

**This form is required to be completed and faxed within 7 days for latent TB infection (LTBI) and by the next working day for suspect or confirmed active TB to the Windsor-Essex County Health Unit (fax: 226-783-2132).**

PATIENT INFORMATION			
Date (YYYY/MM/DD):	Name and contact number of reporting health care provider: ( ) - ext.		
Name of Client: (Last) (First) (Middle)			
Date of Birth: (YYYY/MM/DD)	Age:	Sex:	
Address: (Street) (City) (Postal Code)			
Home Phone: ( )		Alternate Phone: ( )	
Country of Birth:		Date of Arrival to Canada: (YYYY/MM/DD)	

MANTOUX TUBERCULIN SKIN TESTING (TST) OR INTERFERON-GAMMA RELEASE ASSAY (IGRA)									
<p><b>Reason for Testing:</b></p> <p><input type="checkbox"/> Routine (e.g., work, school, volunteer, correctional facility, residents of LTCH)</p> <p><input type="checkbox"/> Targeted High Risk (e.g., foreign born, recent immigrant, travel to endemic country, HIV positive, underlying medical concern, residing in shelters) Countries traveled to: _____</p> <p><input type="checkbox"/> Contact of Active TB</p> <p><input type="checkbox"/> Other, please specify: _____</p> <p><b>TST Result:</b> Please refer to interpretation chart on page 2</p> <table border="1"> <thead> <tr> <th>Date Administered (YYYY/MM/DD)</th> <th>Date Read (YYYY/MM/DD)</th> <th>Result (mm)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td>mm</td> </tr> <tr> <td></td> <td></td> <td>mm</td> </tr> </tbody> </table> <p><b>IGRA Result:</b> <input type="checkbox"/> Positive <input type="checkbox"/> Negative <i>This is not a mandatory test and not covered under OHIP.</i> <b>If done, please fax IGRA results with this form.</b></p>	Date Administered (YYYY/MM/DD)	Date Read (YYYY/MM/DD)	Result (mm)			mm			mm
Date Administered (YYYY/MM/DD)	Date Read (YYYY/MM/DD)	Result (mm)							
		mm							
		mm							

ASSESSMENT				
All clients with positive TST/IGRA must be assessed for signs/symptoms and require a chest x-ray to rule out active TB, regardless of BCG vaccination history. <input type="checkbox"/> <b>Chest x-ray report faxed with this form.</b>				
Signs & Symptoms	Symptom	Onset Date (YYYY/MM/DD)	Symptom	Onset Date (YYYY/MM/DD)
	<input type="checkbox"/> Asymptomatic	N/A	<input type="checkbox"/> Weight loss	
	<input type="checkbox"/> Cough - dry		<input type="checkbox"/> Fatigue	
	<input type="checkbox"/> Cough - productive		<input type="checkbox"/> Night sweats	
	<input type="checkbox"/> Hemoptysis		<input type="checkbox"/> Other	
	<input type="checkbox"/> Fever			

HIV TESTING (recommended for all clients with a positive TST or IGRA result, or active TB)	
Date of HIV test (YYYY/MM/DD): _____	<input type="checkbox"/> Client refused
Result: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate	

INTERPRETATION OF TST RESULTS (as per Canadian Tuberculosis Standards, 8 <sup>th</sup> edition)	
TST Result	Situation in which reaction is considered positive
<5 mm	In general, this is considered negative
≥ 5 mm	<ul style="list-style-type: none"> <li>• People living with HIV</li> <li>• Known recent (&lt;2 years) contact with a patient with infectious TB disease</li> <li>• Fibronodular disease on chest x-ray (evidence of healed, untreated TB)</li> <li>• Prior to organ transplantation and receipt of immunosuppressive therapy</li> <li>• Prior to receipt of biologic drugs, such as tumor necrosis factor alpha inhibitors, or disease-modifying antirheumatic drugs</li> <li>• Prior to receipt of other immunosuppressive drugs, such as corticosteroids (equivalent of ≥15mg/day of prednisone for at least 1 month)</li> <li>• Stage 4 or 5 chronic kidney disease (with or without dialysis)</li> </ul>
≥ 10 mm	<ul style="list-style-type: none"> <li>• Recent (&lt;2 years) conversion of TST from negative to positive</li> <li>• Diabetes (controlled or uncontrolled)</li> <li>• Malnutrition (&lt;90 % ideal body weight)</li> <li>• Current tobacco smoker (any amount)</li> <li>• Daily consumption of &gt;3 alcoholic drinks</li> <li>• Silicosis</li> <li>• Hematologic malignancies (lymphomas and leukemia) and certain carcinomas (such as cancers of head, neck, lung and/or gastrointestinal tract)</li> <li>• Any population considered at low risk of disease)</li> </ul>

<input type="checkbox"/> LTBI	
<b>Diagnosis</b>	LTBI is diagnosed when the client with positive TST has a negative chest x-ray and is asymptomatic.
<b>Treatment</b>	<input type="checkbox"/> Recommended for client, and client accepted treatment. <i>Free TB medications are dispensed by the Health Unit by appointment.</i> <input type="checkbox"/> Recommended for client, however client declined treatment. <input type="checkbox"/> Not recommended by physician/nurse practitioner. Specify reason:
<b>Follow-Up</b>	<input type="checkbox"/> Informed client/parent that a nurse from the Health Unit will be contacting them.

<input type="checkbox"/> SUSPECT PULMONARY TB	
<input type="checkbox"/> SUSPECT EXTRA-PULMONARY TB	
<b>Diagnosis</b>	<b>Suspect TB Case Definition</b> Client has <b>signs and symptoms*</b> compatible with active disease <b>AND AT LEAST ONE OF THE FOLLOWING:</b> <ul style="list-style-type: none"> <li>• Radiological findings suggestive of active disease; <b>OR</b></li> <li>• Demonstration of acid-fast bacillus (AFB) in clinical specimen.</li> </ul>
<b>Management</b>	<b>PULMONARY TB</b> <input type="checkbox"/> Informed client to self-isolate. <input type="checkbox"/> Collected a minimum of 3 sputum samples (either spontaneous or induced) at least 1 hour apart.  <b>EXTRA-PULMONARY TB</b> <input type="checkbox"/> Collect sample(s) from suspected affected site(s). Refer to <a href="#">Public Health Ontario's Test Information Index</a> for sample collection requirements.
<b>Follow-Up</b>	<input type="checkbox"/> Informed client/parent that a nurse from the Health Unit will be contacting them.

<input type="checkbox"/> <b>CONFIRMED PULMONARY TB</b> <input type="checkbox"/> <b>CONFIRMED EXTRA-PULMONARY TB</b>	
<b>Diagnosis</b>	<b>Confirmed TB Case Definition</b> <ul style="list-style-type: none"> <li>Laboratory confirmed case: cases with <i>Mycobacterium tuberculosis</i> complex (MTB complex) demonstrated on culture from an appropriate clinical specimen (e.g., sputum, body fluid or tissue); <b>OR</b></li> <li>Detection of MTB complex by polymerase chain reaction (PCR) with compatible clinical and epidemiological associated information.</li> </ul>
<b>Management</b>	<b>PULMONARY TB</b> <input type="checkbox"/> Informed client to self-isolate.  <b>EXTRA-PULMONARY TB</b> <input type="checkbox"/> Assessed for pulmonary TB by chest radiography. <input type="checkbox"/> Collect a minimum of 3 sputum samples <b>IF</b> indicated by radiological findings or respiratory symptoms. <input type="checkbox"/> Inform client to self-isolate <b>IF</b> indicated by radiological findings or respiratory symptoms.
<b>Follow-Up</b>	<input type="checkbox"/> Informed client/parent that a nurse from the Health Unit will be contacting them.

\* **Signs and symptoms** compatible with active disease may include:

- Fever
- Night sweats
- Loss of appetite
- Weight loss
- Fatigue

**Symptoms of extra-pulmonary TB** depend on the body site(s) affected and may include:

- **Lymphatic:** swollen lymph nodes
- **Bones:** pain in the bones or back
- **Joints:** pain, redness, swelling
- **Renal:** painful urination, cloudy urine
- **Central Nervous System:** headaches, stiff neck, hurts to move head or eyes
- **Cardiovascular:** hard to catch your breath; may have chest pain
- **Gastrointestinal:** may get stomach pain and change in bowel movements
- **Ocular:** blurred vision; eye pain, conjunctivitis, vision loss

This form may be out of date. The most current form is accessible on our website: <https://www.wechu.org/tuberculosis-tb-management/tuberculosis-reporting-form>.

**For more information: 519-258-2146 ext. 1420**

**Infectious Disease Prevention**  
**www.wechu.org**