

# 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.

**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:  (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)				
<b>Reason for Testing:</b>				
<input type="checkbox"/> Routine (e.g., work, school, volunteer, correctional facility, residents of LTCH) <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: _____ <input type="checkbox"/> Contact of Active TB <input type="checkbox"/> Other, please specify: _____				
<b>TST Result:</b> <i>Please refer to interpretation chart on page 2</i>				
Date Administered (YYYY/MM/DD)		Date Read (YYYY/MM/DD)		Result (mm)
				mm
				mm
<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>				
<i>If done, please fax IGRA results with this form.</i>				
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>				
<b>Signs &amp; Symptoms:</b>	<input checked="" type="checkbox"/> Symptom	Onset Date (YYYY/MM/DD)	<input checked="" type="checkbox"/> 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		<input type="checkbox"/> Other	

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	
DIAGNOSIS	
<input type="checkbox"/> LTBI	
Diagnosis	LTBI is diagnosed when the client with a 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 (see diagnosis definition below)	
Diagnosis	Client has signs and symptoms 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)</li> </ul>
Management	<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.
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
<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>

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](http://www.wechu.org)

June 2022/TUBERCULOSIS