

# Medical Surveillance for Tuberculosis (TB) Physician Report



Citizenship and Immigration Canada (CIC) has placed your patient on medical surveillance due to findings on their immigration medical examination.

**Complete the attached form and Fax** to Peterborough Public Health at Fax: 705-743-2897. Forward all additional test results as they become available.

## During the first visit, obtain/conduct:

1. a comprehensive history, including a review of previous treatment of tuberculosis, family history of tuberculosis and/or contact with respiratory tuberculosis
2. a chest x-ray
3. a physical examination
4. a sputum specimen if client has active TB symptoms, abnormal chest x-ray or a history of respiratory TB disease (at least one, but preferably three, sputum specimens (may be induced) for AFB smear and culture for mycobacterium TB)
5. A TST or IGRA for those without active TB. If client reports a previous positive TST, positive IGRA or has been previously treated for TB **do not** repeat

**Treatment of Latent Tuberculosis Infection:** Those identified as having LTBI should be considered for treatment as outlined in Chapter 6, Tuberculosis preventive treatment in adults, of the Canadian Tuberculosis Standards, 8<sup>th</sup> edition. Drugs are available free of charge for the treatment of tuberculosis through public health. If treatment is prescribed, forward the prescription and relevant clinical information to Peterborough Public Health to facilitate publicly-funded treatment. If chemoprophylaxis is refused or contraindicated, counsel the patient about the signs and symptoms of active TB and when to seek medical attention. Those who have completed an adequate and well-documented course of LTBI treatment should be advised to seek medical attention promptly if symptoms of active TB develop and inform their health care provider about their history of medical surveillance for TB.

## Payment

- Medical examination and relevant tests are eligible for payment through OHIP or the Interim Federal Health Plan (Please note: IGRA is NOT covered by OHIP).
- Patients without OHIP or Interim Federal Health (e.g. visitors) are billed directly.
- Uninsured patients in which active TB is suspected may be eligible for coverage through the TB-UP program. Call Peterborough Public Health at 705-743-1000 ext. 131 to determine eligibility.

## Additional Resources

- Peterborough Public Health, Infectious Diseases Program Nurse 705-743-1000 ext. 131.
- Canadian TB Standards: <https://www.linksmedicus.com/news/canadian-tuberculosis-standards-8th-edition/>
- Public Health Agency of Canada: <https://www.canada.ca/en/public-health/services/diseases/tuberculosis-tb.html>
- BCG Atlas: <http://www.bcgatlas.org/>
- TST in 3D: The Online TST/IGRA Interpreter: <http://www.tstin3d.com/en/calc.html>

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<b>Client Last Name:</b>	<b>Client First Name:</b>		
<b>Birthdate:</b> (yyyy/mm/dd)	<b>Gender:</b>	M	F O
<b>PHYSICAL FINDINGS and RELATED HISTORY</b>			
1. Does the client report/show symptoms of tuberculosis:	No	Yes	Specify:
2. Have you ordered a chest x-ray?	No	Yes	Date: (yyyy/mm/dd)
Results: Normal Abnormal	<b>Reminder: Fax results of chest x-ray to Public Health at: (705)743-2897</b>		
3. Risk factors for TB reactivation:			
HIV/AIDS	Renal disease	Immunosuppressive therapy/disease	Diabetes
Abnormal CXR	Recent immigration (<2yrs)		
4. Tuberculin Skin Test (TST)	Date: (yyyy/mm/dd)	Result:	mm
5. Interferon Gamma Release Assay (IGRA)	Date: (yyyy/mm/dd)	Result:	
<b>Note: If client reports a previous positive TST or IGRA, do not repeat</b>			
6. Has client been vaccinated with BCG?	Unknown	No	Yes Date: (yyyy/mm/dd)
7. Sputum x 3 for AFB/Culture	Date(s): (yyyy/mm/dd)	AFB	Positive Negative
<b>Note: Sputum should be collected if client has TB symptoms, an abnormal chest x-ray or a past history of respiratory TB.</b>			
<b>HISTORY OF PREVIOUS TREATMENT</b>			
Latent /inactive TB (LTBI):	No	Yes	Active TB Disease: No Yes Date: (yyyy/mm/dd)
Length of Treatment:	Medication(s):		
<b>CURRENT DIAGNOSIS</b>		<i>Treatment guidelines: Refer to Canadian TB Standards, 8<sup>th</sup> ed. Treatment for LTBI should be considered for individuals at high risk for developing TB, unless the client has provided documentation of adequate previous LTBI or active TB treatment. Active TB must be ruled out before prophylaxis is started. If sputums have been collected, <b>culture results must be forwarded before TB medication is provided.</b></i>	
Active/suspect TB <b>*Must be reported to the health unit</b>			
Latent TB Infection (LTBI)			
<i>Fax Chest X-Ray to the health unit</i>			
Treatment prescribed?	No Yes		
No Latent TB Infection			
LTBI treatment refused			
LTBI treatment contraindicated			
<b>PLANS FOR FOLLOW-UP (check all that apply)</b>			
Client referred to Specialist for further assessment. <b>Specify:</b>			
Follow-up assessment, Chest X-Ray, and/or sputum in 6-12 months			
<b>Care Provider Completing Form</b>			
Phone:	Fax:		
Signature:	Date: (yyyy/mm/dd)		