> <ul style="list-style-type: none"> • Wear an N95 respirator when in the presence of anyone with signs or symptoms of active TB. • Ask the patient to wear a surgical mask. • If possible, place the individual in a negative-pressure room, or if unavailable, in a closed, well-ventilated room separate from others. 	
3. Investigations and Diagnostic Tests (Refer to the local TB or public health team, if available)	
<p>Complete the Clinical assessment of a suspected active TB case or a contact of active TB case form and perform appropriate investigations based on the individual's history and clinical presentation.</p> <p>Note:</p> <ol style="list-style-type: none"> 1. It is recommended to obtain a GeneXpert (see triage guide) from spontaneous sputum in any individual aged 10 and older being investigated for TB if air transport is required. 2. Severe reactions and adverse clinical manifestations (ACMs) following a Tuberculin Skin Test (TST) must be reported to the Nunavik Department of Public Health (DPH) and is a contraindication to future TST. 	
4. Definition of an Active TB Case	
<p>Confirmed Case: Isolation or detection of a <i>Mycobacterium</i> species from the <i>Mycobacterium tuberculosis</i> complex through a nucleic acid amplification test, including: <i>M. tuberculosis</i> (including <i>M. tuberculosis subsp. canettii</i>), <i>M. bovis</i> (excluding the BCG strain), <i>M. africanum</i>, <i>M. caprae</i>, <i>M. microti</i>, or <i>M. pinnipedii</i></p> <p>Probable Case: In the absence of precise microbial identification, at least one of the three following conditions must be present:</p> <ol style="list-style-type: none"> 1) Symptoms and signs compatible with progressive tuberculosis. 2) Chest X-rays suggestive of progressive tuberculosis. 3) Pathological examination of tissues from biopsy or autopsy suggestive of tuberculosis. <p>AND Prescription of anti-tuberculosis treatment (unless diagnosed post-mortem).</p>	

