

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

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Date: October 28, 2019 Administrative Circular: 2019:13

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 (TB) & TB Screening DST

Updates have been made to the Communicable Disease Control (CDC) Manual - Chapter 4, TB and the TB Screening Decision Support Tool (DST).

Please remove and discard the following:

- Section 1-Introduction
- Section 2-Definitions
- Section 3-Tuberculosis
- Section 4-TB Screening and Testing
- Section 5-Treatment of Active TB Disease
- Section 6-Treatment of Latent TB Infection
- Section 7-Contact Investigation
- Section 8-Assessment and Follow-up of TB Contacts
- Appendices-A, B, C, D, E, F and G
- TB Screening Decision Support Tool (DST)

Please replace with the following: Sections 1-8 and Appendices A-G

Overview of Changes – Chapter 4, TB Manual:

The TB manual has been updated to reflect current practice and ensure recommendations are provided in a clear, consistent and concise manner. Updates focused on improving organization; incorporating a health equity perspective; reducing stigmatizing language; and streamlining content.

NEW Section Titles:

- Section 4a-TB Screening and Testing
- Section 4b-TB Screening DST is now incorporated directly into the provincial TB manual as its own section.





The following high-level changes were made within each respective section: Section 1-Introduction

Included content related to the provincial TB Strategic Plan.

Section 2-Definitions

 Included new definitions: equity-oriented care; high burden countries; location-based TB screening; and social network analysis.

Section 3-Tuberculosis

- Clearly defined and differentiated "active TB disease" and "latent TB infection" and updated case definitions to align with BCCDC surveillance definitions.
- Expanded on reporting of cases to the Canadian TB Reporting System.

Section 4a-TB Screening & Testing

- General and background information for TB screening previously captured in Section 4 is included in Section 4a. No new clinical content added but information removed to avoid duplication with the TB Screening DST.
- For Section 4.6 TB Medical Surveillance Program, divided content into Section 4.6.1 Immigration Medical Exam, which includes new content describing the furtherance process; and Section 4.6.2 TB Medical Surveillance Process, which now includes a new Figure 4-3: TB Medical Surveillance Process diagram to illustrate the activities involved in the first and second medical surveillance visits.

NEW: Section 4b-TB Screening DST

- New section added to incorporate the TB Screening DST within the TB manual.
- Included clarification that the live oral typhoid vaccine does not impact the timing of a TST.

Section 5-Treatment of Active TB Disease

- Updated footnotes in Tables 5-1 and 5-2 to include further information on carries and five days per week DOT.
- Updated Table 5-3 with current references for maximum pediatric dosing for some TB medications.
- Expanded content in 5.7 to provide further context on TB treatment in special circumstances.
- Updated Table 5-5. CBC at end of week 3 was removed as it is not required as part of routine monitoring. Serum creatinine was added as part of routine bloodwork due to rare reports of kidney injury associated with active TB treatment.
- Updated content in 5.12 to include mandatory reporting of adverse drug reactions for hospitals and links to the appropriate forms as part of Vanessa's Law.





Section 6-Treatment of Latent TB Infection

• Updated content in Section 6.10 to include mandatory reporting of adverse drug reactions for hospitals and links to the appropriate forms as part of Vanessa's Law.

Section 7-Contact Investigation

- Revised title: Section 7.6 Social and Structural Factors that can influence contact investigations.
- Included content on the impact of TB stigma and interventions to reduce TB stigma.

Section 8-Assessment and Follow-up of TB Contacts

Updated hyperlinks to align with Section 4a and 4b changes.

Appendices:

A – Tuberculin Skin Testing Procedures

- Included content on limitations to tuberculin skin testing and reading the skin test and updated content to clarify the live oral typhoid vaccine does not impact timing of a TST.
- Updated content on mandatory reporting of adverse reactions of health products for hospitals and links to the appropriate forms as part of Vanessa's Law.

B – Infection Prevention and Control

- The notification procedure for cases being discharged from acute care centres (except VGH TB ward and BC Children's Hospital) in the lower mainland was revised. Sites should now notify the TB Nurse Consultants not the TB Clinic Supervisor.
- Included link to new resource on the BCCDC website: <u>Hospital Discharge Planning</u>
 <u>Checklist</u> for TB Clients to support Regional Health Authority's ability to promote successful discharge planning to community.

C – Collection of Specimens for TB Testing

 Created a diagram to assist users in navigating eLab Handbook when searching for TB testing instructions and information.

D - Sputum Induction

- Updated footnote to indicate routine saline nebulizers can be used but may result in lower specimen yield and sensitivity of results (compared to ultrasonic nebulizers).
- Removed content on sputum induction in the home as this rarely occurs. If indicated, TB Services can be consulted.





E – Assessment of Visual Acuity and Colour Discrimination

No updates made.

F – Contact Investigation Tool

- Retitled.
- Revised Case Interview Checklist to improve functionality and removed Sample Source Case Assessment Tool.

G – Resources for Health Care Providers (HCPs)

- Retitled as resources listed are mainly for HCPs and reorganized to improve functionality.
- Updated with more relevant resources to support the recently revised TB Screening Competencies document.

If you have questions regarding these changes, please contact Clinical Prevention Services, **BCCDC**:

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Sincerely,

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