

Infectious Diseases Tuberculosis Prevention and Control Standard

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Overview of Presentation

- **Comparison between Mandatory Health Programs and Services Guidelines 1997 (MHPSG) and Ontario Public Health Standards 2008 (OPHS)**
- **OPHS: Tuberculosis Prevention and Control Program Standard Highlights**
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Comparison between MHPSG 1997 and OPHS 2008

MHPSG	OPHS
Tuberculosis (TB) Control	Tuberculosis Prevention and Control
Goal: To reduce the incidence of tuberculosis (TB)	Goal: To prevent or reduce the burden of tuberculosis (TB)
<p>Objective:</p> <ol style="list-style-type: none"> 1. To reduce the annual incidence rate of active and reactivated TB to 3.5 per 100,000 population by the year 2005. 2. To reduce the progression of latent TB infection to active TB. 3. To reduce secondary drug-resistance by the year 2005. 4. To achieve the following completion rates by the year 2005: <ol style="list-style-type: none"> a. 95 per cent of active TB cases will complete treatment as prescribed; b. 90 per cent of individuals on chemoprophylaxis will complete therapy; and c. 90 per cent of contacts of active cases of TB will be assessed. 	Societal Outcomes and Board of Health Outcomes

OPHS: Tuberculosis Prevention and Control Program Standard Highlights

Goal

- **To prevent or reduce the burden of tuberculosis (TB).**

Societal Outcomes

- **There is reduced transmission of TB.**
- **There is reduced progression of latent TB infection (LTBI) to active TB.**
- **There is reduced incidence of drug-resistant TB.**
- **Community partners and health care providers have improved capacity to effectively manage TB.**
- **There is improved public access to diagnostic and treatment services for TB.**
- **The public is aware of TB and its prevention.**

OPHS: Tuberculosis Prevention and Control Program Standard Highlights

Board of Health outcomes

- **The board of health achieves timely and effective detection and identification of TB trends, emerging risks, and associated risk factors.**
- **The board of health is aware of and uses epidemiology to influence the development of healthy public policy and its programs and services to prevent and reduce the burden of TB.**
- **The board of health has effective partnerships with committees, advisory bodies, networks, and community organizations to address the prevention and control of TB.**
- **Public health risks associated with active TB are mitigated.**
- **Individuals with infectious TB are isolated.**
- **Individuals with active TB (cases) receive the appropriate medication.**
- **Individuals with active TB or LTBI are identified.**
- **Individuals with LTBI are offered appropriate treatment.**

OPHS: Tuberculosis Prevention and Control Program Standard Highlights

ASSESSMENT AND SURVEILLANCE

Requirements

- 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).
 - *MHPSG 1997: Requirement did not exist under MHPSG Tuberculosis (TB) Control Standard*
- 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).
 - *MHPSG 1997: MHPSG Tuberculosis (TB) Control Standard not as detailed as new Tuberculosis Prevention and Control Standard.*
- The board of health shall conduct epidemiological analysis of surveillance data, including monitoring of trends over time, emerging trends, and priority populations, in accordance with the *Population Health Assessment and Surveillance Protocol, 2008* (or as current).
 - *MHPSG 1997: Requirement did not exist under MHPSG Tuberculosis (TB) Control Standard.*

OPHS: Tuberculosis Prevention and Control Program Standard Highlights

HEALTH PROMOTION AND POLICY DEVELOPMENT

Requirements

- The board of health shall engage in health promotion and policy development activities with community partners, policy-makers, and health care providers that have clients/contacts from priority populations based on local epidemiology.
 - ***MHPSG 1997: MHPSG Tuberculosis (TB) Control Standard specified that board of health provide annual updates to physicians and other health professionals written material and/or presentations on signs and symptoms, risk factors and reporting requirements to achieve the early identification and early reporting of active cases.***
 - ***MHPSG 1997: MHPSG Tuberculosis (TB) Control Standard specified that board of health provide the community on an ongoing basis, in collaboration with community organizations and local agencies and institutions, written materials and education sessions regarding risk factors for tuberculosis infection and benefits of chemoprophylaxis.***

OPHS: Tuberculosis Prevention and Control Program Standard Highlights

DISEASE PREVENTION/HEALTH PROMOTION

Requirements

- 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).
 - ***MHPSG 1997: Requirement did not exist under MHPSG Tuberculosis (TB) Control Standard.***
- 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).
 - ***MHPSG 1997: MHPSG Tuberculosis (TB) Control Standard specified that board of health have in place an effective program for TB control for persons with active tuberculosis which includes case finding, case holding, treatment, and follow-up (lists minimum specifications).***
- The board of health shall provide or ensure access to TB medication at no cost to clients or providers.
 - ***MHPSG 1997: MHPSG Tuberculosis (TB) Control Standard specified that board of health ensure the provision of provincially-approved anti-tuberculosis drugs as required, at no cost to client.***

OPHS: Tuberculosis Prevention and Control Program Standard Highlights

DISEASE PREVENTION/HEALTH PROMOTION

Requirements

- 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).
 - ***MHPSG 1997: MHPSG Tuberculosis (TB) Control Standard specified that board of health ensure that all persons with active tuberculosis complete the prescribed course of chemotherapy through the provision of Directly Observed Therapy (DOT) or another appropriate intervention.***
- 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.
 - ***MHPSG 1997: Requirement did not exist under MHPSG Tuberculosis (TB) Control Standard.***
- The board of health shall respond to local, provincial/territorial, federal, and international changes in disease epidemiology by adapting programs and services.
 - ***MHPSG 1997: Requirement did not exist under MHPSG Tuberculosis (TB) Control Standard.***

Cross References

- **Infectious Diseases Protocol Named in the Tuberculosis Prevention and Control Standard:**
 - **Tuberculosis Prevention and Control Protocol, 2008**
- **Other Protocols Named in the Tuberculosis Prevention and Control Standard:**
 - **Population Health Assessment and Surveillance Protocol, 2008**

Key/Significant Changes

New – OPHS Standard (2008)

- **Principle based program standards**
- **Individual standard has clearly defined sections**
(Assessment & Surveillance, Health Promotion and Policy Development, Disease Prevention/Health Protection)
- **Protocol provides specific technical information**

Old – MHPSG (1997)

- **Specific targets to reduce TB**
(e.g. Reduce incidence rate of active and reactivated TB to 3.5 per 100,000 population by year 2005)
- **General requirements and standard combined**

Contact Information

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Questions/Discussion