

Appendix B: Provincial Case Definitions for Reportable Diseases

Disease: Tuberculosis

Tuberculosis

1.0 Provincial Reporting

Confirmed and suspect cases of disease

2.0 Type of Surveillance

Case-by-case

3.0 Case Classification

3.1 Confirmed case

- Isolation by culture from an appropriate clinical specimen (e.g., sputum, tissue).
OR
- In the absence of bacteriological proof, cases clinically compatible with active tuberculosis that have:
 - i. Radiological changes compatible with active tuberculosis
AND
 - ii. Histopathologic or post-mortem evidence of active tuberculosis
OR
 - iii. Response to anti-tuberculous treatment

3.2 Suspect case

Signs and symptoms compatible with active disease

AND

- Radiological findings suggestive of active disease
OR
- Demonstration of acid-fast bacillus (AFB) in clinical specimen
OR
- Detection of MTB complex by nucleic acid amplification test (NAT)
OR
- Histopathology suggestive of MTB disease

4.0 Laboratory Evidence

4.1 Laboratory Confirmation

Any of the following will constitute a confirmed case of Tuberculosis:

- Positive culture of MTB complex (*M. tuberculosis*, *M. tuberculosis* subsp. *Canetti*, *M. africanum*, *M. caprae*, *M. microti*, *M. pinnipedii*, or *M. bovis*, excluding BCG strain)

4.2 Approved/Validated Tests

- Standard culture for MTB complex
- Biochemical tests to differentiate between *M. bovis* and *M. bovis* BCG
- AFB smear
- NAT for MTB complex

4.3 Indications and Limitations

- Direct NAT is used for smear positive and smear negative respiratory specimens. However, a negative NAT result does not rule out MTB complex.
- Direct NAT for MTB may be useful in extrapulmonary TB but it is not approved for this purpose.
- Direct NAT for MTB has the potential for false positive results; therefore direct NAT positive results should be confirmed by culture when possible.

5.0 Clinical Evidence

- Clinically compatible signs and symptoms of active tuberculosis include but are not limited to cough, chest pain, fevers, night sweats, and weight loss. Active extrapulmonary tuberculosis (e.g., meningeal, bone, kidney, peripheral lymph nodes) consists of signs or symptoms referable to the extrapulmonary organ involved, and histopathologic or post-mortem evidence of active tuberculosis.
- MTB complex comprises *M. tuberculosis*, including *M. tuberculosis* subsp *canetti*, *M. bovis* (including BCG strain, though this strain is not included in the case definition of tuberculosis), *M. africanum*, *M. caprae*, *M. microti*, and *M. pinnipedii*. New species may be added with the progress of scientific development in the field.

6.0 ICD Code(s)

ICD-10 Code(s)

Respiratory tuberculosis

- ICD 10 Code A15.0 Tuberculosis of Lung
- ICD 10 Code A15.4 Tuberculosis of Intrathoracic Lymph Nodes
- ICD 10 Code A15.5 Tuberculosis of Larynx, Trachea and Bronchus
- ICD 10 Code A15.6 Tuberculous Pleurisy
- ICD 10 Code A15.7 Primary Respiratory Tuberculosis
- ICD 10 Code A15.8 Other Respiratory Tuberculosis
- ICD 10 Code 15.9 Respiratory Tuberculosis Unspecified

Tuberculosis of nervous system

- ICD 10 Code 17.0 Tuberculous Meningitis
- ICD 10 Code 17.1 Meningeal Tuberculoma
- ICD 10 Code 17.8 Other Tuberculosis of Nervous System
- ICD 10 Code 17.9 Tuberculosis of Nervous System, Unspecified

Tuberculosis of other organs

- ICD 10 Code 18.0 Tuberculosis of Bones and Joints
- ICD 10 Code 18.1 Tuberculosis of Genitourinary System
- ICD 10 Code 18.2 Tuberculosis Peripheral Lymphadenopathy
- ICD 10 Code 18.3 Tuberculosis of Intestines, Peritoneum and Mesenteric Lymph Nodes
- ICD 10 Code 18.4 Tuberculosis of Skin and Subcutaneous Tissue
- ICD 10 Code 18.5 Tuberculosis of Eye
- ICD 10 Code 18.6 Tuberculosis of Ear
- ICD 10 Code 18.7 Tuberculosis of Adrenal Glands
- ICD 10 Code 18.8 Tuberculosis of Other Specified Organs
- ICD 10 Code 19.0 Acute Miliary Tuberculosis of a Single Specified Site

Miliary tuberculosis

- ICD 10 Code 19.1 Acute Miliary Tuberculosis of Multiple Sites
- ICD 10 Code 19.2 Acute Miliary Tuberculosis, Unspecified

- iii. **ICD 10 Code 19.8** Other Miliary Tuberculosis
- iv. **ICD 10 Code 19.9** Miliary Tuberculosis, Unspecified

7.0 Comments

A case should not be counted twice within any consecutive 12-month period, unless a second genotype is detected.

Confirmed cases must fall into one of the following staging categories:

1) **New Active Case**

A confirmed case who has no documented evidence or history of previously active tuberculosis.

2) **Reactivated Case**

A confirmed case with documented evidence or history of previously active tuberculosis which became inactive*. If genotyping on the new strain confirms it to be different from the original strain, then this would be considered a 'new active case'.

*Inactive tuberculosis

- Two chest radiographs with stable appearance documented over an interval of 3 months and three negative sputum smears and cultures.
OR
- In the absence of cultures, chest radiographs are stable for a minimum of six months and the individual has been asymptomatic for six months after completion of treatment;
OR
- Cultures for MTB complex are negative at the completion of treatment and for six months thereafter.

8.0 References

- Ministry of Health and Long-Term Care, Public Health Division. iPHIS manual. Toronto, ON: Queen's Printer for Ontario; 2005.
- Nationally Notifiable Diseases Case Definitions with Canadian Public Health Laboratory Network (CPHLN) and Epidemiologic Group Draft Edits. March 2007. Based on case definitions as written in the: Health Canada. Case definitions for diseases under national surveillance. Can Commun Dis Rep. 2000; 26 Suppl 3:i-iv 1-122. Available from <http://www.phac-aspc.gc.ca/publicat/ccdr-rmtc/00pdf/cdr26s3e.pdf>.

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