# Reactivation (Late Disease Progression)

In Canada, most active TB is due to "reactivation" TB, i.e. occurring 24 months or more after the initial infection. In any population group, reactivation of LTBI, leading to active TB disease (reactivation TB), is much more likely to occur in people who are immunocompromised. People with a history of untreated or inadequately treated pulmonary TB or a "high-risk" lung scar (upper lung zone fibronodular abnormality) on chest radiograph are understood to have a higher TB burden than those without such a history/radiograph, and to be at increased risk of reactivation TB.

Table 2.1: Classification of a TB Case

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| **New Active Case** | The presence of active TB is based on positive bacteriology (culture). However in some cases, active TB is diagnosed on the basis of appropriate clinical and radiologic presentation associated with a positive response to treatment. Active TB can be classified as respiratory or non-respiratory. No documented evidence or adequate history of previously active TB. |
| **Reactivation (previously referred to as Post Primary)** | The **development** of active disease after a period of latency or dormant infection (usually 18-24 months or longer). |
| **Relapsed Case** | The **recurrence** of active disease in the same patient after 6 months of inactivity after treatment, indicating a possible treatment failure. |
| **Laboratory Confirmed Case** | The presence of *Mycobacterium tuberculosis* complex demonstrated by laboratory culture (i.e. not just AFB smear positive). |
| **Clinical Case** | The presence of a positive TST result and significant clinical evidence of disease, such as:<br>• Chest x-ray (CXR) compatible with active TB, including idiopathic pleurisy and pleural effusion;<br>• History of contact with active TB;<br>• Signs and symptoms consistent with TB disease;<br>• Pathologic or post-mortem evidence of active TB; or<br>• Clinical improvement of signs and symptoms with anti-tuberculous medications. |
| **Suspect Case** | A patient in whom TB disease is suspected by the clinician, but who does not meet the criteria outlined for either lab confirmed or clinical cases. All efforts should be made to ensure that appropriate investigations are completed so that the patient can be classified as a lab confirmed or clinical case or a diagnosis of TB can be ruled out. |