

Dear Health Care Provider,

Immigration, Refugees and Citizenship Canada (IRCC) has placed your patient on Medical Surveillance for Inactive Tuberculosis (TB) due to findings on their immigration medical examination.

1. Complete all fields of the attached Health Care Provider Report - Medical Surveillance for TB form and fax to the Simcoe Muskoka District Health Unit at 705-733-7738.

Please note:

- **A current Canadian chest x-ray must be done**
- **If you conduct follow up testing, please forward the results to the Simcoe Muskoka District Health Unit when they become available.**

Reporting responsibilities to Simcoe Muskoka District Health Unit

- To report **Latent TB Infection (LTBI)** fax: Health Care Provider Report- Medical Surveillance for TB to SMDHU at 705-733-7738
- To order LTBI medications fax: Health Care Provider Report – Medical Surveillance along with a prescription to SMDHU at 705-733-7738
- To report **suspect/confirmed cases**: Call Simcoe Muskoka District Health Unit 705-721-7520 x 8809 or after hours 1-888-225-7851.

- **LTBI Treatment** - If treatment for Latent Tuberculosis Infection (LTBI) is refused or contraindicated, counsel your patient to watch for TB signs and symptoms and when to seek medical advice. If patient is rostered to your practice, SMDHU recommends they be monitored for the development of active TB for at least two years.

2. Payment

- The medical examination and relevant tests are eligible for payment from OHIP or Interim Federal Health Plan
- Patients without OHIP or Interim Federal Health (e.g., visitors) should be billed directly
- If active TB disease is suspected for an uninsured patient, call the Simcoe Muskoka District Health Unit at 705-721-7520 x 8809 to determine if your patient is eligible for TB-UP, a program for uninsured persons.

3. Additional resources:

- Canadian TB Standards, 8th Edition (2022):
<https://www.tandfonline.com/toc/ucts20/6/sup1>
- BCG Atlas: World Atlas of BCG Policies and Practices - <http://www.bcgatlas.org/>
- TST in 3D: The Online TST/IGRA Interpreter - <http://www.tstin3d.com/>

Sincerely,

Infectious Diseases Team

Client _____	DOB _____	Sex <input type="checkbox"/> M	
Last Name	First Name(s)	YYYY/MM/DD	<input type="checkbox"/> F
Address _____		UCI _____	Phone _____

PHYSICAL FINDINGS and RELATED HISTORY ****Attach copies of any diagnostic reports ****

- Current Chest X-Ray Date: _____
- Risk factors for TB re-activation:

<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Renal disease	<input type="checkbox"/> Immunosuppressive therapy/disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Abnormal CXR	<input type="checkbox"/> Recent immigration (<2yrs)
- Symptoms of TB: No Yes Check all that apply:

<input type="checkbox"/> Cough	<input type="checkbox"/> Fever	<input type="checkbox"/> Night sweats	<input type="checkbox"/> Weight loss	<input type="checkbox"/> Hemoptysis	<input type="checkbox"/> Pain	<input type="checkbox"/> Fatigue	<input type="checkbox"/> Other
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Latent TB diagnostic testing (Order as needed based on clinical history):

- Tuberculin Skin Test (TST) Date: _____ Result: _____ (mm induration)
Note: A TST should be administered regardless of BCG history, especially if the above medical risk factors are identified. If client has had a positive TST in the past or TB diagnosis, do not complete.
- Interferon-gamma Release Assay (IGRA) Date: _____ Result: _____

Active TB Diagnostic testing (order based on s & s and or abnormal CXR findings consistent with active TB):

- Sputum x 3 for AFB/Culture Date: _____

HISTORY of PREVIOUS TREATMENT

Inactive TB/LTBI: No Yes TB Disease: No Yes Date: _____

Length of Treatment: _____ Medication(s): _____

CURRENT DIAGNOSIS

Active TB Ruled Out

Active/ Suspect TB **Must be reported to Simcoe Muskoka District Health Unit by Phone or Fax ***

Latent TB Infection (LTBI)

- Fax Chest X-Ray to Simcoe Muskoka District Health Unit *
- Initiating LTBI treatment. Medications are free through the health unit.
 - Baseline CBC, ALT, bilirubin as well as hepatitis B and C and HIV serologies are recommended
 - Prescription for LTBI medication must be faxed to the SMDHU *
- LTBI treatment not initiated at this time. Client counselled on signs, symptoms, when to seek medical attention, and client aware LTBI treatment can be initiated in the future if not contraindicated.

Health Care Provider PLANS for FOLLOW-UP (check all that apply)

Client referred to Specialist for further assessment. Specify: _____

Follow-up assessment, Chest X-Ray, and/or sputum in 6-12 months. Specify: _____

<p>* Simcoe Muskoka District Health Unit Infectious Diseases Program Fax Number: 705-733-7738 Phone Number: 705-721-7520 x 8809</p>	<p>Health Care Provider Name: _____</p> <p>Address: _____</p> <p>City: _____ Postal Code: _____</p> <p>Tel. #: _____ Fax #: _____</p> <p>Signature: _____ Date: _____</p>
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