ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

Re: Revisions to the Communicable Disease Control Manual –
Chapter 4: Tuberculosis Manual

Please note the following changes to the Communicable Disease Control Manual –

Overview of changes according to: content organization/presentation, practice highlights, and appendices:

(1). Content Organization/Presentation

A) Content Organization

The TB manual is organized into the following sections:

- Section 1 – Introduction
- Section 2 – Definitions
- Section 3 – Tuberculosis (TB)
- Section 4 – TB Screening and Testing
- Section 5 – Treatment of Active TB disease
- Section 6 – Treatment of Latent TB Infection (LTBI)
- Section 7 - Contact Investigation
- Section 8 - Assessment and Follow Up of TB Contacts
- Appendices
- References
B) Content Presentation

Highlights include:

- **Use of Tables.** Screening recommendations, treatment regimens, baseline and ongoing treatment monitoring, periods of infectiousness and transmission risk have been integrated into table format.

- **Flow Diagrams for Decision Making.** Flow diagrams outline decision making for routine TB screening, immigration post-landing TB surveillance, specimen testing, management of clients with TB signs or symptoms, treatment initiation, and contact investigation and assessment.

(2) Practice highlights – high level outline.

A) **TB Screening & Testing (Section 4.0)**

- TB screening tables now include children and travelers.
- Ongoing TB screening for clients with HIV infection is aligned with current BC Centre for Excellence in HIV/AIDS provincial primary care guidelines.
- Tuberculin skin test reaction cut-points are outlined in table format and revised for clarity.
- IGRA screening is used as a supplemental test in specific circumstances.
- Pre-existing chest x-rays can be used in certain situations.
- Instructions for sputum collection has been revised for clarity.

B) **Treatment for Active and Latent TB (Sections 5.0 and 6.0)**

- **Baseline testing** for standard treatment regimens are outlined in table format with enhanced practice support for visual acuity and red/green discrimination.
- **Monitoring TB Treatment** sections outline changes to frequency and diagnostics (blood tests) of ongoing treatment monitoring in relation to blood work sputum samples and CXR requirements.
- HgbA1C, Hepatitis B&C testing is recommended at baseline when initiating treatment for Active TB.
- **Treatment Completion** is laid out in table format for active TB and LTBI.
- **Follow-Up after Completion of TB Treatment** and **Follow-Up after Completion of LTBI Treatment** – outlined for active and LTBI.
- **Isoniazid Overdose** – included in section 6.0.
C) Contact Investigation (Section 7.0)

- **Roles and responsibilities in Contact Investigation** - included.
- **Infectious Period** - the start and end of the infectious period are outlined.
- **Systematic Approach to TB Contact Investigation** - outlined in five steps
- **Expanding Contact Investigations** - outlines circumstances where increasing the scope of contact investigation is warranted

D) Assessment and Follow Up of TB Contacts (Section 8.0)

- Reference to the *Canadian Tuberculosis Standards 7th Ed.*, is recommended for additional information on management of contact-congregate settings, remote communities, and airplane travel.

- Management of contacts are outlined in flowcharts and based on risk assessment for the following:
  - Fig 8-1: Assessment and follow-up of TB contacts
  - Fig 8-2: Assessment and follow-up of symptomatic contacts
  - Fig 8-3: Flowchart for management of immune-compromised contacts and contacts under 5 years

- **IGRA for TB contacts** – not recommended as a standard test. Specific circumstances for IGRA testing are included.

(3) Appendices

A) New Appendices:

- **Appendix A – Tuberculin Skin Testing**: enhanced for clarity (photos) regarding administration and reading TST.

- **Appendix B – Infection Prevention and Control**: includes general information on airborne precautions, home isolation precautions, infection prevention and control within facilities.

- **Appendix F – Contact Investigation Tool and Templates**: includes tools for case interviewing and documenting the source case assessment.

- **Appendix H – Resources for clients and HCP**: provides provincial, national and global resources; recommended guidelines and tools for health care providers; and sources for TB education and training.
B) Old Appendices: Appendices in the 2012 TB manual that are integrated into the November 2015 version:

- **Appendix A – Glossary** – integrated into Section 2.0.
- **Appendix B – Basic Facts About TB** – integrated into Section 3.0.
- **Appendix C – Medications** – integrated into Sections 5.0 and 6.0.
- **Appendix D – Pediatric TB** – integrated into Sections 5.0 and 8.0.
- **Appendix E – TB Services for Aboriginal Communities** - now Appendix G.
- **Appendix F – BCG Vaccine – Historical Information** - integrated into Section 4.0.
- **Appendix G – Tumor Necrosis Factor** – integrated into Section 2.0.
- **Appendix H – Atypical mycobacteria** – integrated into Section 3.0.
- **Appendix I – TB and HIV** – integrated into Sections 4.0 and 5.0.
- **Appendix J – Multiple drug resistant TB** – Integrated into Section 5.0.
- **Appendix K – DOT** – integrated in Sections 5.0 and 6.0.
- **Appendix L – Interim Guidelines for Use of IGRA Studies** – integrated into Section 4.0.
- **Appendix M – Molecular (Diagnostic Tools)** - integrated into Section 2.0.
- **Appendix N – Immigration** – integrated into Section 4.0.
- **Appendix O – TN Chronic Renal Failure** – integrated into Section 5.0.
- **Appendix P – Sputum Induction** – located in **Appendix D**.
- **Appendix Q – Forms** – removed and replaced by links throughout manual.

Please remove the following pages from the Communicable Disease Control Manual, Chapter 4 Tuberculosis Manual:


Please insert the following updates to the Communicable Disease Control Manual, Chapter 4 Tuberculosis Manual:


If you have any questions regarding these changes, please contact Cheryl Prescott, Senior Practice Leader, STI and TB, Clinical Prevention Services at 604-707-5651 (cheryl.prescott@bccdc.ca) or Manav Gill, Manager Public Health & Education Services, Clinical Prevention Services at 604-707-2746 (manav.gill@bccdc.ca) or Stephanie Gin, Nurse Educator, Clinical Prevention services 604-707-5628. (Stephanie.gin@bccdc.ca).
The BCCDC CPS TB Leadership team and education program are integrating a systematic process for stakeholder feedback on this substantive revision. A continued nursing education (CNE) webinar is slated for Wednesday January 13, 2016 to review these changes in greater detail, and provide opportunity to answer questions. The webinar is hosted by PHSA Webcasting Services: Continued Nursing Education and is recorded for viewing at a later date.

Sincerely,

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