Section 13: TB Surveillance

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Introduction

Some clients are at increased risk of developing active TB, including clients with latent TB infection that is untreated or partially treated. Early detection of active TB can improve outcomes for cases and prevent or reduce TB transmission to others. Therefore, clients at risk for developing active TB may be placed on TB surveillance for a period of time. This involves periodic clinical and radiological follow up.

Criteria for Surveillance

Clients are assessed for surveillance once they have been fully assessed for TB, been discharged or offered treatment if appropriate and completed, refused or stopped treatment. The TB Physician will determine which clients are placed on surveillance and the frequency of clinical and radiological follow up. Table 13.1 provides guidance based on the TB history of each individual but the final decision rests with the TB physician.

Table 13.1: Criteria and time intervals for TB surveillance

Select the Applicable Category			**Follow-up plan: enter expected date(s) (subject to the discretion of the physician)**			
Inadequately or Untreated LTBI	Follow up	Start Date	6	12	18	24
☐ LTBI acquired in the last 2 years (recent)	Every 6 months x 2 years	Date the initial work up completed				
☐ LTBI of undetermined date AND risk factors for TB OR clinical findings for follow up	At 12 months or as clinically necessary	Date the initial work up completed				
☐ LTBI of undetermined date with **no** risk factors or **no** clinical findings for follow up	No follow up	Date the initial work up completed				
Adequately Treated LTBI *						
☐ Adequate treatment * (see definition below)	6 months post end of treatment	End date of treatment				

High Priority Contact						
☐ Previously active TB or LTBI re-exposed (close contact) to a smear-positive active TB case	Every 6 months x 2 years	Date the initial work up completed				
Follow-up Post Active TB Treatment						
☐ Cavitary OR smear-positive confirmed active TB adequately treated	Every 6 months x 2 years	Date of post treatment assessment				
☐ Non-cavitary AND smear-negative active TB confirmed or diagnosed clinically and adequately treated						
☐ Active TB inadequately treated	Every 6 months x 2 years	Date treatment stopped				

***Definition of Adequate Treatment**

Treatment Outcome	*INH & B6*	*Rifampin*	*3HP*
Optimal	78 doses in 9 months (100 % of prescribed doses)	120 doses in 4 months (100 % of prescribed doses)	12 doses taken in 12 weeks ○ Minimum interval between doses is 72 hours ○ Maximum interval between doses is 4 weeks ○ No more than 5 doses in 28 days
Adequate	78 doses in 12 months	120 doses within 180 days (6 months) or 90 doses in 130 days	11 doses taken in 16 weeks

Steps in TB Surveillance

Step 1: Determine the surveillance recommendation made by the physician.

- Review the **TBAF**, **the Active TB Treatment Outcome Form** or the **LTBI Treatment Outcome Form** completed on the client. Note the appropriate form to review will depend on the TB history of the client i.e. recent active TB, recent treatment for LTBI or untreated/inadequately treated LTBI.

- Initiate a **Tuberculosis Surveillance and Outcome Form (Appendix D)**.

Step 2: Advise the client that s/he is on TB surveillance

- Review the **Tuberculosis (TB) Surveillance Fact Sheet (Appendix E)** with the client (and/or the parent/guardian).

- Emphasize the importance of:

    - Adhering to the surveillance assessment schedule.

    - Remaining alert for TB signs/symptoms and reporting to a health care provider quickly should any develop between his/her scheduled surveillance appointments.

    - See **Section 6: Care of clients with TB Signs/Symptoms**.

- Advise the client (and/or the parent/guardian) when the first surveillance assessment is due.

- Record the due date of the next surveillance assessment visit in the '*Progress Notes*' in the community health chart.

Step 3: Complete Surveillance Assessment at the appropriate times

- Document all attempts to reach/test the client.

- Complete the required assessments and tests on the **Tuberculosis Surveillance and Outcome Form**.

- Screen for TB signs/symptoms.

- Ask the client to submit three sputum specimens for TB testing.

- Request that a CXR be ordered by contacting the CDCN.

- Advise the client (and/or the parent/guardian) of when the next surveillance assessment is due.

- Reinforce the need for the client (and/or the parent/guardian) to remain alert for TB signs/symptoms and to report to a health care provider quickly should any develop. It might be helpful to review the **TB Surveillance Fact Sheet** with the client at this time.

- Record the due date on the **Tuberculosis Surveillance and Outcome Form** and in the '*Progress Notes*' in the Community Health chart.

- Consult the CDCN **immediately** about:

    - Clients who are symptomatic.

    - Clients with abnormal chest x-ray findings or positive AFB smears or mycobacterial cultures.

    - Clients who have lost weight unexpectedly.

    - Pediatric clients whose weight or other measures of growth are of concern, or whose physical assessment findings were abnormal.

- Notify the CDCN about:

    - Clients who did not adhere to the assessment schedule (e.g. clients who refused screening, clients that could not be found, clients who did not respond to attempts to provide screening), and

    - Clients who have moved out of region or who have died (see **Step 4**).

- See **Section 5: Collection of Specimens for TB Testing** for information on sputum collection.
- See **Sputum Collection Instructions in Appendix E** for client instructions on collecting sputum specimens.

For children under five years of age record their weight on the growth chart.

Step 4: Discontinue TB surveillance

At the end of the surveillance period:

- Review TB signs/symptoms with the client (and/or the parent/guardian). Remind him/her (and/or the parent/guardian) to remain alert for TB signs/symptoms and to report to a health care provider quickly should any develop. Although the risk for active TB is typically much lower after two years, some risk remains.
- Update the **Tuberculosis Surveillance and Outcome Form** with results as they are received.

Once all results have been received, or when a client has moved out of region or died:

- Complete the '*Surveillance Outcome'* section at the bottom of the **Tuberculosis Surveillance and Outcome Form**.
- Send the completed **Tuberculosis Surveillance and Outcome Form** to the CDCN who will review and send a copy (along with a growth chart for children who were under five years of age when TB surveillance began) to Medical Records or the Regional Clinic, as appropriate.
- Document completion of TB surveillance in the '*Progress Notes'*.
- File the **Tuberculosis Surveillance and Outcome Form** in the client's chart.