

<p>IN THIS ISSUE:</p> <ul style="list-style-type: none"> ▪ Screening for tuberculosis (TB) infection (also known as latent TB infection) ▪ Reporting TB infection (TBI) and ordering TB preventive treatment (TPT) ▪ TB preventive treatment (TPT) 	<p>FROM: Gayane Hovhannisyanyan, MD, MPH, PhD, FRCPC Associate Medical Officer of Health</p>
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<p>Key Messages:</p> <ul style="list-style-type: none"> ▪ Screen and provide treatment to individuals who are at increased risk for developing TB disease. ▪ Report TB infection to Peel Public Health, even if not prescribing treatment, by faxing the chest x-ray and completed reporting form. ▪ Treatment of TB infection with daily Rifampin for 4 months is the new recommended first line regimen.
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Screening for tuberculosis (TB) infection (also known as latent TB infection)

Screen your patients from high incidence TB countries who have risk factors for developing TB disease according to the Canadian Tuberculosis Standards -8th edition, Chapter 4: Diagnosis of tuberculosis infection: <https://www.tandfonline.com/doi/full/10.1080/24745332.2022.2036503> or when required by Public Health and Occupational Health and Safety. The highest risk factors include:

- underlying medical conditions (e.g., HIV, silicosis, kidney disease, cancer).
- immunosuppressive therapy, current or planned.
- contact with someone with pulmonary TB.

Tests to screen for TB infection

1. Tuberculin skin test (TST)
2. Interferon gamma release assay (IGRA)

Note: The cost of a TST is not covered for employment purposes. IGRA is not publicly funded in Ontario, however, it is the preferred screening method in BCG vaccinated individuals.

For the interpretation of TST or IGRA results you can use:

- Online TST/IGRA Interpreter helps to estimate the risk of active tuberculosis depending on the result and clinical profile:
- <https://www.tstin3d.com/index.html>
- BCG World Atlas provides country specific information about BCG administration practices:
- <http://www.bcgatlas.org/>

Ruling out active TB disease

Active TB must be ruled out for all positive screening results:

- Assess patient for TB signs & symptoms.
- Review the history for past TB exposure, infection or disease, and any previous treatment.
- Order a chest x-ray (CXR).
- Order sputum for acid-fast bacilli (AFB) and culture if your patient has symptoms of pulmonary TB or the CXR is abnormal (regardless of symptoms).

If active TB disease is suspected or confirmed, report using the notification of new active or reactivated tuberculosis case form (see the link below).

Reporting TB infection (TBI) and ordering TB preventive treatment (TPT)

TB is a reportable infection under Health Protection and Promotion Act. To report TB infection and order publicly funded TB preventive treatment, complete all fields in the reporting positive skin test or IGRA and TB drug order form and fax the completed form along

with copies of the following documents to Peel Public Health.

Positive screening result

- TST result (mm of induration and date read) and/or IGRA test result and report.

Chest x-ray (CXR) radiology report

- Must have a **recent date of service** no more than 3 months of screening or ordering TB preventive treatment.
- If a CXR report recommends further TB work-up to rule-out active disease, complete the appropriate work-up and submit results to Public Health (e.g., follow-up CXR and/or specialist referral).

Sputum test results

- Include sputum results for acid-fast bacilli (AFB) on smear microscopy and/or culture if your patient has TB symptoms or an abnormal chest x-ray.
- **Three sputum samples must be collected.** Peel Public Health requires results from all three sputum samples (even for negative results).

Immigration medical surveillance for TB

If TB infection is diagnosed through an assessment for medical surveillance, complete the Physician Report Form: medical surveillance for tuberculosis and fax it to Peel Public Health. Medical surveillance is a federal program that requires some new immigrants to undergo a TB assessment to ensure they do not have active TB disease.

TB preventive treatment (TPT)

Daily Rifampin for 4 months (4R) is recommended. 9 months of daily Isoniazid regimen is no longer recommended as the first line TPT.

- Shorter treatment regimens are now recommended as first line TB preventive treatment to increase adherence and reduce drug toxicity.

- In accordance with the Canadian TB Standards, Peel Public Health recommends 4R unless there are significant drug-drug interactions with other medications. If RMP is contraindicated, the 9 month daily Isoniazid regimen (9H) is the preferred option.
- Once weekly Rifapentine and Isoniazid for 3 months (3HP) is not currently offered by Peel Public Health but is being explored for future use in high-risk contacts at greatest risk of active disease.

More information about TB preventive treatment can be found in The Canadian Tuberculosis Standards – 8th edition: Chapter 6: Tuberculosis Preventive Treatment in Adults via this link:

<https://www.tandfonline.com/toc/ucts20/6/sup1>

For all Peel Public Health reporting forms, visit Tuberculosis: for health professionals at:

<https://www.peelregion.ca/health/professionals/tuberculosis/>