Section 2: **Surveillance and Screening**

Policy Number**: 2.3**

Subject: **Targeted TB Screening**

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1. POLICY

1.1 Targeted TB screening will be conducted either as a TST or as a symptom inquiry, depending on the risk of the individual for tuberculosis.

1.2 The goal of targeted screening in Ontario Region is to:

1.2.1 Identify undiagnosed active cases of pulmonary TB in order to ensure adequate treatment and prevent transmission to other individuals.

1.2.2 Identify persons with LTBI at high risk of developing active TB in order to provide preventive treatment.

1.3 Decisions about TB screening policy for First Nations and Inuit Health Branch - Ontario Region (FNIHB-OR), including identification of high risk conditions, are made by the Regional Medical Officer based on a review of TB epidemiology for Ontario Region and recommendations in the Canadian Tuberculosis Standards and Health Canada's Strategy Against Tuberculosis for First Nations On-Reserve.

1.4 In accordance with this direction,

1.4.1 In Ontario Region, any contacts of an active TB case will be screened for TB.

1.4.2 In Ontario Region, all individuals with a positive HIV test who do not have a past history of active tuberculosis disease or a past history of a positive TST, will have a TST administered.

1.4.3 In Ontario Region, any individual at high or moderate risk of developing TB (as per the Canadian Tuberculosis Standards, 7th edition, pg. 127) will have a symptom assessment completed on an annual basis. Further investigation for tuberculosis will be conducted as appropriate.

1.4.4 In Sioux Lookout Zone, four year olds that do not have a history of BCG vaccination will be screened using a TST in Lac Seul, Pikangikum, Poplar Hill, Sandy Lake and Mishkeegogamang.

1.5 The current medical directive on administration of TSTs will be followed for administration of TSTs (Refer to Appendix F: Authority to Administer Tuberculin Skin Test by Nurses Working in First Nations Communities in FNIHB-Ontario Region).

2. PROCEDURE

2.1 In Ontario Region, any individual identified as a contact of an active pulmonary TB case will be assessed for TB disease or LTBI. Consult the CD nurse to develop and revise the contact list as needed.

2.1.1 Those identified as contacts will have a symptom inquiry and TST administered. In some cases, sputum collection and/or chest x-rays may be appropriate screening tests.

2.1.2 The **Tuberculin Skin Test (TST) Form** is to be filled out by the Community Health Nurse (CHN). (Refer to Appendix D)

2.1.3 The client and/or parents are to sign the informed consent portion of the form. Allow this time for the client/parent to ask questions, ensure the parents and/or client are aware of the need to return in 48-72 hours to have the test read.

2.1.4 Recording of TST results should be consistent with the CTBS 7th edition guidance and the CHN must ensure they have the appropriate knowledge and skill to plant and to read the TST. Clients who do not return to have the TST read should have "not read" documented. Clients who have a negative result should still have any induration measured and documented. An induration of 0mm should be indicated as 0mm in the chart.

2.2 Assess all individuals for tuberculosis who receive a positive HIV test.

2.2.1 Complete the **Symptom Assessment and Tuberculosis Follow Up for Clients at Increased Risk for Tuberculosis** (Refer to Appendix G).

2.2.2 Assess for past history of active tuberculosis disease, and past history of positive TST results. If both of these are negative, administer a TST to rule out TB. If either history is positive, refer the client to a physician for further TB assessment.

2.2.3 If TST and Symptom Assessment are both negative, repeat the Symptom Assessment on an annual basis and maintain it in the client's file.

2.3 All individuals at high or moderate risk for TB as outlined in the Canadian Tuberculosis Standards, 7th edition[1] will have a symptom inquiry completed on an annual basis.

2.3.1 Use the **Symptom Assessment for Clients at Increased Risk for Tuberculosis** (Refer to Appendix G).

[1] HIV/AIDS, transplantation (related to immune-suppressant therapy), silicosis, chronic renal failure requiring hemodialysis, carcinoma of the head and neck, recent TB infection (less than or equal to 2 years), abnormal chest x-ray (fibronodular disease), tumour necrosis factor alpha inhibitors, diabetes mellitus (all types), treatment with glucocorticoids (greater than or equal to 15mg/day of prednisone) or young age when infected (0-4 years). (CTBS pg. 127)

2.3.2 Follow the algorithm for follow up requirements for those screened.

2.3.3 Complete the **Symptom Assessment for Clients at Increased Risk for Tuberculosis** form on an annual basis and maintain it in the client's file (Refer to Appendix G).

2.4 For those aged 4 in the five identified communities in Sioux Lookout Zone, targeted TB screening involves history taking (including history of Bacille Calmette-Guérin (BCG) vaccination), symptom inquiry and administration of the tuberculin skin test (TST). In some highly suspect situations sputum collection and/or chest x-rays may be required.

2.4.1 The **Tuberculin Skin Test (TST) Form** is to be filled out by the Community Health Nurse (CHN). (Refer to Appendix D)

2.4.2 The parent/caregiver will sign the informed consent portion of the form. Allow this time for the parent/caregiver to ask questions, ensure the parent/caregiver is aware of the need to return in 48-72 hours to have the test read.

2.4.3 Recording of TST results should be consistent with the CTBS 7th edition guidance and the CHN must ensure they have the appropriate knowledge and skill to plant and to read the TST. Clients who do not return to have the TST read should have "not read" documented. Clients who have a negative result should still have any induration measured and documented. An induration of 0mm should be indicated as 0mm in the chart.

2.4.4 For positive TST results in children 5 years of age and younger:

2.4.4.1 Rule out active TB disease (chest x-ray, symptom inquiry)

2.4.4.2 Consult with a pediatrician with a specialty in TB.

2.4.4.3 The positive TST result and the results of the medical evaluation will be reported to the CD nurse.

2.4.4.4 The CD nurse will assess the situation and will discuss with the Regional Medical Officer to determine if a source case investigation is recommended. For details of reporting TST results (positive or negative) and latent tuberculosis infection (LTBI), refer to Policy 1.2: Reporting of Active TB Cases and LTBI to Public Health Units, and Policy 2.2: Enhanced TB Surveillance-LTBI and TST Results. For management of LTBI, refer to Policy 3.2.

3 REFERENCES

3.4 PHAC. (2014). Canadian Tuberculosis Standards, 7th Edition, Chapters 4 and 9. Retrieved from: http://strauss.ca/OEMAC/wp-content/uploads/2013/11/Canadian_TB_Standards_7th- edition_English.pdf