

| | | |
|------------------------------|--|--------------------------------------|
| Tuberculosis Protocol | 1. Introduction | Issued: 2006 Version: 3.0 |
| | 1.3: Roles and Responsibilities in TB Control | Page: 8 of 285 |

1.3 Roles and Responsibilities in TB Control

1.3.1 The Board of Health

According to the Program Requirements and Standards (TB Control Program, MHPSG), each Board of Health:

1. **Shall have in place an effective program for TB control outlined in a policy and procedure manual, consistent with the Ontario Ministry of Health Tuberculosis Control Protocol.**

For people with active tuberculosis, the Board of Health program will include case finding, case holding, treatment and follow-up. Such programs will, at a minimum:

- (a) Ensure that all cases/suspected cases are fully investigated, according to the Ontario Ministry of Health Tuberculosis Protocol.
 - (b) Ensure the provision of provincially-approved anti-tuberculosis drugs, as required, at no cost to the patient.
 - (c) Review drug regimens and sensitivity results for each case to ensure their appropriateness and adequacy.
 - (d) Monitor patient compliance with prescribed drug regimens, including the completion and outcome of therapy, according to the Ontario Ministry of Health Tuberculosis Protocol.
 - (e) Ensure that all persons with active (infectious) tuberculosis complete the prescribed course of chemotherapy through the provision of directly-observed therapy (DOT), or other appropriate intervention, according to the Ontario Ministry of Health Tuberculosis Protocol.
 - (f) Notify the Ontario Ministry of Health immediately in the event that a patient does not complete the above therapy.
 - (g) Provide, or ensure the provision of, annual updates to physicians and other health professionals in the form of written materials and/or presentations on signs and symptoms, risk factors and reporting requirements to achieve the early identification and early reporting of active cases.
 - (h) On an on-going basis and in collaboration with community organizations, local agencies and institutions, provide to the community written materials and educational sessions on the signs and symptoms, epidemiology, risk factors and the benefit of treatment to promote the early identification and treatment of persons with active tuberculosis.
2. **For TB prevention, the Board of Health shall have in place an effective program, consistent with the Ontario Ministry of Health Tuberculosis Control Protocol. Such a program will, at a minimum:**
 - (a) Trace and investigate contacts of cases according to the Ontario Ministry of Health Tuberculosis Protocol.
 - (b) Trace and monitor individuals placed on medical surveillance for inactive tuberculosis according to the Ontario Ministry of Health Tuberculosis Protocol.
 - (c) Promote, through education and selective group screening programs, the screening of all persons in high risk groups and assessment of those testing positive to rule out active tuberculosis.

| | | |
|------------------------------|--|--------------------------------------|
| Tuberculosis Protocol | 1. Introduction | Issued: 2006 Version: 3.0 |
| | 1.3: Roles and Responsibilities in TB Control | Page: 9 of 285 |

- (d) Encourage the prescribing of anti-tuberculosis chemoprophylaxis to those testing positive, unless medically contraindicated.
- (e) Ensure the provision of provincially-approved anti-tuberculosis chemoprophylaxis drugs at no cost to the patient.
- (f) Review the required drug regimens for each person on chemoprophylaxis to ensure their adequacy and appropriateness.
- (g) Monitor patient compliance with prescribed drug regimens and completion of therapy according to the Ontario Ministry of Health Tuberculosis Protocol.
- (h) Monitor the completion rate of the prescribed course of chemoprophylaxis for the purpose of achieving the above-stated objectives.
- (i) Provide or ensure the provision of annual updates in the form of presentations and/or written materials to health professionals on risk factors for tuberculosis infection, administration and interpretation of skin tests, indications for and benefits of chemoprophylaxis and reporting of positive skin test results.
- (j) On an on-going basis and in collaboration with community organizations, local agencies and institutions, provide to the community written materials and educational sessions on risk factors for tuberculosis infection and benefits of chemoprophylaxis

1.3.2 The Ontario Ministry of Health and Long Term Care

To support boards of health in their efforts to control TB, the Ontario Ministry of Health will:

- (a) Establish provincial standards for Tuberculosis Control Programs and review and update them, as required.
- (b) Design, implement and evaluate provincial TB control strategies.
- (c) Administer the TB drug program.
- (d) Collect, analyze and disseminate provincial data.
- (e) Assist in the interpretation and enforcement of legislation as it relates to TB control.
- (f) Liaise with federal, provincial and territorial TB Control Programs to:
 - develop and implement national policies
 - facilitate the administration of TB Control Programs across boundaries (provide inter-provincial consultation and liaison for case and contact follow-up)
 - consult with Citizenship and Immigration Canada on policies related to screening and follow-up of cases of inactive tuberculosis in immigrants, refugees, visitors, visa students and persons of undetermined immigration status.
- (g) Provide consultation to other Ontario Ministry of Health branches (e.g., Residential Services Branch) and provincial Ministries (e.g., Ministry of Correctional Services, Ministry of Education).
- (h) Report TB data to the Public Health Agency of Canada (PHAC).
- (i) Provide and support educational updates to groups and individuals involved in TB control.

| | | |
|------------------------------|--|--------------------------------------|
| Tuberculosis Protocol | 1. Introduction | Issued: 2006 Version: 3.0 |
| | 1.3: Roles and Responsibilities in TB Control | Page: 10 of 285 |

1.3.3 Private Physicians

For most people, physicians are usually the first point of contact with the health care system and the health care providers most likely to see people at risk and to diagnose TB.

As part of the TB Control Program, physicians will:

- (a) Administer and interpret PPD skin tests.
- (b) Assess and diagnose suspect cases of TB.
- (c) Report to the local Medical Officer of Health, or designate, all cases of active and suspect cases of active TB within 24 hours of making the diagnosis and report positive skin tests within 7 days.
- (d) Provide chemoprophylaxis as outlined in the current Canadian Tuberculosis Standards.
- (e) Provide treatment to cases and chemoprophylaxis to contacts of drug-resistant cases in consultation with an expert in TB management.
- (f) Provide treatment and medical follow-up of case until the person has completed therapy.
- (g) Provide information requested by the local Medical Officer of Health as well as interim and final reports on all cases and contacts on chemoprophylaxis. This information should, at minimum, include X-ray, smear and culture results as well as medication changes throughout the duration of treatment.
- (h) Monitor and report in a timely fashion to the local Medical Officer of Health any issues re: non-compliance with treatment, including missed appointments.

1.3.4 The Laboratory/Diagnostic Facility

To support the TB Control Program, the laboratory/diagnostic facility will:

- (a) Provide instructions to physicians/patients on collecting and submitting specimens
- (b) Adhere to Laboratory Proficiency Testing Program (LPTP) standards in the collection, transportation, processing and retention of specimens
- (c) Report positive results promptly to the attending physician and the Medical Officer of Health of the jurisdiction where the laboratory is located and where the specimen was collected
- (d) Refer all culture positive specimens to the Public Health Laboratory (See **Chapter 3: Diagnostics** for details in specific health unit jurisdictions)
- (e) Interpret results to health professionals and health unit staff
- (f) Consult with and educate health care providers.

| | | |
|------------------------------|--|--------------------------------------|
| Tuberculosis Protocol | 7. Latent Tuberculosis Infection (LTBI) | Issued: 2006 Version: 1.0 |
| | 7.2 Role of Public Health Units in Treatment for LTBI | Page: 123 of 285 |

7.2 Role of Public Health Units in Treatment for LTBI

When treatment for LTBI is prescribed for a patient, the health unit should be notified by one of the following:

- Receipt of a drug order,
- Report from a physician,
- Result of contact investigation,
- Report from other public health units, or
- Follow-up of school or worksite screening programs.

Public Health Units will:

- (a) Reinforce with physicians the requirement to report TB infection to the medical officer of health, whether or not treatment is prescribed.
- (b) Refer infected individuals for medical assessment and consideration for treatment of LTBI unless the report is coming from the physician who has already made the assessment.
- (c) Promote the use of treatment for LTBI according to current guidelines.
- (d) Educate the patient and family about the purpose of treatment and the possible side effects of the medications.
- (e) Ensure that anti-tuberculous drugs are available free of charge.
- (f) Ensure the drugs are appropriate and in the recommended dosage.
- (g) Assess the need for directly observed prophylactic treatment (DOPT).
- (h) Ensure that baseline liver function testing is done prior to initiation of treatment for LTBI.
- (i) Ensure patients with a history of alcohol abuse, pre-existing liver disease or age of ≥ 35 years are monitored for the course of treatment.
- (j) Monitor compliance and document completion of treatment.