

21 June 2023

Dear Colleague,

Health Alert: Tuberculosis in the Northern Territory

Health staff are reminded to consider **tuberculosis (TB)** when patients present within the Northern Territory. There have now been two TB-related deaths reported in the NT since the beginning of 2023. There has also been a recent outbreak in the APY lands in South Australia with 12 reported cases to date.

Clinicians should be on the alert for TB, as missed or late diagnoses may contribute to complications and avoidable deaths. Thorough investigation should occur in symptomatic patients, particularly those with risk factors for TB.

TB is a notifiable disease. New or suspected cases (pulmonary and extrapulmonary TB) must be notified to the NT CDC as soon as suspected or diagnosed to enable contact tracing to begin.

TB treatment should only be started in consultation with the TB Unit.

TB disease in Australia is most commonly seen in those who have migrated from countries with high rates of TB, but is also disproportionately seen in NT remote communities compared with the broader Australian population. It may develop in those with recent contact with someone with active pulmonary TB, but can also occur due to reactivation of latent TB from exposure many years prior, particularly if the patient is immunosuppressed.

In the Northern Territory the annual number of active TB cases notified between 2018 and 2022 ranged from 19 to 34 cases. The NT TB case notification rate for that period is 10.8 per 100,000 population (NT notifiable disease data 2023).

TB disease is caused by infection with *Mycobacterium tuberculosis*. Pulmonary TB is most common, followed by extrapulmonary TB. Presenting features may include:

- Cough with sputum for more than 2 weeks (+/- haemoptysis)
- Fevers
- Night sweats
- Weight loss
- Lethargy and tiredness

- Chest pain
- Localised chest signs in upper/mid zones
- Pleural effusion
- Enlarged matted lymph nodes, usually non-tender and most commonly around head and neck
- Localising signs and symptoms (eg. headache, meningism, painful, swollen joints, etc)

Diagnosis is through the finding of acid-fast bacilli either in sputum or in other clinical specimens (such as lymph node tissue), or sometimes through PCR testing if appropriate. Imaging can also assist with diagnosis, such as through consistent findings on chest x-ray or CT. Many signs and symptoms can be non-specific and can mimic other disease processes, so it is important to think of TB in those at higher risk and ensure appropriate investigations are performed early.

For more information about the diagnosis, case management and public health response, see the [Guidelines for the Control of Tuberculosis in the Northern Territory](#). More information on TB can be found here [Tuberculosis \(TB\) | NT Health](#). If you are uncertain about whether your patient may be at risk of TB, or how to investigate further, you can contact your local TB unit at the CDC.

Yours sincerely,

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