Appendix C – Flow Charts and Tools

General TB Testing Flow Chart 2
TB Contact Testing Flow Chart 3

General TB Testing Flow Chart

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Health and Social Development

GENERAL TB TESTING FLOWCHART

USE TB CONTACT TESTING FLOWCHART FOR CONTACTS

Complete appropriate parts of the Tuberculosis Assessment Form (TBAF)

NO TB SIGNS / SYMPTOMS
Determine if TST is appropriate (see yellow text box).

TST appropriate

- Administer and document TST.
- Advise client to return in 48 to 72 hours for TST read.

AFTER 48 to 72 hours:

- Inspect test site for **induration**.
- Record results in millimetres (mm).
- Follow-up according to TST reaction size (see blue text box).

TST NOT appropriate

Proceed to CLINICAL INVESTIGATIONS

DO NOT administer TST if:

- Under six months of age;
- Allergic 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; or
- Prior blistered TST reaction.

NOTE: TST should generally be deferred if measles or other live virus immunization within past four weeks.

TB SIGNS / SYMPTOMS

- Initiate **AIRBORNE PRECAUTIONS IF:**
  - Symptoms include cough for three weeks or longer **AND/OR**
  - Chest x-ray is abnormal (e.g., cavitary disease) **OR**
  - Sputum AFB smears or mycobacterial cultures are positive.
- **Inform CDCN**.
- Refer to Community Clinic for **CLINICAL INVESTIGATIONS.**

CLINICAL INVESTIGATIONS

- Do PA and lateral chest x-rays.^
- Collect **THREE** sputum specimens for TB testing.
- Administer TST if appropriate (see yellow text box) and not already done; advise client to return in 48 to 72 hours for TST read.
- Do baseline blood tests if treatment for active TB or LTBI might be recommended.❑

TST FOLLOW-UP:

- Inspect test site for induration after 48 to 72 hours.
- Record result in millimetres (mm) on **TBAF.**

OTHER FOLLOW-UP:

- Fax completed **TBAF** to CDCN.
- Monitor for results of chest x-rays, sputum testing, and (if done) blood tests. **Consult CDCN** if any test results are abnormal.
- Arrange a prescription for TB drugs as necessary.

TST RESULT FOLLOW-UP FOR GENERAL TB TESTING

0 mm to 4 mm
NEGATIVE TST: Proceed to CLINICAL INVESTIGATIONS if **immunosuppressed***

5 mm to 9 mm
Proceed to CLINICAL INVESTIGATIONS if:
- Immunosuppressed* **OR**
- Fibronodular scarring on existing chest x-ray

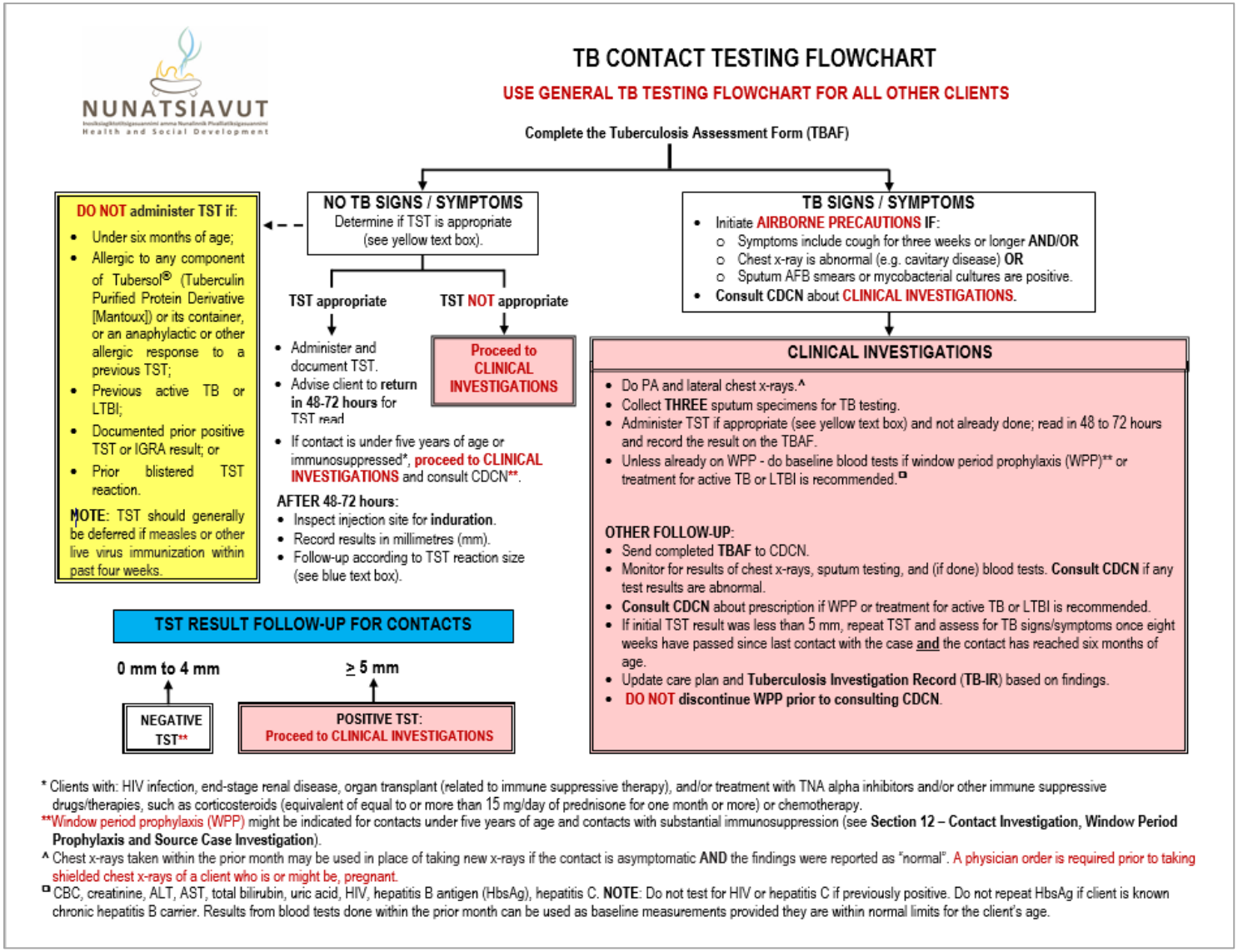
≥ 10 mm
POSITIVE TST: Proceed to CLINICAL INVESTIGATIONS

* Clients with: HIV infection, end-stage renal disease, organ transplant (related to immune suppressive therapy), and/or treatment with TNA alpha inhibitors and/or other immune suppressive drugs/therapies, such as corticosteroids (equivalent of equal to or more than 15 mg/day of prednisone for one month or more) or chemotherapy.

^ Chest x-rays taken within the prior month may be used in place of taking new x-rays provided the client is asymptomatic and the findings were reported as "normal". A physician order is required prior to taking shielded chest x-rays of a client who is or might be, pregnant.

❑ CBC, creatinine, ALT, AST, total bilirubin, uric acid, HIV, hepatitis B antigen (HbsAg), hepatitis C. **NOTE**: Do not test for HIV or hepatitis C if previously positive. Do not repeat HbsAg if client is known chronic hepatitis B carrier. Results from blood tests done within the prior month can be used as baseline measurements provided all are within normal limits for the client's age.

TB Contact Testing Flow Chart



* Clients with: HIV infection, end-stage renal disease, organ transplant (related to immune suppressive therapy), and/or treatment with TNA alpha inhibitors and/or other immune suppressive drugs/therapies, such as corticosteroids (equivalent of equal to or more than 15 mg/day of prednisone for one month or more) or chemotherapy.

Window period prophylaxis (WPP) might be indicated for contacts under five years of age and contacts with substantial immunosuppression (see **Section 12 – Contact Investigation, Window Period Prophylaxis and Source Case Investigation).

^ Chest x-rays taken within the prior month may be used in place of taking new x-rays if the contact is asymptomatic **AND** the findings were reported as "normal". A physician order is required prior to taking shielded chest x-rays of a client who is or might be, pregnant.

¤ CBC, creatinine, ALT, AST, total bilirubin, uric acid, HIV, hepatitis B antigen (HbsAg), hepatitis C. **NOTE**: Do not test for HIV or hepatitis C if previously positive. Do not repeat HbsAg if client is known chronic hepatitis B carrier. Results from blood tests done within the prior month can be used as baseline measurements provided they are within normal limits for the client's age.