Operating Room
Patients with suspected or confirmed tuberculosis deemed infectious require Airborne Precautions.

Only emergency or medically necessary surgery is performed on a patient with suspected or confirmed infectious tuberculosis disease. Elective operative procedures on patients with tuberculosis should be delayed until the patient is no longer infectious.

If at all possible, patients with infectious tuberculosis should be scheduled at the end of the day to limit risk to other patients and healthcare workers. Perform the procedure with a minimal number of personnel.

HEPA respirators or N95 respirators are indicated for all persons entering the OR room for respiratory protection.

The doors to the OR will be kept closed and the number of personnel allowed in the OR will be kept to a minimum.

Tuberculosis patients must be recovered in a negative pressure ventilation room and personnel will follow Airborne Precautions and wear N95 respirators. Patients should then be transported to a negative pressure ventilation room as soon as possible. The patient will have both nose and mouth covered with a regular surgical mask during transport.

Personnel performing environmental cleaning and disinfection in the room of a patient who has an infectious airborne disease must use a properly fit tested N95 mask until complete air exchange has been achieved.

The period of time required for the ventilation system to achieve a 99.9% air exchange should be noted, for example 21 minutes for a 20 air exchanges per hour cycle. Access to the room should be restricted until the 99.9% air exchange has been completed.

Diseases Due to Other Mycobacteria
Mycobacterium other than *M. tuberculosis* may produce disease in humans and is usually non-infectious from person to person; therefore these types do not require Airborne Precautions.

These organisms are acid-fast bacilli like *M. tuberculosis* but are described as atypical, unclassified mycobacteria, non-tuberculosis mycobacteria (NTM) or mycobacteria other than tuberculosis (MOTT).

Clinical syndromes associated with the pathogenic species of mycobacteria include the following:
- Disseminated disease in the presence of severe immunodeficiency such as AIDS: *M. avium complex, M. kansasii, M. haemophilum, M. chelone*.
- Lymphadenitis (primarily cervical): *M. avium complex, M. scrofulaceum, M. kansasii*.
• Skin ulcers: M. ulcerans
• Post traumatic wound infections: M. fortuitum, M. chelonae, M. abscessus, M. marinum, M. avium complex
• Nosocomial disease: surgical wound infections (following cardiac surgery, mammoplasty wounds), catheter-related infection bacteraemia, peritonitis, post-injection abscesses): M. fortuitum, M. chelonae, M. abscessus
• Crohn’s Disease: M. paratuberculosis

The epidemiology of these diseases has not been well defined but the organisms have been found in soil, milk and water. Other factors, such as host tissue damage and immunodeficiency predispose the individual to infection. There is no evidence of transmission through person-to-person contact.

The diagnosis of disease requiring treatment is based on repeated positive cultures from symptomatic individuals with illness. Where human infections with non-tuberculous Disseminated *Mycobacterium avium* complex (MAC) infection is a major problem in HIV-infected individuals.