



**BC Centre for Disease Control**  
An agency of the Provincial Health Services Authority

Clinical Prevention Services  
Provincial TB Services  
655 West 12<sup>th</sup> Avenue  
Vancouver, BC V5Z 4R4

Tel 604.707.5600  
Fax 604.707.5604  
www.bccdc.ca

**Date: Nov 20, 2015**

**Administrative Circular: 2015:18**

**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 –  
Chapter 4: Tuberculosis Manual: Updated – Discard and Replace Entire 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 7<sup>th</sup> 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 Section 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:**

- BCCDC Communicable Disease Control Manual – Chapter 4: Tuberculosis Manual – dated February 2012: pages 1-141

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

- BCCDC Communicable Disease Control Manual – Chapter 4: Tuberculosis Manual – dated November 2015 – pages 0-152

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](mailto:cheryl.prescott@bccdc.ca)) or Manav Gill, Manager Public Health & Education Services, Clinical Prevention Services at 604-707-2746 ([manav.gill@bccdc.ca](mailto:manav.gill@bccdc.ca)) or Stephanie Gin, Nurse Educator, Clinical Prevention services 604-707-5628. ([Stephanie.gin@bccdc.ca](mailto: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,



Dr. Mark Tyndall  
Executive Medical Director  
BC Centre for Disease Control

pc: Ministry of Health

Dr. Perry Kendall  
Provincial Health Officer

Dr. Bonnie Henry  
Deputy Provincial Health Officer

Dr. Bob Fisk  
Medical Consultant  
Non-Communicable Disease

Craig Thompson  
Director, CD Prevention – Immunization

Warren O'Brian  
Executive Director  
Communicable Disease and Addiction Prevention