
Date: February 6, 2012

ATTN: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

**Re: Revisions to the Communicable Disease Control Manual –
Chapter 4 Tuberculosis Control Manual**

**Please note the following changes to the Communicable Disease Control Manual,
Chapter 4 – Tuberculosis Control Manual:**

(1) SECTION I – SCREENING FOR TUBERCULOSIS (TB)

Please note changes to pages 9, 17, 22, 23, 26, 27, & 28:

- **page 9 *Screening Programs for Populations at Risk*** - updated recommendation in Table 1.2 for TB screening for adults being admitted into residential community care facilities. The updated recommendation reflects that all residents 60 years and older receive a chest x-ray (CXR).
- **page 17 *Indications for TST Administration*** – removal of chest x-ray follow-up information, which is more appropriately located under the *Indications for Chest Radiograph* section on page 22
- **page 17 *Indications for TST Administration*** – removal of statement “These medications are also known as biologicals (e.g. Enbrel, Remicade, Humira) and these individuals should also have a baseline chest x-ray prior to starting TNF-inhibitors. (See Appendix G)
- **page 17 *Indications for TST Administration*** – removal of statement “HIV positive individuals should have a baseline chest x-ray (CXR) regardless of TST result”.
- **page 22 – *Indications for Chest Radiograph*** - updated recommendation for TB screening that adults being admitted into residential community care facilities aged 60 years and older receive a chest x-ray preferably within one month of admission
- **page 23 – *Indications for Chest Radiograph*** – updated recommendation for Individuals with high/increased risk factors for developing active TB and are TST or IGRA positive
- **page 23 – *Xray Process – Step 3*** updated to include long term care facilities as a site where an individual may contact their family physician for results if the chest x-ray report is normal.

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SECTION I – SCREENING FOR TUBERCULOSIS (TB) continued

- **page 24 – Xray Process – Step 3** updated to include long term care facilities as a site where an individual may contact their family physician for results if the chest x-ray report is normal.
- **page 25 – Xray Process – Steps** updated to reflect misbulleting of steps – step 5 was missing and named as step 6.
- **page 26 – Sputum Reporting** – updated to reflect 2010 PHSA Public Health Microbiology and Reference Laboratory change to daily (Monday to Friday) quantitative polymerase chain reaction (qPCR) testing for Mycobacterium tuberculosis (M. TB) on respiratory specimens that are smear-positive for acid-fast bacilli, which has replaced the previous practice of biweekly testing using the Amplified Mycobacterium tuberculosis Direct Test (AMTD).
- **page 27 – Sensitivities** - updated to reflect the TB Mycobacteriology Lab process for TB culture sensitivity results.
- **page 28 – Flow Chart: TB Microbiology** - minor updates to algorithm

(2) SECTION II- ACTIVE TUBERCULOSIS

Please note changes to pages 30, 31, 34-36, & 39:

- **page 30 – Diagnosis of TB** – updated to reflect the change in testing technology for TB Diagnosis to qPCR from AMTD
- **page 31 – Assessment/Information Gathering** – updated to include statement “client’s drug allergies and weight”
- **page 34 – Table 2.1: Treatment of Mycobacterial Disease in Adults – First Line Medications –Monitoring** column updated to include the direction “baseline visual acuity and colour perception monthly by medication provider”
- **page 34-36 – Table 2.1: Treatment of Mycobacterial Disease in Adults – First Line Medications – Monitoring** columns updated to include “symptoms”
- **page 39 – Flow Chart: Management of An Active Case of Tuberculosis** - minor updates to algorithm

(3) SECTION III- CONTACT INVESTIGATION

Please note changes to pages 45, 48, 49, 51, & 54:

- **page 45 – Social Networking & Location-based screening** – updated definition of social networking
- **page 48 – Contact Examination Procedures – Children Under 5 Years of Age** – process for follow-up of children under 5 years of age updated – consultation with the TB control physician is required for all children under 5 years of age.

SECTION III – CONTACT INVESTIGATION *continued*

- **page 49 – *Flow Chart: Pediatric Primary Prophylaxis of Children*** - minor updates to algorithm
- **page 51 – *Tuberculin Skin Test*** – updated to reflect completed HLTH 939 going to TB control and addition of chest x-ray clinic on the HLTH 939 that client will be attending if known.
- **page 54 – *Flow Chart: Time Frame for Contact Tracing*** - minor updates to algorithm

(4) SECTION IV - PREVENTION

Please note changes to pages 61, 63:

- **page 61 – *Risk of Drug-induced Hepatitis*** – section renamed and updated to reflect risk of drug-induced hepatitis potential for both isoniazid and rifampin.
- **page 63 – *Completion of Preventative Therapy*** – updated to include statement that an exit CXR is not routinely required at the end of preventative therapy. An CXR at the end of preventative therapy may occur on the recommendation of the TB control physician if the client had an abnormal CXR at the start of therapy. If requested, this CXR is recommended to be completed in the last month of preventative treatment.

(5) SECTION V - APPENDIX

Please note changes to pages 92, 99, 114-116, 117, 131, 135, & 138:

- **page 90 – *Appendix D – Pediatric TB/Issues in Pregnancy & Postpartum*** - updated to reflect language change to *children under 5 years of age*
- **page 92 – *Appendix D – Pediatric TB/Issues in Pregnancy & Postpartum*** - terminology updated to reflect that use of Vitamin B6 and routine bloodwork is not required if a child is under 16 years of age in the absence of clinical concern or symptoms.
- **page 99 – *Appendix E - Tuberculosis Services for Aboriginal Communities (TBSAC)*** updated to clarify TB Control's recommendation for active treatment starter units in First Nations communities.
- **pages 114-116 – *Appendix E – Flow Charts – Management of An Active Case of Tuberculosis; Pediatric Primary Prophylaxis of Children; Time Frame for Contact Tracing*** – minor updates to algorithms
- **pages 117 – *Appendix F - Flow Chart: BCG Vaccine*** - minor updates to algorithm
- **page 131 – *Appendix L – Interim Guidelines for use of IGRA Studies*** – updated clinical sites where IGRA testing is available.

SECTION V- APPENDIX continued

- **page 135 – Appendix N – *Immigration*** – bullet 3 revised to include collection of 3 sputum samples at the first visit while client is waiting for Medical Services Plan coverage.
- **page 135 – Appendix N – *Immigration*** – bullet 3 revised to include collection of 3 sputum samples at the first visit while client is waiting for Medical Services Plan coverage.
- **page 138 – Appendix O – *Tuberculosis and Chronic Renal Failure*** – section updated to include IGRA testing, where accessible, for TB screening for clients with chronic renal failure (CRF).

(6) OTHER

Please note changes to pages 22, 44, 47, 48, 51, 91, 92, 94, 106, 107, 108:

- **page 92 – *Age definition for children in high-risk category*** - all algorithms on the pages noted above have been adjusted to reflect the definition of children as under 5 years of age versus the previously used aged 5 and under.

Please remove and destroy the following pages from the Communicable Disease Control Manual, Chapter 4 - Tuberculosis Control Manual dated June 2011.

TB Manual Title Page – Dated June 2011

SECTION I – SCREENING FOR TUBERCULOSIS (TB)

pages 9, 17, 22, 23, 26, 27, & 28

SECTION II- ACTIVE TUBERCULOSIS

pages 30, 31, 34-36, & 39

SECTION III- CONTACT INVESTIGATION

pages 44, 45, 47, 48, 49, 51, & 54

SECTION IV - PREVENTION

pages 61 & 63

SECTION V - APPENDIX

pages 90, 91, 92, 94, 99, 106, 107, 108, 114-116, 117, 131, 135, 138

Please insert the following pages into the Communicable Disease Control Manual, Chapter 4 - Tuberculosis Control Manual dated February 2012

TB Manual Title Page – Dated December 2011

SECTION I – SCREENING FOR TUBERCULOSIS (TB)

pages 9, 17, 22, 23, 26, 27, & 28

SECTION II- ACTIVE TUBERCULOSIS

pages 30, 31, 34-36, & 39

SECTION III- CONTACT INVESTIGATION

pages 44, 45, 47, 48, 49, 51, & 54

Please insert the following pages into the Communicable Disease Control Manual, Chapter 4 - Tuberculosis Control Manual dated February 2012 continued

SECTION IV - PREVENTION

pages 61 & 63

SECTION V - APPENDIX

pages 90, 91, 92, 94, 99, 106, 107, 108, 114-116, 117, 131, 135, & 138

If you have any questions regarding these practice changes, please contact Elizabeth Elliot, Director, Nursing & Manager, Professional Practice at 604-707-5618 or email elizabeth.elliott@bccdc.ca, or Melanie Achen Manager Clinical Service at 604-707-5637.

Sincerely,

A handwritten signature in blue ink, appearing to read "Gina Ogilvie".

Gina Ogilvie MD MSc CCFP FCFP
Medical Director
Clinical Prevention Services
BC Centre for Disease Control

pc: BC Ministry of Health Services:

Dr. Perry Kendall
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