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UNGAVA TULATTAVIK HEALTH CENTER
 CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

EMBOSSER ICI LA CARTE DU CSI OU CSTU,
 SI NON DISPONIBLE, INSCRIRE LES NOM, PRÉNOM,
 DATE DE NAISSANCE ET NUMÉRO DOSSIER

EMBOSS HERE THE CARD OF IHC OR UTHC,
 IF NOT AVAILABLE, WRITE THE NAME, SURNAME,

**CONTACT WITH AN ACTIVE TB CASE 2–4 YEARS
 MONITORING PROTOCOL – STANDARD MEDICAL
 ORDER • 3HP (rifapentine and isoniazid) • WINDOW-
 PERIOD PROPHYLAXIS**

Goal: Standardize care for children aged two to four years who have been in contact with an active tuberculosis (TB) case and ensure monitoring according to the medical prescription by the various health professionals concerned during the window-period.

Objectives:

- a) Ensure optimal latent tuberculosis infection (LTBI) prophylaxis to prevent development of active tuberculosis.
- b) Ensure early detection of undesirable events and provide the necessary care.
- c) Rapidly identify problems with treatment observance and provide appropriate support.

This prescription must be initiated by a physician when anti-tuberculosis drugs are prescribed.

Notes: → To reach the pneumologists:

- Pediatric pneumologist contact Zofia Zysman-Colman at zofia.zysman-colman.med@ssss.gouv.qc.ca or contact MCHTB MCHTB@MUHC.MCGILL.CA;
- Pediatric pneumologist on duty at the MCH: **514 934-1934**.

→ In the case of an individual newly diagnosed with LTBI, inform Public Health TB team at tuberculose-santepublique.nrbhss@ssss.gouv.qc.ca.

Important: - Individual medical prescriptions will have priority over the “standard” monitoring described in the present procedure.
 - A pediatric pneumologist should systematically be involved in care for children < 5 years old in case of suspected active TB.

Instructions on Use of the Protocol

The following prescription, once signed and dated by the physician, serves as medical prescription for the paraclinical assessments and examinations necessary to patient monitoring. The nurse and the physician must sign and check off the boxes corresponding to their tasks as the actions are carried out. However, prescriptions for medications are made on the prescription forms specific to LTBI treatment.

Drafted and revised by:	Dr. Valérie Messier, Dr. Julie Desjardins and Dr. Geneviève Auclair, medical advisors for infectious diseases, Nunavik DPH, NRBHSS, as well as Jessica Trahan, Vanessa Bérubé and Aurélie Heurtebize, advisors for infectious diseases, Nunavik DPH, NRBHSS
Consultant:	Dr. Zofia Zysman-Colman, pediatric pneumologist, MCH
Approved by:	Executive Committee, CPDPM, IHC, 2024-04 Executive Committee, CPDPM, UTHC, 2024-04



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When	Moni- toring	Interventions and investigations	Date and signature
<p>Pre-treatment</p> <p>____/____/____ YY/MM/DD</p>	<p>MD</p>	<p>Before prescribing 3HP for window-period:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Confirm that child's age is between 2 and 4 years old and consult growth chart (minimum 10 Kg) <input type="checkbox"/> Make sure there are no known allergies or serious side effects (hepatotoxicity, hypersensitivity, thrombocytopenia) with isoniazid (INH), rifapentine (RPT) or rifampicin (RIF) <input type="checkbox"/> Eliminate an active TB diagnosis (normal chest X-ray (CXR) and clinical examination) <input type="checkbox"/> If treatment longer than 12 weeks is expected due to an extended window-period (e.g., domestic contact of an active case isolated at home), prophylaxis with rifampicin is recommended <p>Check for:</p> <ol style="list-style-type: none"> 1. Previous active TB: <input type="checkbox"/> Yes <input type="checkbox"/> No 2. History of hepatic disorders (AST-ALT ≥ 3 times normal) or porphyria: <input type="checkbox"/> Yes <input type="checkbox"/> No 3. Index case resistant to RIF or INH¹: <input type="checkbox"/> Yes <input type="checkbox"/> No <p>Note: If YES to 1, 2 or 3: consult pediatric pneumologist. If NO to 1, 2 and 3, begin 3HP treatment for window-period (DSPu-TB_ITL_PRESC-MED-3HP-FENETRE).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Prescribe initial blood tests: liver function, creat., CBC <input type="checkbox"/> Prescribe follow-up blood tests PRN²: liver function, creat., CBC <input type="checkbox"/> Check with pharmacist for possible interactions with other drugs (e.g., Dilantin) (DSPu-TB_INTERACTIONS_MED) <input type="checkbox"/> Plan medication dosage (e.g., Dilantin) during treatment if required 	<p>_____ Signature YY/MM/DD</p>
<p>1st day/start date of Tx</p> <p>____/____/____ YY/MM/DD</p>	<p>Nurse</p>	<p>Before beginning 3HP:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Make sure there are no active TB symptoms. In case of symptoms, request a medical opinion STAT <input type="checkbox"/> Weigh patient and record weight on growth chart <input type="checkbox"/> Provide instructions for parent/guardian (treatment, observance, side effects) <p>According to medical prescription:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Test liver function, creatinine, CBC <input type="checkbox"/> Begin 3HP and fill out monitoring forms: <ul style="list-style-type: none"> - Registration of the medication DSPu-TB_ITL_ENREG-MED-ITL-3HP-TOD - Clinical evaluation DPu-TB_ITL_EVAL-CLIN-HEBDO-3HP 	<p>_____ Signature YY/MM/DD</p>

MD's signature: _____ License no.: _____ Date: yyyy / mm / dd

¹ If index case's antibiogram is unknown at the time preventive treatment is prescribed, be sure to adjust the user's plan once resistance to anti-tuberculosis treatment is confirmed.

² If symptomatic or abnormal results after initial blood test.



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When	Monitoring	Interventions and investigations	Date and signature
End of 1 st month of Tx ____/____/____ YY/MM/DD	Nurse	<p>Regular monthly follow-up: If abnormal, notify physician</p> <ul style="list-style-type: none"> <input type="checkbox"/> Complete Registration of medication form DSPu-TB_ITL_ENREG-MED-ITL-3HP-TOD <input type="checkbox"/> Provide support to the patient <input type="checkbox"/> Complete clinical evaluation before each dose DPu-TB_ITL_EVAL-CLIN-HEBDO-3HP <input type="checkbox"/> As per medical prescription, test liver function, creat., CBC PRN² 	<p>_____ Signature YY/MM/DD</p>
End of 2 nd month of Tx OR End of window period ⁴ ____/____/____ YY/MM/DD	Nurse	<p>Perform post-window-period TST³: See section 4 of clinical evaluation of a contact of a case of active TB DSPu-TB_DETECT-EVAL-CLIN</p> <ul style="list-style-type: none"> <input type="checkbox"/> If TST < 5 mm and asymptomatic: Notify physician and stop window-period prophylaxis as per medical prescription <input type="checkbox"/> If TST ≥ 5 mm or conversion⁴ or symptomatic patient: Notify physician <p><u>If active TB is excluded:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Continue LTBI treatment with 3HP according to medical prescription and 3HP monitoring protocol: DSPu-TB_ITL_PRESC-MED-3HP et DSPu-TB_ITL_PROT-SUIVI-3HP <input type="checkbox"/> As per medical prescription, test liver function, creat., CBC PRN² <input type="checkbox"/> Send all completed documents concerning window-period to Public Health TB team tuberculose-santepublique.nrbhss@ssss.gouv.qc.ca 	<p>_____ Signature YY/MM/DD</p>
	MD	<ul style="list-style-type: none"> <input type="checkbox"/> If post-window period TST ≥ 5 mm or conversion⁵ or symptomatic patient: medical evaluation <ul style="list-style-type: none"> <input type="checkbox"/> If medical evaluation is abnormal, consult mchtb@muhc.mcgill.ca <input type="checkbox"/> If active TB excluded: <ul style="list-style-type: none"> <input type="checkbox"/> Prescribe LTBI treatment with 3HP DSPu-TB_ITL_PRESC-MED-3HP <input type="checkbox"/> Sign 3HP LTBI protocol DSPu-TB_ITL_PROT-SUIVI-3HP 	<p>_____ Signature YY/MM/DD</p>

MD's signature: _____ License no.: _____ Date: yyyy/mm/dd

³ The end of the window-period corresponds to eight weeks after the last exposure to the index case or eight weeks after the end of the latter's period of infectiousness.

⁴ Conversion corresponds to an increase of ≥ 6 mm between the current TST and the previous TST, or to a current TST ≥ 10 mm.