Section 14: Immigration, Refugee and Citizenship Canada (IRCC) Medical Surveillance

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Introduction

Immigration Refugee and Citizenship Canada (IRCC) medical surveillance is coordinated through the provincial Department of Health and Community Services. The CDCN reports the outcome(s) of medical surveillance to the Department who then report to the IRCC. This process is coordinated through the CDC office with Labrador-Grenfell Health (LGH). However, assistance may be required from staff within the Nunatsiavut Department of Health and Social Development, the Sheshatshiu Innu First Nation, and/or the Mushuau Innu First Nation to carry out follow-up in the community such as TST, sputum collection, etc.

Steps in IRCC Medical Surveillance

- Follow the steps for TB Assessment as per **Section 3: General TB Assessment.**
- Assess for TB signs/symptoms.
- Routine TB assessment of clients referred for IRCC medical surveillance DOES NOT include TST (or IGRA). However, TST or IGRA may be recommended based on findings from the initial examinations.
- Do a PA and lateral chest x-ray unless the client is or might be pregnant, and ask the client to submit three sputum specimens for TB testing.

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

- Indicate which tests were done in the 'Additional Tests' section of **Part 7** on the **Tuberculosis Assessment Form**. Sign/date the form in **Part 7** (Follow-Up).
- Send the completed **Tuberculosis Assessment Form** to the CDCN.
- Monitor for results of chest x-rays and sputum testing. Consult the CDCN if chest x-ray findings are abnormal and/or AFB smears or mycobacterial cultures results are positive.

- Once all tests have been completed file the **Tuberculosis Assessment Form** in the client's community health chart.

Organize any further follow-up or testing (e.g., TST, IGRA) recommended by the CDCN before filing the forms.