RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
NUNAVIK REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES

Inuulitsivik

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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,
DATE OF BIRTH AND FILE NUMBER

TUBERCULOSIS

CLINICAL AND RADIOLOGICAL FOLLOW-UP GUIDE

CHECK THE APPLICABLE CATEGORY (BELOW)			FOLLOW-UP PLAN: ENTER SCHEDULED DATE(S)						
Untreated or inadequately treated LTBI	**Clinical and radiological F/up**	**To schedule as of**	**6**	**12**	**18**	**24**	**36**	**48**	**60**
☐ LTBI acquired over the past 2 years (recent)	q 6 months X 2 years, then q 12 months X 3 years	Date of significant TST yyyy/ mm/ dd							
☐ LTBI at an unknown date AND resident of a priority village	q 12 months X 5 years	Date of significant TST yyyy/ mm/ dd	X		X				
☐ LTBI at an unknown date AND resident of a non-priority village	At 12 months	Date of significant TST yyyy/ mm/ dd	X		X	X	X	X	X
☐ LTBI acquired between 3-5 years ago (prior)	q 12 months, ad 5 years after significant TST	Date of Tx cessation/refusal yyyy/ mm/ dd	X		X		X	X	X
☐ LTBI acquired more than 5 years ago (prior)	No follow-up required	X	X	X	X	X	X	X	X
Treated LTBI									
☐ Prophylaxis deemed acceptable	6 months after end of prophylaxis	End date of prophylaxis yyyy/ mm/ dd		X	X	X	X	X	X
☐ Optimal prophylaxis	No follow-up required	X	X	X	X	X	X	X	X
Re-exposure to a case of smear-positive or cavitary pulmonary TB (high-priority contacts according to Public Health)									
☐ Prior active TB **OR** LTBI (already known)[1]	q 6 months X 2 years, then q 12 months X 3 years	Date of re-exposure yyyy /mm /dd							
Follow-up after end of active TB treatment									
☐ Active TB confirmed (cavitary) **OR** smear-positive	q 6 months X 2 years, then q 12 months X 3 years	End date of treatment yyyy/ mm/ dd							
☐ Active TB (non-cavitary) **AND** negative smear (confirmed or probable)	q 6 months X 2 years	End date of treatment yyyy/ mm/ dd					X	X	X

Signature of the physician: _____ **License no.:** _____ **Date:** yyyy/ mm /dd

Program	Inadequate prophylaxis	Prophylaxis deemed acceptable	Optimal prophylaxis
3HP	• < 11 doses over 16 weeks	• ≥ 11 doses over the max. of 16 weeks	• 12 doses over 12 weeks
RIF	• Any patient who has not reached the "acceptable Tx" zone on the RIF compliance curve *(ITL_COURBE-RIF_EN)*	• Any patient who has reached the "acceptable Tx" zone on the RIF compliance curve *(ITL_COURBE-RIF_EN)*	• 120 doses taken over 120 consecutive days
INH	• < 180 doses – die self-administered (SA) • < 62 doses of INH (DOT)	• Program die 6 months = 180 doses SA over 9 months (270 days) • Program die 9 months = 270 doses SA over 13.5 months (405 days) • INH (DOT): ≥ 62 doses 2 times a week over 9 months (270 days) max.	• 270 doses die SA over 9 months • 78 doses INH (DOT) 2 times a week

[1] For LTBI already known but not treated or treated inadequately, propose LTBI treatment. In the case of a refusal or unsuccessful treatment, begin CRF as indicated.

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Title	Clinical and radiological follow-up guide
TB toolbox CODE	*DSPu-TB_TB-ACT-ITL_GUIDE-SCR_EN*
Revised on	2024-08-27

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PURPOSE: Quickly identify new cases of active TB or reoccurrences of TB, among a TB case's contacts, by notably planning clinical and radiological follow-up based on the treatment status of the persons involved.

OBJECTIVES:

-Ensure regular clinical and radiological follow-up based on the risk that persons with LTBI who have been re-exposed or whose treatment was sub-optimal will be more likely to develop active TB.
-Ensure regular clinical and radiological follow-up following treatment of active tuberculosis cases, based on their risk of reoccurrence.

RESPONSIBILITIES:

Nurse:

- Ensures the accuracy of the information compiled on the *Rifampicin or INH die compliance curve (ITL_COURBE-RIF_EN* or *INH-DIE_EN)* prior to submitting these to the physician.
- Schedules clinical and radiological follow-up on the basis of the physician's prescribed recommendations, by indicating the scheduled dates on the chart and preparing x-ray requisitions.

Physician:

- Prescribes recommendations regarding clinical and radiological follow-up when the *Rifampicin or INH die compliance curve* indicates a suboptimal prophylaxis.
- Specifies the post-treatment follow-up for cases of pulmonary TB.
- Specifies the post-exposure follow-up of the contacts of a smear-positive active TB case who are known to have formerly had TB or LTBI but were appropriately treated.
- Takes medical responsibility, at all times, for contacts whose clinical and radiological follow-up reveals signs and symptoms that could point to active TB.

IMPORTANT:

- The risk of developing active TB is greatest in the 5 years following exposure to *Mycobacterium tuberculosis.* The clinical and radiological follow-up schedule was devised according to this risk.
- If clinical and radiological follow-up is delayed, make sure it is completed as soon as possible. Then, if time until the next scheduled clinical and radiological follow-up is ≤ 3 months, cancel it and continue with the subsequent follow-up measures as planned.
- Do not repeat a radiological evaluation within a 3-month period unless there is a medical opinion recommending that this be done.
- A bacteriological evaluation is recommended if there are signs or symptoms of active TB (suspected TB) during a clinical and radiological follow-up.

DEFINITIONS:

High-priority contact	– A person who is both the most exposed and most vulnerable, namely: a close family contact **AND** a close contact who is not a family member or an occasional contact with a high risk of progressing towards active TB if infected (e.g., children < 5 years old and immunosuppressed individuals).
LTBI (prior)	– History of LTBI documented in the medical record and having occurred more than 24 months prior to the start date of the current episode.
LTBI (at an unknown date)	– LTBI documented in the medical record and having occurred more than 24 months prior to the start date of the current episode or during the current episode WITHOUT a prior documented TST **OR** with documentation noting a prior negative TST MORE THAN 24 months before the date of the positive TST.
LTBI (recent)	– LTBI documented in the medical record and having occurred in the 24 months prior to the start date of the current episode or during the current episode WITH a non-significant TST in the 24 months BEFORE the date of the significant TST.
Clinical and radiological follow-up	– Clinical and radiological evaluation (and bacteriological evaluation if clinical and/or radiological results hint at the possibility of active TB disease). – Performed at the time of follow-up, depending on the category of the risk of progression towards active TB or a reoccurrence. Note: skip follow-up #1 if < 3 months since the evaluation following cessation).
Significant TST	– TST ≥ 5 mm in a priority village (see definition below) or for a contact of a case of contagious active TB. – Conversion: increase of ≥ 6 mm between the current TST and the prior TST, or a current non-significant TST ≥10 mm. – TST ≥ 10 mm in a non-priority village (see definition below) and with no known contact of a case of active TB. – The interpretation of the TST will take into consideration prior vaccination (BCG) in certain cases.
Priority village	– For the definition of a priority village and the list of priority villages prepared by Public Health authorities, see the TB Toolbox.