

# Date:October 1, 2020Administrative Circular: 2020:22

Attn:Medical Health Officers and Branch OfficesPublic Health Nursing Administrators and Assistant AdministratorsHolders of Communicable Disease Control Manuals

Re: Revisions to the Communicable Disease Control Manual – Chapter 4: Tuberculosis (TB) & TB Screening DST

# Please note that updates have been made to the following sections of the Communicable Disease Control (CDC) Manual - Chapter 4 Tuberculosis:

- Section 2: Definitions Discard and replace page 2
- Section 3: Tuberculosis Discard and replace pages 7-9
- Section 4(a): TB Screening and Testing Discard and replace pages 8 and 14
- Section 4(b): TB DST Discard and replace pages 1, 3-5, 8, 10, 14, 24 and 26
- Section 5: Treatment of Active TB Disease Discard and replace page 22
- Section 6: Treatment of Latent TB Infection Discard and replace page 14
- Appendix A Discard and replace pages 2-3 and 8-9
- Appendix B Discard and replace page 7

## Overview of Changes – Chapter 4: Tuberculosis (TB) Manual:

The manual has been updated to ensure recommendations reflect current practice and are provided in a clear, consistent and concise manner.

## The following high-level changes were made within each respective section:

#### Section 2: Definitions

• Included new definition: homelessness/underhoused.

#### **Section 3: Tuberculosis**

Updated TB case definition based on PHAC case definition revisions (effective Jan 1, 2020) which include a broader definition for laboratory confirmed cases of TB with the inclusion of nucleic acid amplification testing (NAAT). Additionally, the new PHAC definition does not specify *Mycobacterium tuberculosis* complex sub-species leaving this detail to the discretion of the provinces and territories.







#### Section 4a: TB Screening & Testing

 Updated links to definitions; included content on CXR indications and updated Section 4.6 TB Medical Surveillance Program process for initiating the 1<sup>st</sup> surveillance visit

#### Section 4b: TB Screening DST

- Updated professional body name to BC College of Nurses and Midwives (BCCNM)
- Updated hyperlinks to definitions; ensured non-stigmatizing language used when investigating a person for TB; improved clarity of screening for HCW's and travellers.
- Included live donor clients for those requiring TB screening
- Included clarification that the timing of live oral rotavirus vaccine and quadrivalent live attenuated influenza vaccine (LAIV-Q) does not impact the timing of a TST.

#### Section 5:

• Updated content in Section 5.12 to reflect that in BC, HCP's should report adverse reactions to medications via the BCPSLS and links to appropriate information on Vanessa's Law.

#### Section 6: Treatment of Latent TB Infection

• Updated content in Section 6.10 to reflect that in BC, HCP's should report adverse reactions to medications via the BCPSLS and links to appropriate information on Vanessa's Law.

#### Appendices:

#### A – Tuberculin Skin Testing Procedures

- Updated content to clarify only live, injectable viral vaccines impact timing of a TST.
- Updated content to reflect that in BC, HCP's should report adverse reactions to health products via the BCPSLS and links to appropriate information on Vanessa's Law.

#### **B** – Infection Prevention and Control

• Updated typo in Table B-1: Recommendations on discontinuation of airborne precautions/home isolation





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If you have questions regarding these changes, please contact Maria MacDougall, Nurse Educator, Clinical Prevention Services or Shaila Jiwa, Senior Practice Leader, Clinical Prevention Services via their contact information below:

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Sincerely,

mailout

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