

TUBERCULOSIS (TB)

HEALTH CARE PROVIDER INVESTIGATION AND REPORTING FORM

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18 outlines the requirements for physicians, practitioners, and institutions to report **suspect or confirmed Tuberculosis (TB)**, including all positive TB skin tests, to the Medical Officer of Health.

Completion of this form is required and faxed within 7 days for latent TB infection (LTBI) and 24 hours 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: (First) (Middle) (Last)			
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)

Reason for Testing:

- Routine (e.g., work, school, volunteer, correctional facility, residents of LTCH)
- Targeted High Risk (e.g., foreign born, recent immigrant, travel to endemic country, HIV positive, underlying medical concern, residing in shelters)
- Contact of Active TB
- Other, please specify: _____

TST Result: Please refer to interpretation chart on page 2

Date Administered (YYYY/MM/DD)	Date Read (YYYY/MM/DD)	Result (mm)
		mm
		mm

IGRA Result: Positive Negative This is not a mandatory test and not covered under OHIP.

Please fax IGRA results with this form.

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. **Please fax the Chest X-RAY report with this form.**

Signs & Symptoms:	✓ Symptom	Onset Date (MM/DD)	✓ Symptom	Onset Date (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		<input type="checkbox"/> Other		

DIAGNOSIS	
<input type="checkbox"/> LTBI	
Diagnosis	LTBI is diagnosed when the client with positive TST has a negative chest x-ray and is asymptomatic.
Treatment	<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:
Follow-Up	<input type="checkbox"/> Informed client/parent that a nurse from the Health Unit will be contacting them.
<input type="checkbox"/> SUSPECT PULMONARY TB	
Diagnosis	For suspect pulmonary TB, as per chest x-ray report or signs and symptoms, collect a minimum of 3 sputum samples (either spontaneous or induced) collected at least 1 hour apart.
Management	<input type="checkbox"/> Informed client to self-isolate.
Follow-Up	<input type="checkbox"/> Informed client/parent that a nurse from the Health Unit will be contacting them.

INTERPRETATION OF TST RESULTS (as per Canadian Tuberculosis Standards)	
TST Result	Situation in which reaction is considered positive
0-4 mm	Considered negative and no treatment indicated except for: <ul style="list-style-type: none"> • Child under 5 years of age with a high risk of TB infection
≥ 5 mm	<ul style="list-style-type: none"> • HIV infection • Contact with infectious TB case within the past 2 years • Presence of fibronodular disease on chest x-ray (healed TB and not previously treated) • Organ transplantation (related to immune suppressant therapy) • TNF alpha inhibitors • Other immunosuppressive drugs e.g., corticosteroids (equivalent of ≥15mg/day of prednisone for 1 month or more) • End-stage renal failure
≥ 10 mm	All others including the following specific situations: <ul style="list-style-type: none"> • TST conversion (within 2 years) • Diabetes, malnutrition (<90 % ideal body weight), cigarette smoking, daily alcohol consumption (>3 drinks day) • Silicosis • Hematologic malignancies (leukemia, lymphoma) and certain carcinomas (head and neck)

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

SEPTEMBER 2018/TUBERCULOSIS