

Section 1: **Reporting Requirements**

Policy Number: **1.2**

Subject: **Reporting of Active TB Cases
and LTBI to Local Public Health Units**

Issued: **June 2007**

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1 BACKGROUND

- 1.1 Regulated healthcare professionals are required to report specified reportable diseases (including tuberculosis) to their local public health unit (PHU) as per the Health Protection and Promotion Act (HPPA) 25 (1) of 1990:

http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm

2 POLICY

- 2.1 It is the responsibility of the Community Health Nurse to report the following to the local public health unit if the individual resides on-reserve:
- 2.1.1 all suspected and confirmed cases of active pulmonary TB
 - 2.1.2 all extra-pulmonary TB,
 - 2.1.3 all individuals with positive TST results or LTBI.
- 2.2 It is the responsibility of the local PHU to report all individuals with LTBI, suspected and confirmed cases of active pulmonary and extra-pulmonary TB to the respective CD nurse for all cases living on-reserve and assessed off-reserve. The CD nurse will advise the appropriate CHN for client follow up.
- 2.3 All infectious cases of active disease living off-reserve but known to have resided for a period of time on-reserve are to be reported to the respective CD nurse.

3 PROCEDURE

- 3.1 When the Community Health Nurse (CHN) is aware of a suspected or confirmed case of active pulmonary and extra-pulmonary TB, he/she must report the case to the local public health unit by phone and fax as soon as possible, followed by notification to the CD nurse by phone, including submitting the **Active Tuberculosis Report Form** (Appendix A).
- 3.2 The CD nurse will report the case of active pulmonary or extra-pulmonary TB as soon as possible to Regional Medical Officer (FNIHB-OR), by phone.

- 3.3 The CD nurse will report all new suspected or confirmed cases of active pulmonary and extra- pulmonary TB to First Nations Inuit Health Branch - Ontario Region (FNIHB-OR) using the Communicable Disease Unit Notification email account and by phone to the Practice Consultant – Public Health and the Zone Nurse Manager.
- 3.4 The CD nurse will ensure that the local PHU has been notified of the following information for all active TB cases:
- 3.4.1 Details on client diagnosis and treatment (including diagnostic test results and dates, mode of treatment, compliance, complications, etc.).
 - 3.4.2 Transfer of client care when the client leaves the community.
 - 3.4.3 Contact tracing approach/plans.
 - 3.4.4 Results of contact management including number of contacts identified, number of contacts tested, number of contacts tested positive, number of contacts offered treatment and completed treatment
 - 3.4.5 Communication strategy with community leadership and the public.
 - 3.4.6 Any other concerns relevant to the case.
- 3.5 Once the treatment of the case is complete or if the patient dies or is lost to follow-up, the CHN will inform the local PHU, inform the CD nurse and complete the **Tuberculosis Outcome Report Form** (Refer to Appendix B).
- 3.6 When the CHN is aware of an individual with LTBI, he/she is to report it to the respective CD nurse as soon as possible, using the **Latent Tuberculosis Infection Report Form** (Refer to Appendix C).

4 REFERENCES

- 4.1 Ontario Ministry of Health and Long Term Care. (2015). Infectious Diseases Protocol: Tuberculosis. Retrieved from: http://www.health.gov.on.ca/en/pro/programs/publichealth/oph_standards/docs/tb_chapter.pdf