

# Infectious Diseases Tuberculosis Prevention and Control Protocol

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# Overview of Presentation

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# Purpose

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- **Purpose is to provide direction to boards of health (BOH) to reduce the burden of Tuberculosis (TB) through prevention and control.**
- **Protocol is detailed in scope by comparison to previous Mandatory Health Programs Services Guidelines (MHPSG).**

# Requirements Listed in Standard

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## Tuberculosis Prevention and Control Standard

### Requirements:

- **Requirement #1:** The board of health shall report TB data elements in accordance with the Health Protection and Promotion Act and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).
- **Requirement #2:** The board of health shall conduct surveillance of active tuberculosis as well as individuals with LTBI in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current) and the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).

# Requirements Listed in Standard

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## Requirements:

- **Requirement #5:** The board of health shall facilitate timely identification of active cases of TB and referrals of persons with inactive TB through immigration medical surveillance in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).
- **Requirement #6:** The board of health shall provide management of cases to minimize the public health risk in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).

# Requirements Listed in Standard

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## Requirements:

- **Requirement #8:** The board of health shall provide or ensure the provision of the identification, assessment, and public health management of contacts of active cases in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current).
- **Requirement #9:** The board of health shall provide or ensure the provision of the identification and effective public health management of individuals with LTBI in accordance with the *Tuberculosis Prevention and Control Protocol, 2008* (or as current), with a particular focus on people at highest risk of progression to active TB.

# Protocol Highlights

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## DATA COLLECTION AND REPORTING OF DATA ELEMENTS

- **BOH is required to annually notify TB control stakeholders of the requirement to report active and LTBI cases.**
- **Information must be entered in iPHIS (or other ministry-approved data management system).**
- **Cases (confirmed and suspect) should be entered within 24 hours of notification, lab and radiographic data within 24 hours of receipt, other data elements within 30 days of receipt.**
- **Contact information and its link to the source case should be entered within 30 days of identification of the contact, other information within 30 days of receipt.**
- **Immigration surveillance: person entered within 30 days of reporting, other elements within 30 days of receipt.**
- **LTBI data elements should be entered within 30 days of receipt.**

# Protocol Highlights

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## **SURVEILLANCE**

- **BOH is required annually to analyze TB data elements around active and LTBI cases.**
- **This information should be distributed to relevant health care and community stakeholders.**
- **Information from this report should inform program planning.**
- **The level of detail around such a report is dependent on numbers of cases, and the “burden” of TB in the community, as other health programs will be prioritized in “low TB jurisdictions”.**

# Protocol Highlights

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## **EARLY IDENTIFICATION OF TB CASES, INCLUDING REFERRALS OF PERSONS WITH INACTIVE TB THROUGH IMMIGRATION MEDICAL SURVEILLANCE**

- **BOH to promote strategies for the early identification of TB cases, including education of health care providers and stakeholders.**
- **Mechanism should be in place to effectively deal with urgent medical surveillance requests, including facilitation of medical assessment within 7 days of notification, or as soon as possible, depending on circumstances.**
- **Usual medical surveillance requests should ensure location and assessment of referred individuals within 30 days of notification.**

# Protocol Highlights

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## MANAGEMENT OF TB CASES

- **BOH should initiate contact with confirmed/ suspect respiratory case and health care provider within 24 hours of notification.**
- **Should ensure respiratory isolation for active respiratory cases.**
- **Should obtain detailed demographic and clinical information pertinent to public health investigation and verify that treatment regiment is in line with Canadian Tuberculosis Standards (CTS).**
- **Should ensure access to a TB specialist as needed, assess need for and ensure access to Directly Observed Therapy (DOT) and publicly funded TB drugs, monitor for discontinuation of isolation, and issue legislative orders for treatment as needed.**

# Protocol Highlights

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## **IDENTIFICATION, ASSESSMENT, AND MANAGEMENT OF CONTACTS OF RESPIRATORY TB**

- **Focus of current Protocol is on distinction between high priority and regular contacts, timelines for their evaluation, and recommendations on which groups to treat.**

# Protocol Highlights

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## **IDENTIFICATION AND MANAGEMENT OF INDIVIDUALS WITH LTBI**

- **BOH responsible for the education of stakeholders around consideration of LTBI in those with risk factors, the screening of high risk groups, and ensuring access to publicly funded drugs for LTBI treatment.**

# Supporting Documentation

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- **Best Practice Guidance Document (to be finalized in 2009)**
- **iPHIS bulletins**

# Highlights/Discussion

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## EXAMPLE

- **Windsor-Essex County public health unit currently meets Protocol and standard requirement.**
- **Greyhound bus; woman with active TB:**
  - 1) **Data collection and reporting of data elements**
  - 4) **Management of TB cases**
  - 5) **Identification, assessment, and management of contacts of respiratory TB**
  - 6) **Identification and management of individuals with LTBI**

# Questions and Answers

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- **Q: Is DOT and follow-up with LTBI cost neutral?**

**A:** DOT will likely save money in the long term as it ensures persons with active pulmonary TB and persons at high risk for treatment failure will take their medication as prescribed. It also allows case managers to form a bond with the person with TB, particularly in the early course of treatment. This facilitates contact follow-up, education around TB and compliance with isolation. People with LTBI who are followed by the health unit will receive TB education. The treating physician can also be educated if they are not experienced in treating TB. This will help to prevent progression of LTBI to active TB, thus saving time and money associated with following an active case.

# Questions and Answers

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- **Q: What is the impact of tighter timelines?**
- Staff is already available for data input. Having tighter timelines ensures that data input into iPHIS is current. This efficiency should save time in the long run as it will improve accuracy. Tighter timelines also provides the Ministry of Health and Long-Time Care with prompt information which would otherwise entail a telephone call (Ministry staff were previously notified by telephone about urgent TB cases. These can now be obtained from iPHIS staff).

# Questions and Answers

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- **Q: When will the TB best practices document be released?**  
**A:** TB Best Practice document is scheduled for release Spring 2009.
- **Q: What is the balance between the Protocol prescription/ less prescription?**  
**A:** The new Protocol attempted a balance as more details can be obtained from CTS and/or the new Best Practice document. The new Protocol must provide some latitude for public health units as the number, and nature, of TB cases varies greatly from one health unit to another.
- **Any additional questions?**

# Acknowledgements

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# Contact Information

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