Section 3: General TB Assessment

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General TB Assessment

A general TB assessment is done to identify or rule out active TB or LTBI, or to document a client's TB status at a given point in time (e.g. pre-employment TB screening for health care providers).

A systematic process is used to ensure all necessary information is collected and tests appropriate to the client's individual health history and TB risk factors are done (see the **General TB Testing Flowchart** in **Appendix C**).

Step 1: Initiate a Tuberculosis Assessment Form (TBAF) and document the reason for the assessment.

- Apply addressograph and fill in all the necessary client information.
- Indicate the reason for the TB assessment in **Part 1.**

Step 2: Record TB and BCG vaccination history

- Complete **Part 2** as fully as possible. Refer to the client's medical chart (when available) if s/he is uncertain about any information requested for the **TBAF.**

Step 3: Identify risk factors

- Ask the client, and review the chart, for risk factors.
- Check all that apply in **Part 3** of the form.

Step 4: Do a TB symptoms assessment

- Review TB symptoms with **EVERY** client.
- Weigh the client.
- If TB symptoms are present, refer the client to the Regional Community Clinic.
- Follow the steps outlined in **Section 6: Care of Clients with TB Signs/Symptoms.**
- Complete **Part 4** of the **TBAF.**

Step 5: Give a TST if appropriate or proceed to Step 6 if TST is not given

- Include a TST in the TB assessment **unless**:
  - The client is under six months of age;
  - TST is contraindicated or it is necessary to defer the TST. See **Table 3.1;**

- For administration of a TST follow the steps in **Section 4: Tuberculin Skin Testing (TST).**

- **If a TST was given**
  - Inspect the test site for induration 48 to 72 hours later:
    - Record the date under 'Date Read' in **Part 5** of the **TBAF** and sign your name.
    - Also, record the results on the TST consent form.
  - Record the TST measurement in millimeters (mm). If there is no induration, record the TST result as '0 mm'.
  - Follow-up the TST result as per the **General TB Testing Flowchart.**

Table 3.1: TST contraindications and when to defer TST

Adapted from Menzies R, Wong T. Canadian Tuberculosis Standards. 7th ed. Canadian Thoracic Society and the Public Health Agency of Canada; 2014.

Contraindications to TST	Situations When TST Should Generally be Deferred
○ Allergy to any component of Tubersol® (Tuberculin Purified Protein Derivative [Mantoux]) or its container, or an anaphylactic or other allergic response to a previous TST ○ Previous active TB or LTBI ○ Documented prior positive TST or IGRA result ○ Prior blistered TST reaction	○ Measles or other live virus immunization within past four weeks. (Note: TST may be given before or on the same day as live virus vaccines <u>but at a different site)</u> ○ TST should be deferred until the client reaches six months of age

Step 6: Initiate Clinical Investigations

- **If it is not appropriate to give a TST and/or if the client is immunosuppressed**, initiate clinical investigations which include:
  - Posterior/anterior (PA) and lateral chest x-ray.
  - Three sputum specimens for TB testing.

Notes:

- **Within Health Centres, sputum specimens may only be collected where AIRBORNE PRECAUTIONS can be adhered to.** In healthcare settings that have a sputum induction unit, collect sputum samples according to the policies and procedures outlined for the unit. In

Health Centres without negative pressure rooms, direct clients to produce sputum specimens **OUTDOORS**, in an area away from other people.

A physician order is required prior to taking shielded chest x-rays of a client who is or might be pregnant.

See **Section 5: Collection of Specimens for TB Testing** for information on collecting specimens and see **Appendix E** for the fact sheet with client instructions on collecting sputum specimens.

See **Table 3.2** for the Criteria for referral to the TB clinic.

Step 7: Complete the diagnostic summary and outcome

- Sign and date **Part 7** of the **TBAF** once all tests have been completed.
- Fax to the CDCN.
- File the **TBAF** in the client's chart and send a copy to the attending physician or the Regional Community Clinic.

Table 3.2: Criteria for referral to the TB clinic

Notes:

1. Before attending the TB clinic all clients should have a symptom inquiry, sputum testing for AFB smear and TB culture (except for children) and a CXR.
2. The CXR must be done within one month before the clinic date for any client with suspicious clinical or CXR findings. The CXR can be done up to three months before the clinic if the client is low risk with no suspicious clinical or previous CXR findings.

Category of client	Refer Y/N	Rationale	Questions or Comments
Clinical suspicion of TB			
Signs and symptoms suspicious for TB and/or abnormal CXR finding suggestive of TB	Y	Diagnostic work up	Client can also be seen at regular clinic or as an inpatient
TB Contact			
TST negative and 5 years of age and older	N		
TST negative and less than 5 years of age	Y	Assess for WPP	
Child completing WPP and TST negative	N		
New or recent TST positive (in last two years)	Y	Rule out active TB	

		Assess for treatment or surveillance	
LTBI of undetermined date previously untreated or inadequately treated	Y	Rule out active TB, assess for treatment or surveillance	
LTBI of undetermined date previously treated.	Y	Rule out active TB	
Past Active TB	Y	Rule out active TB, assess for surveillance	
Active TB			
Newly diagnosed case	Y	Initiation of treatment	
Side effects from treatment or increased LFTs	Y	Clinical assessment	
Completed two months of treatment	Y	Review of progress	
Completed six months of treatment	Y	Assess for treatment completion, cure, extension of treatment or surveillance	
Completed extension phase of treatment	Y	Assess for treatment completion, cure or surveillance	
Incomplete treatment	Y	Assess for surveillance	
Latent TB Infection (not a contact- identified through screening)			
LTBI acquired in the last two years (recent)	Y	Rule out Active TB Assess for treatment or surveillance	Higher risk
Latent TB Infection previously untreated or inadequately treated	Y	Assess for treatment or surveillance	
Latent TB Infection previously adequately treated	N		
Latent TB with treatment related side effects or increased LFTs	Y	Clinical Assessment	
Latent TB at completion of treatment	Y	Assess for surveillance	
Client on Surveillance			
All clients on surveillance as per the criteria and time intervals for TB Surveillance (see Table 13.1)	N		Referral to the TB clinic not required if symptom inquiry, sputa and CXR are all normal - client can travel on a regular schedevac, have a CXR and return home (any necessary follow up can be done by video conference)