Title	**TB clinical decision-making algorithms**
CODE in TB toolkit	DSPu-TB_ALGORITHMES-CLINIQUES_EN
Date of modification	2023-10-01

Target public: Clinicians (nurses and physicians) practising in Nunavik

Objectives: a) Guide clinicians in the steps of an investigation for tuberculosis in Nunavik.
b) Standardize the care process for an individual being investigated for tuberculosis in Nunavik.

Notes:
To be used in conjunction with the TB tool dashboard.
Communicate all TST results (aside from OHS) to *Tuberculose Sante Publique (NRBHSS)* tuberculose-santepublique.nrbhss@ssss.gouv.qc.ca.
In case of doubt relative to the care process, consult the Department of Public Health.
In case of a new, confirmed or probable case of active TB (*MADO*), notify the Department of Public Health.
When investigating a child aged under five years, the pediatric pneumologist should systematically be involved.
The algorithms presented here do not apply in the context of mass screening.

Summary

Useful coordinates

Physician on duty for public health	1 855 964-2244 or 1 819 299-2990	
Pediatric pneumologist	• MCHTB &06CH_CUSM MCHTB@MUHC.MCGILL.CA • Ou Zofia Zysman-Colman (Med) zofia.zysman-colman.med@ssss.gouv.qc.ca	
Adult pneumologist	Use SAFIR system : Se connecter à SAFIR (gouv.qc.ca)	
	If SAFIR system is unavailable, write to :	• Faiz Ahmad Khan faiz.ahmad.khan.med@ssss.gouv.qc.ca • ou Richard Menzies, Dr. dick.menzies@mcgill.ca
Pneumologist on duty at MUHC	514 934-1934	

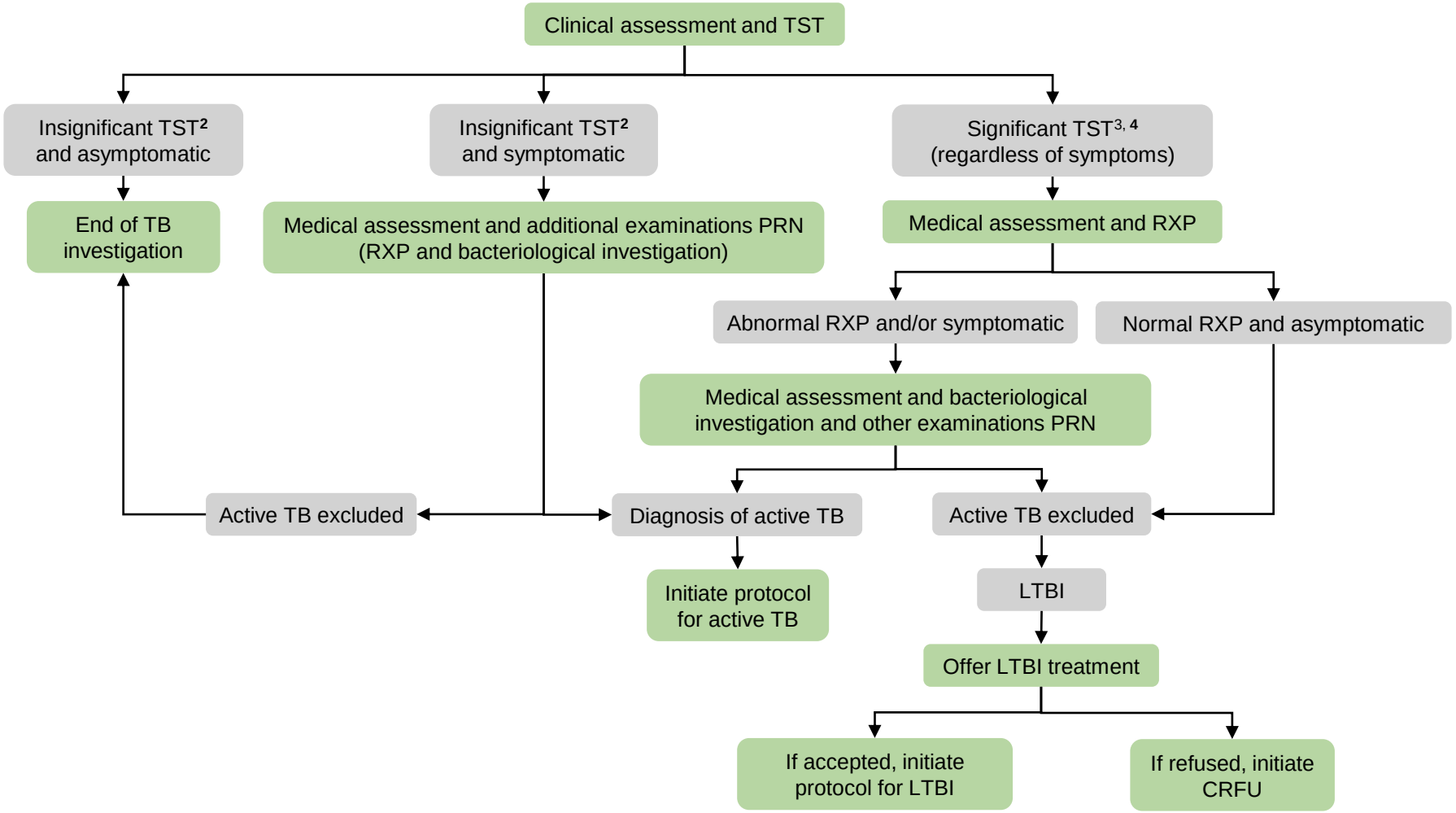
List of abbreviations

RXP	Lung X-ray	**OHS**	Occupational health and safety
BCG	Bacillus Calmette-Guérin vaccine	**TST**	Tuberculin skin test
CRFU	Clinical-radiological follow-up	**LTBI**	Latent tuberculosis infection
TB	Tuberculosis	***MADO***	Reportable disease

[1] In e-mail communications with the pneumologists, ALWAYS copy (cc): *Tuberculose Sante Publique (RRSSSN)* tuberculose-santepublique.nrbhss@ssss.gouv.qc.ca.

Investigation on request OR of individual with symptoms of active TB

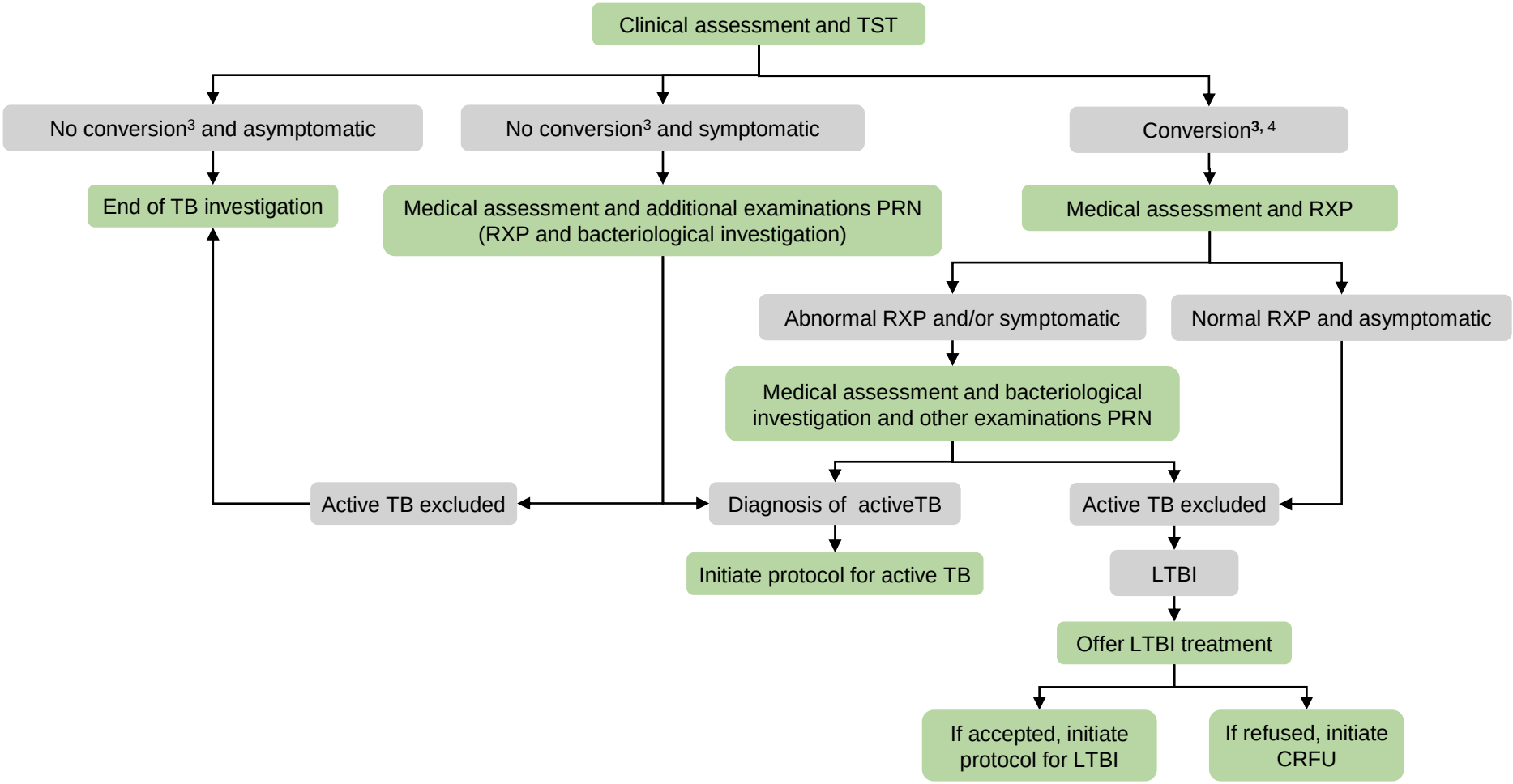
Individual without history of recent contact[1]
AND without history of LTBI or active TB
AND without previous TST OR with previous TST of 0 mm



[1] In case of history of recent contact with an active TB case, refer to contact algorithms (pages 6 to 12).
[2] TST < 5 mm in a priority village OR TST < 10 mm in a non-priority village.
[3] TST ≥ 5 mm in a priority village OR TST ≥ 10 mm in a non-priority village.
[4] If BCG was received within preceding 24 months, discuss course of action with pediatric pneumologist and Department of Public Health.

Investigation on request OR of individual with symptoms of active TB

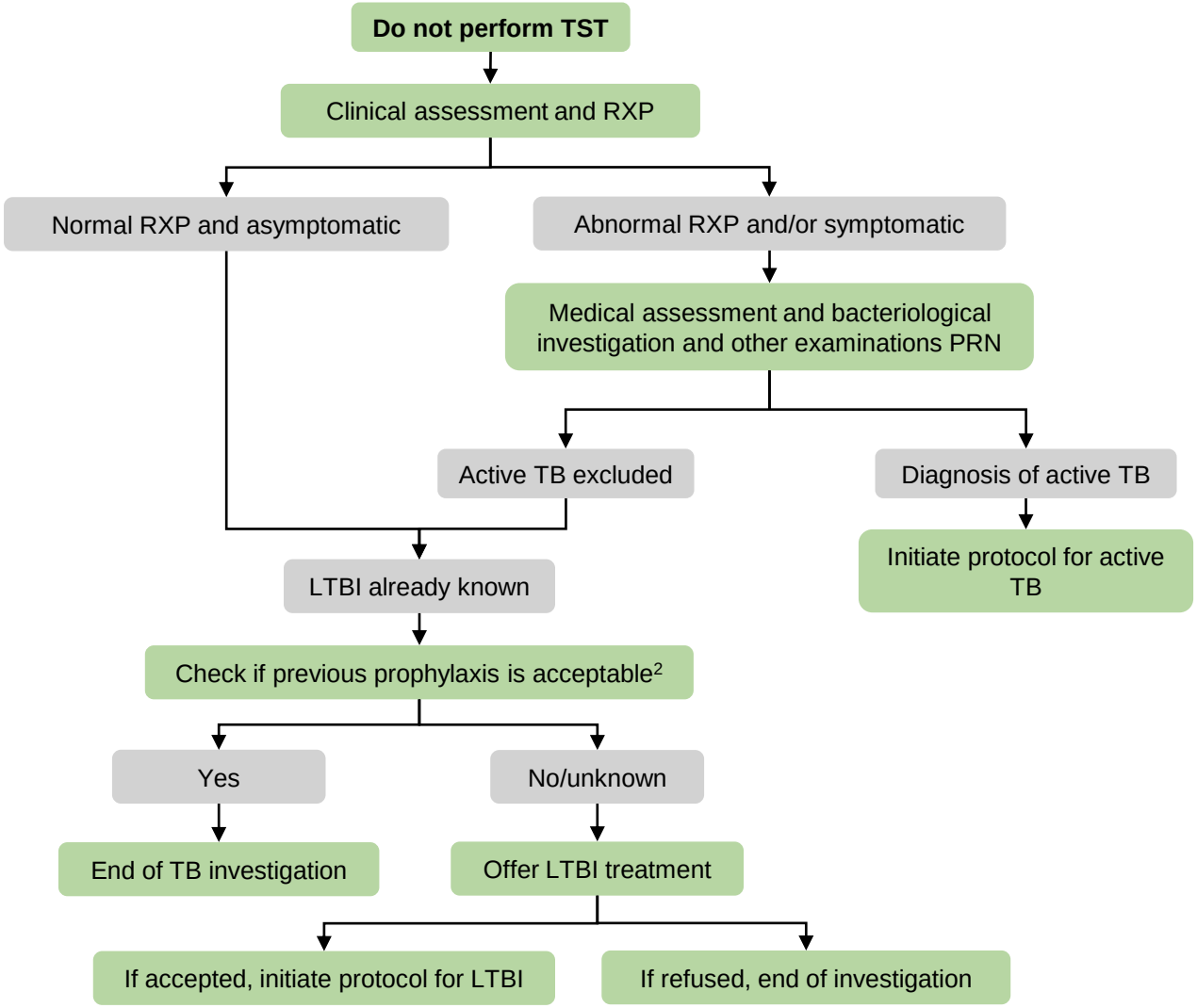
Individual without history of recent contact[1] AND without history of LTBI or active TB AND with previous insignificant TST[2]



[1] In case of history of recent contact with a case of active TB, refer to contact algorithms (pages 6 to 12).
[2] Previous TST between 1 and 4 mm in a priority village or in an investigation of contacts OR previous TST between 1 and 9 mm in a non-priority village and without exposure to a case.
[3] Conversion: ≥ 6 mm between current TST and previous insignificant TST or current TST ≥ 10 mm.
[4] If BCG was received within preceding 24 months, discuss course of action with Department of Public Health.

Investigation on request OR of individual with symptoms of active TB

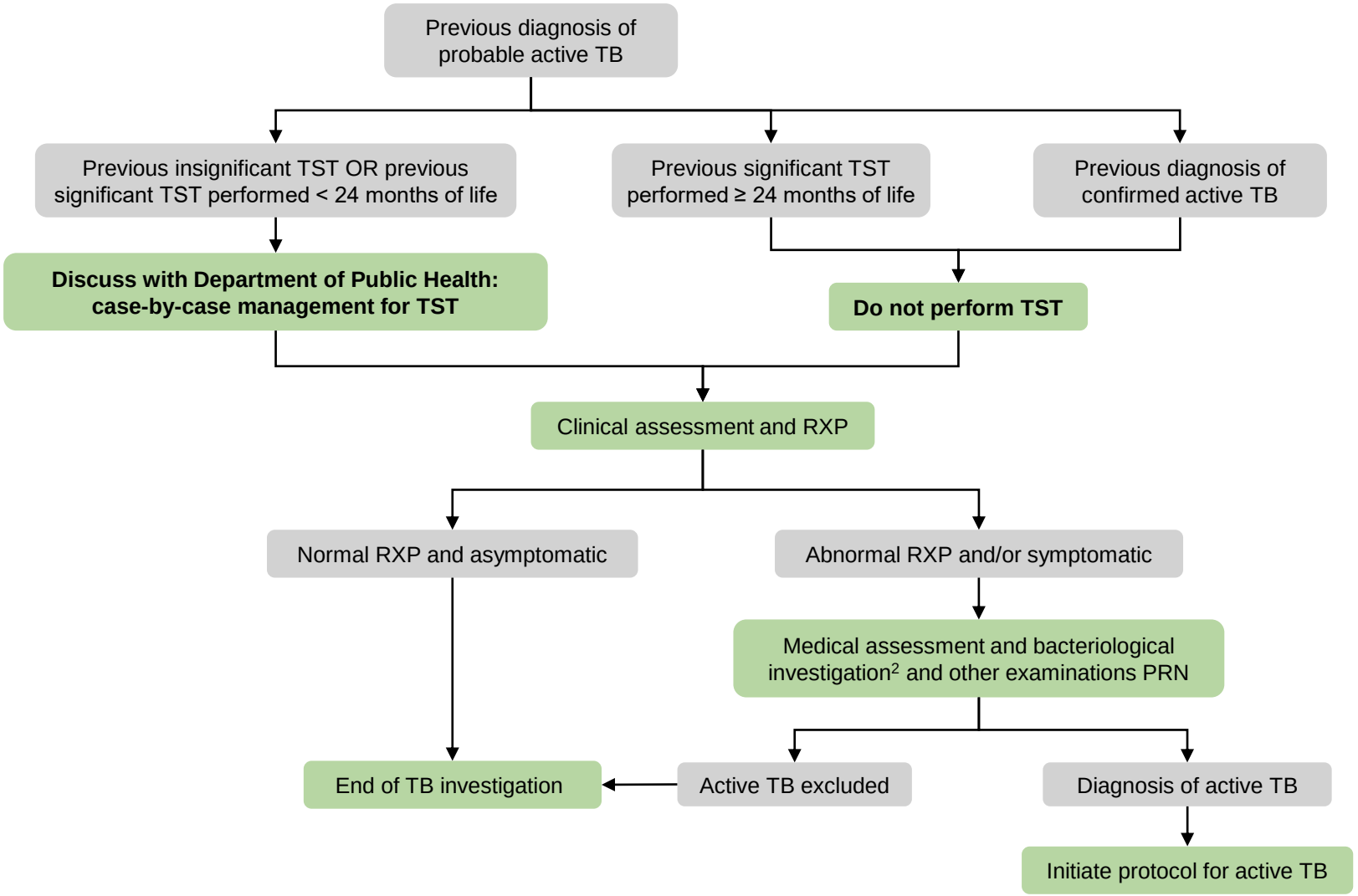
Individual without history of recent[1] contact AND known to have had previous LTBI AND not under treatment



[1] In case of history of recent contact with a case of active TB, refer to contact algorithms (pages 6 to 12).
[2] See definition in *Clinical-radiological follow-up guide*.

Investigation on request OR of individual with symptoms of active TB

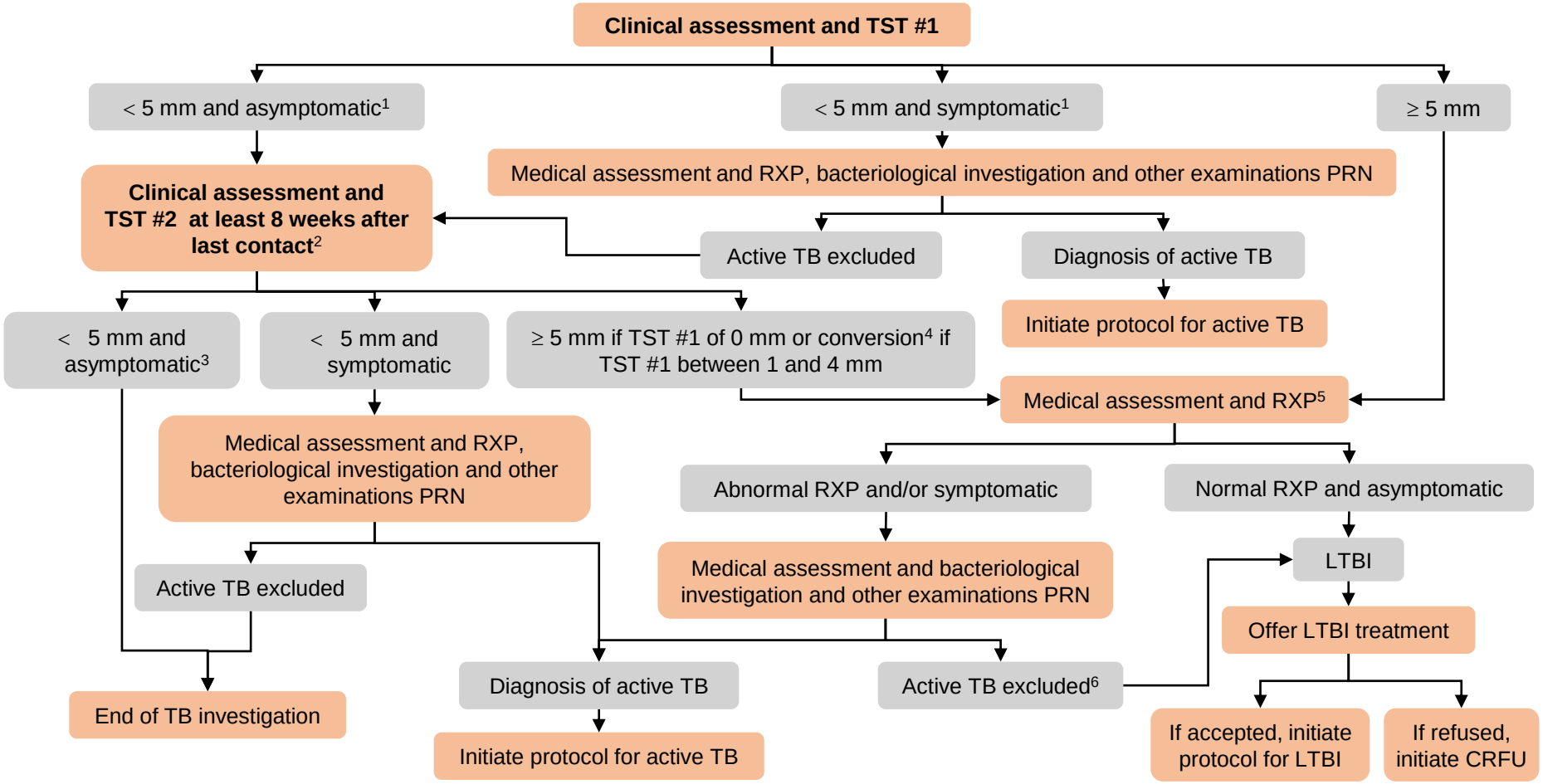
Individual without history of recent contact[1]
AND known to have had previous LTBI
AND not under treatment



[1] In case of history of recent contact with a case of active TB, refer to contact algorithms (pages 6 to 12).
[2] **Do not perform** *GeneXpert* in confirmed cases of active TB if treatment started < 24 months.

Investigation of adult or child ≥ five years who is contact of a case of active TB

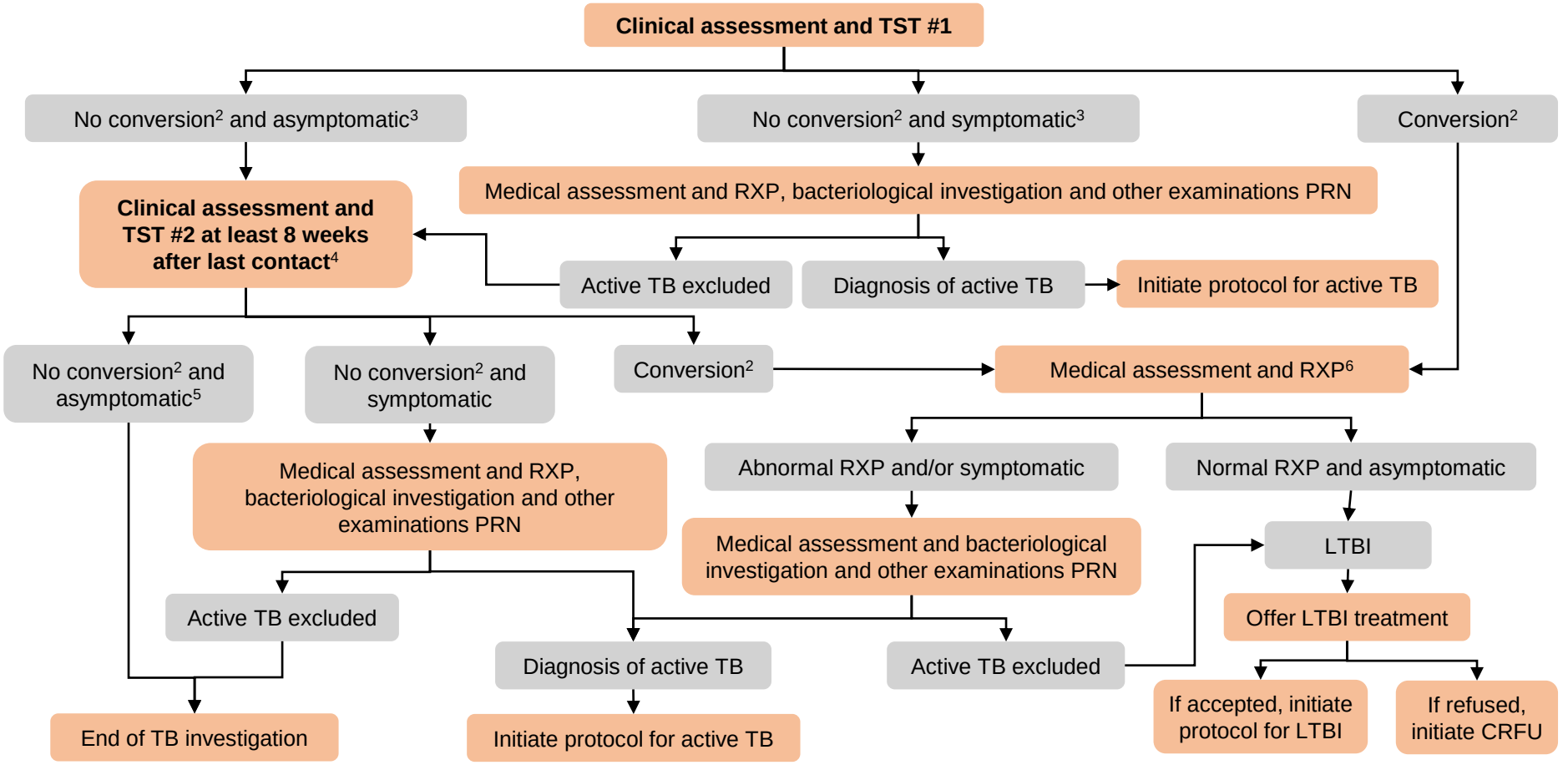
Individual without previous TST OR with previous TST of 0 mm



[1] In case of immunosuppression, consider window-period prophylaxis once active TB is completely excluded.
[2] Do not repeat TST if first TST was performed eight weeks or more after last contact. In some circumstances, it may be prudent to wait eight weeks after last contact and to perform only one TST.
[3] In case of immunosuppression, complete entire LTBI treatment.
[4] Conversion: ≥ 6 mm between current TST and previous insignificant TST, or current TST ≥ 10 mm.
[5] Any RXP (with three roentgenographic views) performed within three months preceding significant TST for individual being investigated may be considered as initial RXP on condition contact is asymptomatic and presumed source case had a negative smear.
[6] If a bacteriological investigation was requested during investigation, repeat RXP upon reception of negative results for cultures.

Investigation of adult or child ≥ five years who is contact of a case of active TB

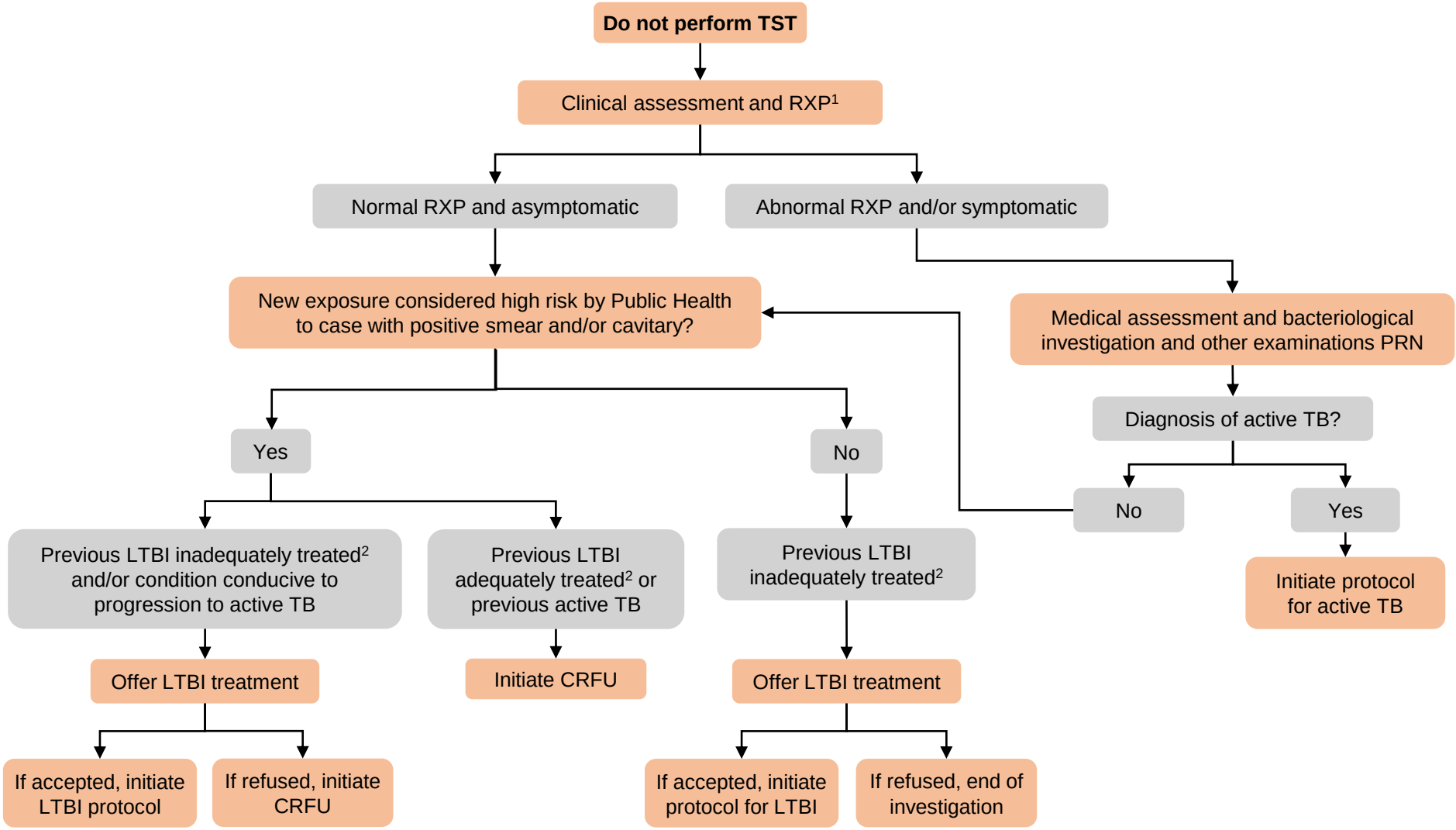
Individual with previous TST between 1 and 4 mm OR previous TST between 5 and 9 mm deemed insignificant[1]



[1] A TST between 5 and 9 mm is considered insignificant in an individual without exposure to a case and/or in a non-priority village.
[2] Conversion: ≥ 6 mm between current TST and previous insignificant TST or current TST ≥ 10 mm.
[3] In case of immunosuppression, consider window-period prophylaxis once active TB is eliminated.
[4] Do not repeat TST if first TST was performed eight weeks or more after last contact. In some circumstances, it may be prudent to wait eight weeks after last contact and to perform only one TST.
[5] In case of immunosuppression: full LTBI treatment.
[6] Any RXP (with three roentgenographic views) performed within three months preceding significant TST for individual being investigated may be considered as initial RXP on condition contact is asymptomatic and presumed source case had a negative smear.

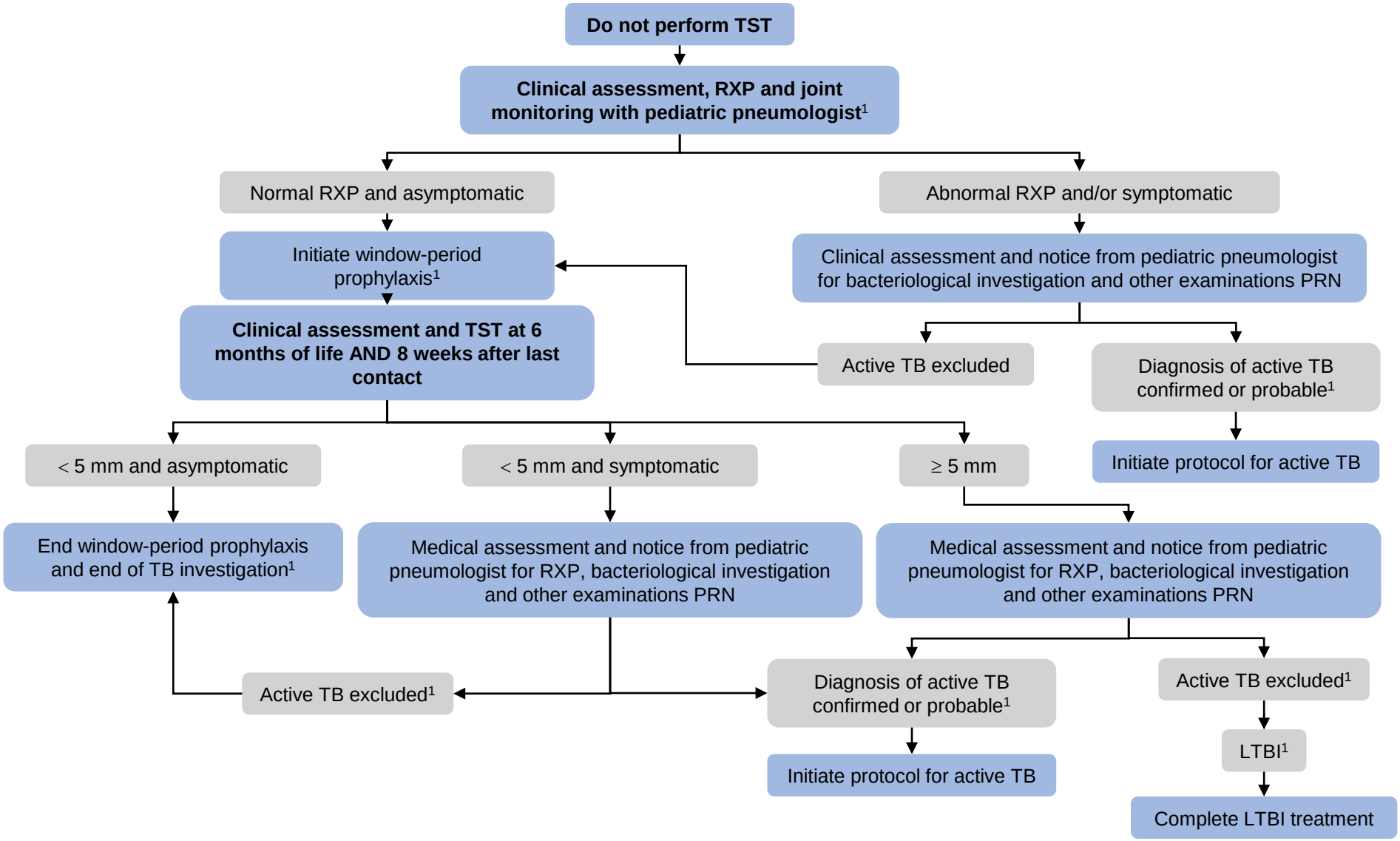
Investigation of adult or child ≥ five years who is contact of a case of active TB

Individual known to have had previous LTBI or previous active TB AND not undergoing treatment



[1] Any RXP (with three roentgenographic views) performed within three months preceding assessment of individual being investigated may be considered as initial RXP on condition contact is asymptomatic and presumed source case had a negative smear.
[2] See definition in *Clinical-radiological follow-up guide*.

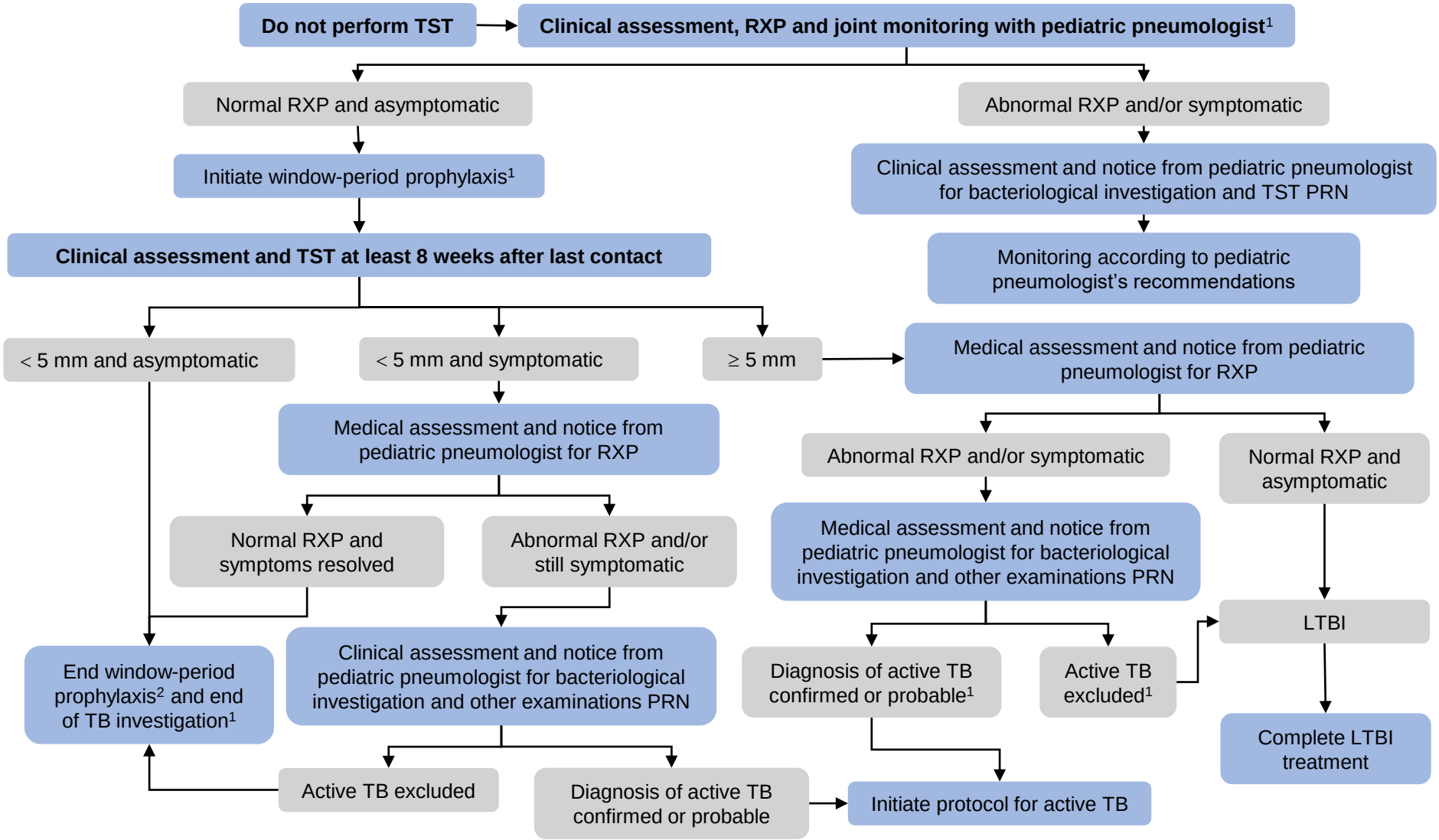
Investigation of child < six months of life who is contact of a case of active TB



[1] From beginning, then at each step of investigation, validate course of action with pediatric pneumologist until diagnosis made.

Investigation of child six months to < five years who is contact of a case of active TB

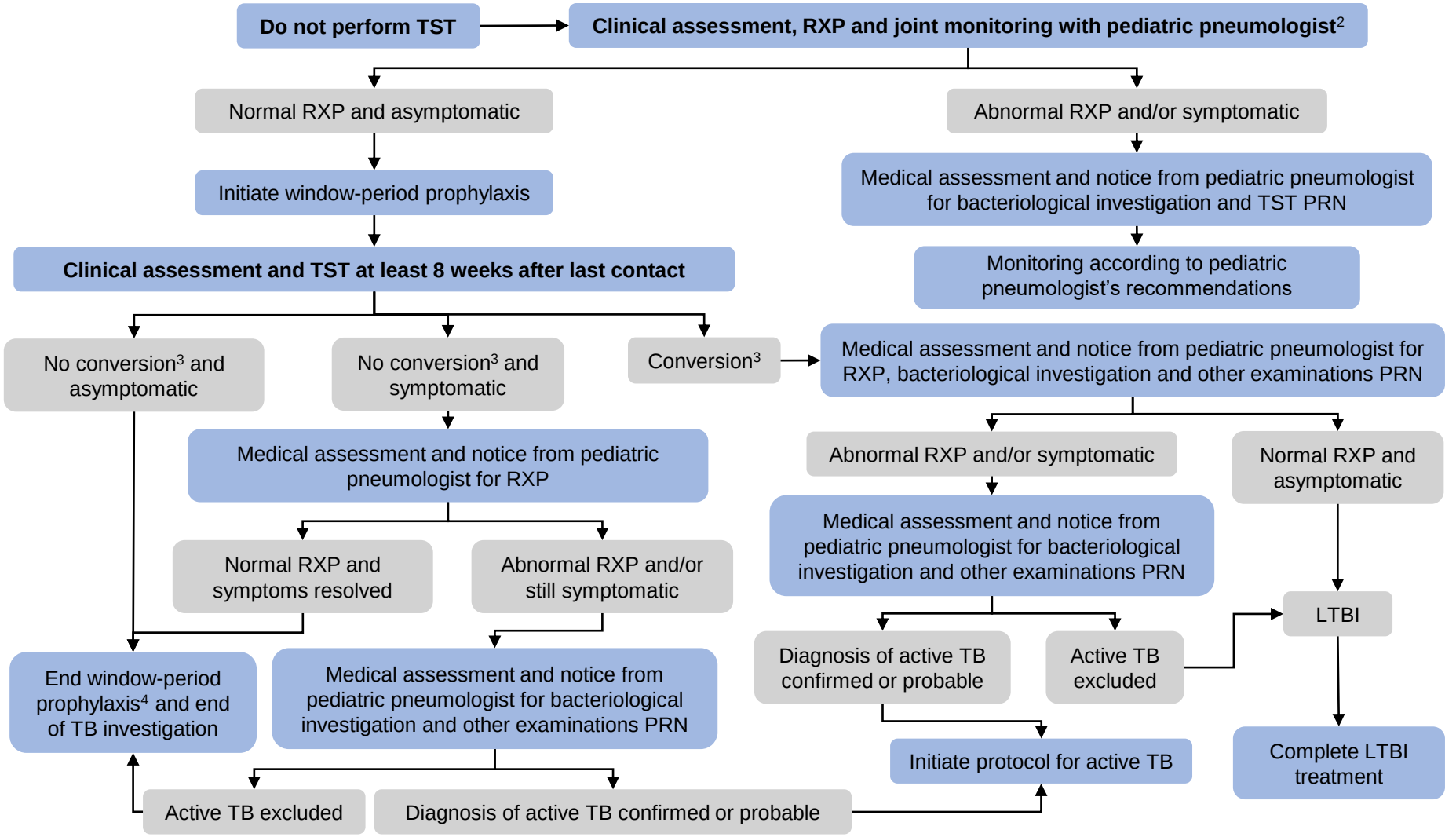
Child with no previous TST OR previous TST of 0 mm



[1] From beginning, then at each step of investigation, validate course of action with pediatric pneumologist until diagnosis made.
[2] In case of immunosuppression: full LTBI treatment.

Investigation of child six months to < five years who is contact of a case of active TB

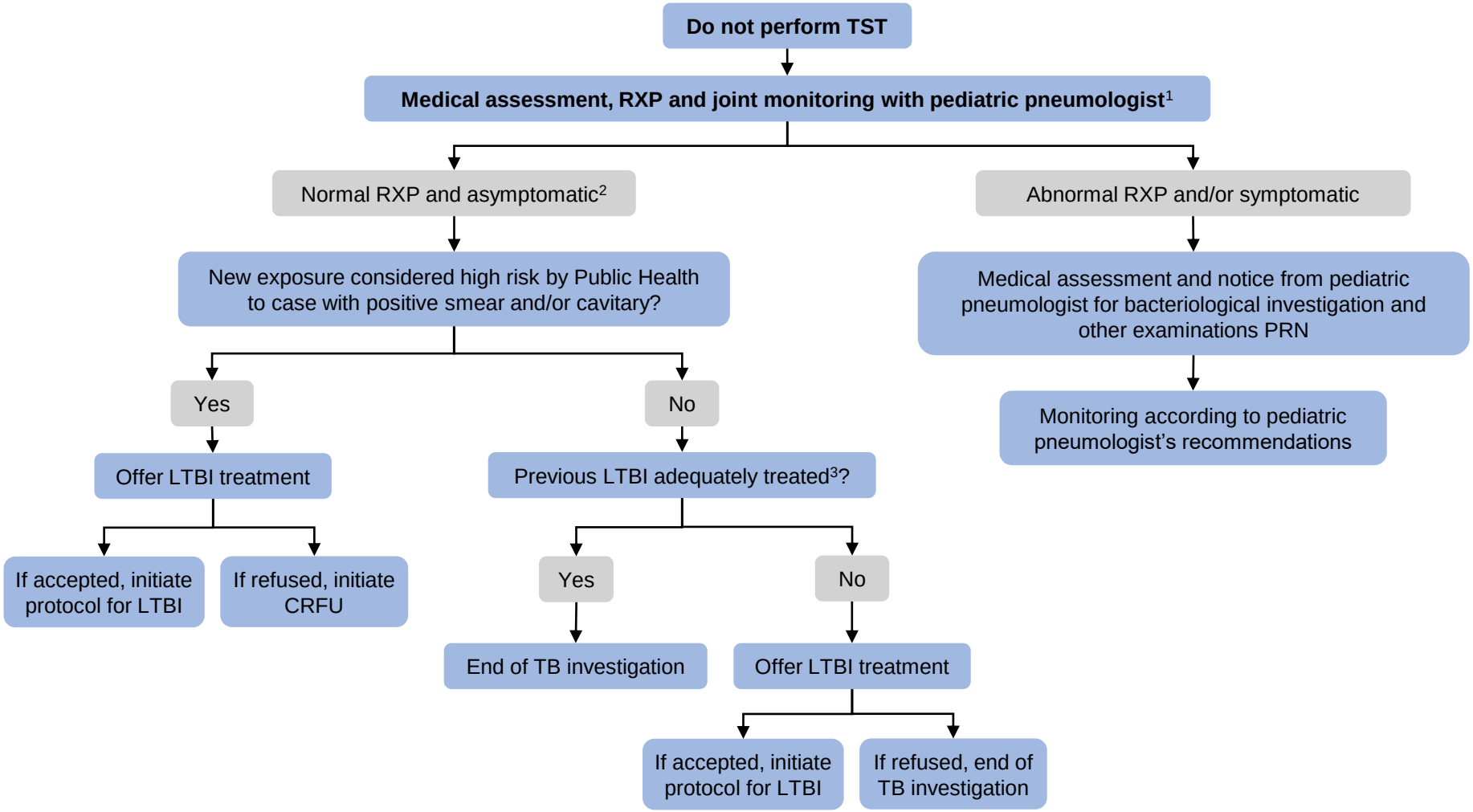
Child with previous TST between 1 and 4 mm OR previous TST between 5 and 9 mm considered insignificant[1]



[1] Without exposure to a case and/or non-priority village.
[2] From beginning, then at each step of investigation, validate course of action with pediatric pneumologist until diagnosis made.
[3] Conversion: ≥ 6 mm between current TST and previous insignificant TST or current TST > 10 mm.
[4] In case of immunosuppression: full LTBI treatment.

Investigation of child six months to < five years who is contact of a case of active TB

Child known to have had previous LTBI OR previous active TB and not undergoing treatment



[1] From beginning, then at each step of investigation, validate course of action with pediatric pneumologist until diagnosis made.
[2] In case of immunosuppression, consider LTBI treatment once active TB is eliminated.
[3] See definition in guide to CRFU.