

DATE: May 26, 2014

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TO: All Clinical Areas, VCH
Respiratory Medicine
Clinical Teaching Units
Infection Control Practitioners

RE: Protocol for collection of sputum samples for the diagnosis of tuberculosis

The Canadian Tuberculosis Standards, 7th Edition, recently published jointly by the Public Health Agency of Canada, the Canadian Thoracic Society and the Lung Association have revised guidelines for the approach to sputum collection for the diagnosis of tuberculosis. These guidelines are offered to accelerate decision making on clinical management and infection control precautions and to provide better overall yield than multiple day collections.

To expedite the diagnosis and facilitate the appropriate use/or discontinuation of infection control precautions, the following guidelines are recommended, effective immediately:

1. Three sputum specimens must be collected in patients with suspicion of tuberculosis, either spontaneous or induced. This is a minimum, more may be necessary.
2. These three samples may be collected on the same day with the following caveats:
 - a. One sample should be a first morning specimen, prior to eating
 - b. Subsequent samples can be on the same day with as little as one hour between specimens
 - c. Specimens should be of sufficient quantity for proper processing in the laboratory.
3. Specimens must be received in the laboratory by 9:30 am to have same day processing.

The best way to make a diagnosis of tuberculosis is to maintain a high index of suspicion when relevant. Patients for whom there is a strong clinical suspicion for tuberculosis may need additional or more invasively collected samples before the diagnosis can be excluded. The need for isolation is dependent on both smear positivity and clinical suspicion; smear negative patients with high clinical suspicion for TB should remain isolated. The infection prevention and control team reviews patients daily and will discuss with clinical teams if infection control precautions are advisable despite negative test results.

Please share this memo with all personnel and areas that care for patients with possible tuberculosis.

If you have any questions about this memo, please call Dr. Diane Roscoe (875-4547), Dr. Elizabeth Bryce (875-4759) or Dr. Mark FitzGerald (875-4122)