



Centre de Santé et Services Sociaux Inuulitsivik  
 Inuulitsivik Health & Social Services Centre  
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 UNGAVA TULATTAVIK HEALTH CENTER  
 CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

EMBOSSER ICI LA CARTE DU CSI OU CSTU,  
 SI NON DISPONIBLE, INSCRIRE LES NOM, PRÉNOM,  
 DATE DE NAISSANCE ET NUMÉRO DE DOSSIER  
 EMBOSS THE CARD OF THE IHC OR UTHC HERE,  
 IF NOT AVAILABLE, WRITE THE NAME, SURNAME,  
 DATE OF BIRTH AND FILE NUMBER

**LATENT TB INFECTION**

ADULT AND PEDIATRIC (2 to 65 years)  
 FOLLOW-UP PROTOCOL – STANDARD MEDICAL  
 ORDER • **3HP (Rifapentine-Isoniazid) DOT 1 x / week**

**Purpose:** To ensure a standard process for the management of latent TB infection (LTBI) cases and the medical prescription of the necessary follow-up by the relevant health professionals.

**Objectives:**

- a) Ensure use of the most effective prophylaxis for latent TB infection (LTBI) and in so doing, prevent the development of active TB disease.
- b) Quickly detect adverse reactions and ensure their management.
- c) Quickly identify any issues regarding compliance and offer the appropriate support.

This order must be initialed by a physician at the time of the LTBI diagnosis and the prescription of treatment.

**Notes:** → To reach the attending physicians in pneumology:

- Pediatric (pneumology): write to [MCHTB@MUHC.MCGILL.CA](mailto:MCHTB@MUHC.MCGILL.CA) or to Zofia Zysman-Colman (physician) at [zofia.zysman-colman.med@ssss.gouv.qc.ca](mailto:zofia.zysman-colman.med@ssss.gouv.qc.ca).
- Adult (pneumology): Turn to the SAFIR system: [Connect to SAFIR \(gouv.qc.ca\)](http://Connect to SAFIR (gouv.qc.ca)). If SAFIR is unavailable, write to: Faiz Ahmad Khan [faiz.ahmad.khan.med@ssss.gouv.qc.ca](mailto:faiz.ahmad.khan.med@ssss.gouv.qc.ca) or Richard Menzies, Dr. [dick.menzies@mcgill.ca](mailto:dick.menzies@mcgill.ca).
- On-call pneumologist at MUHC: **514 934-1934**.

→ Whenever a new LTBI diagnosis is made, you must notify the Public Health TB team (NRBHSS) at [tuberculose-santepublique.nrbhss@ssss.gouv.qc.ca](mailto:tuberculose-santepublique.nrbhss@ssss.gouv.qc.ca).

**Important note: All individual medical prescriptions will have priority over the “Standard” follow-up described in this procedure.**

**Instructions regarding use of the protocol**

The following order, once signed and dated by the physician, will constitute a medical prescription for the tests and paraclinical exams required to enable the follow-up of patients with LTBI. Nurses and physicians must check off and sign the boxes related to their specific tasks as soon as the prescribed actions are completed. However, prescriptions for medications are made on the prescription forms specific to LTBI treatment.

Written by: Dr. Valérie Messier and Dr. Geneviève Auclair, consulting physicians in matters of infectious diseases for the NRBHSS, and Pascale Desjardins and Marie-Neige Dion, advisors in matters of infectious diseases, NRBHSS

Revised by: Dr. Gabriel Chouinard, IHC  
 Dr. Julie Desjardins and Jessica Trahan, NRBHSS  
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Approved by: CMDPSF executive committee, IHC, 2023-09-12  
 CMDPSF executive committee, UTHC, 2023-12



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**Positive QuantiFERON-TB Gold test on:**      /      /      (if applicable)

**TST result:**      mm                      **Date:**      /      /     

**Threshold values for TST and indications regarding LTBI treatment**

TST	Indications regarding preventive treatment
≥ 5 mm	<input type="checkbox"/> <b>Persons living in a priority village<sup>1</sup></b> <input type="checkbox"/> Mass screening in the event of an outbreak AND as per Nunavik Public Health. <input type="checkbox"/> Children who received the BCG vaccine less than 24 months earlier.
≥ 5 mm	<input type="checkbox"/> HIV infection <input type="checkbox"/> Recent contact with a contagious tuberculosis case. <input type="checkbox"/> Presence of fibronodular disease on chest x-ray (healed TB, but not previously treated or treated inadequately). <input type="checkbox"/> Organ transplant (related to immune suppressant therapy). <input type="checkbox"/> Other immunosuppressive drugs, e.g., corticosteroids (equivalent of ≥ 15 mg/day of prednisone for 1 month or more; the risk of active TB disease increases with the dose and the duration of treatment). <input type="checkbox"/> Renal failure requiring hemodialysis. <input type="checkbox"/> TNF (tumour necrosis factor) alpha inhibitor use.
≥ 10 mm	<input type="checkbox"/> Persons living in a village not considered a priority by Nunavik Public Health. <input type="checkbox"/> Shift in the last 2 years with no known exposure. <input type="checkbox"/> Shift following a recent contact, regardless of the time elapsed between the 2 TST. <input type="checkbox"/> Other immunodeficiency (neck and brain cancer). <input type="checkbox"/> Silicosis. <input type="checkbox"/> People (of any age) having travelled to a country with a high rate over the past 2 years, depending on the length of stay and type of activities. <input type="checkbox"/> Users of injected drugs who are HIV-negative. • Residents and workers of health institutions or correctional facilities. • Workers in homeless shelters. • Homeless people who can be administered a preventive treatment under direct observation. <input type="checkbox"/> All other high-risk patients (persons with diabetes mellitus, who are underweight or who smoke at least one pack of cigarettes per day).

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<sup>1</sup> To view the list of priority villages prepared by Public Health, see [Tuberculosis Toolbox](#).



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 ADULT AND PEDIATRIC (2 to 65 years)  
 FOLLOW-UP PROTOCOL – STANDARD MEDICAL  
 ORDER • **3HP (Rifapentine-Isoniazid) DOT 1 x / week**

Time	F-up	Interventions and investigations	Date and Signature
<b>Prior to treatment</b>  / / YY / MM / DD	<b>MD</b>	<p><b>Before prescribing 3HP, ensure that:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Patient is between the ages of 2 and 65 (If &gt; 65, assess on a case by case basis).</li> <li><input type="checkbox"/> Patient has no known allergies or severe side effects (hepatotoxicity, hypersensitivity, thrombocytopenia) to Isoniazid (INH), Rifapentine (RPT) or Rifampicin (RIF).</li> <li><input type="checkbox"/> A chest X-ray was done recently (&lt; 8 weeks if LTBI diagnosis over the past 24 months or &lt; 12 weeks in all other instances).</li> <li><input type="checkbox"/> If bacteriological specimens were requested, all results (smears/cultures) were negative (unless otherwise indicated by the treating pneumologist).</li> <li><input type="checkbox"/> If patient is a female of child-bearing age: negative results from a urine β-hCG test and not planning to get pregnant in the near future (12 to 16 weeks).</li> <li><input type="checkbox"/> If patient gave birth recently, ensure ≥ 3 months postpartum and not breastfeeding.</li> </ul> <p><b>Also check for:</b></p> <p>1. Prior active TB: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>2. History of abnormal liver function (AST-ALT ≥ 3 times normal) or porphyria: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p>3. Index case resistant to RIF or INH<sup>2</sup>: <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p> <p><b>Note:</b> If <b>YES</b> to 1, 2 or 3, consult the pediatric or adult pneumologist.            If <b>NO</b> to 1, 2 and 3, initiate the LTBI treatment (<a href="#">ITL_PRESC-MED-3HP_EN</a>).</p> <p><b>Prescribe:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Initial blood tests: <input type="checkbox"/> Liver function, creat., CBC.  <span style="margin-left: 120px;"><input type="checkbox"/> Syphilis<sup>3</sup>, HIV<sup>3</sup></span></li> <li><input type="checkbox"/> For patients ≥ 12 years: follow-up blood tests of liver function after 1<sup>st</sup> month of treatment.</li> <li><input type="checkbox"/> Follow-up blood tests every month PRN<sup>4</sup>: liver function, creat., CBC.</li> <li><input type="checkbox"/> Initial and monthly β-hCG urine<sup>5</sup> test.</li> </ul> <p><b>Other:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Check with pharmacist for potential interactions with other drugs (e.g., Dilantin) (<a href="#">DSPu-TB_INTERACTIONS_MED_EN</a>).</li> <li><input type="checkbox"/> Plan medication dosage or adjustment (e.g., Dilantin levels) during treatment if required.</li> <li><input type="checkbox"/> Counselling with regard to contraceptive use: if hormonal contraceptives are being used, promote adding another method (barrier contraception, such as condom).</li> </ul>	_____ Signature  / / / YY / MM / DD

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yyyy mm dd

<sup>2</sup>If the antibiogram of the index case is unknown when prescribing the preventive treatment, make sure to adjust the patient's plan as soon as any resistance to the prescribed TB treatment is confirmed.  
<sup>3</sup> Offer opportunistic screening for syphilis and HIV to persons aged ≥ 14 years. Send the results to the Public Health team responsible for sexually transmitted and blood-borne infections.  
<sup>4</sup> If symptomatic **OR** if abnormal results after initial workup **OR** ≥ if 50 years old **OR** in the presence of one of the following conditions: cirrhosis or chronic hepatitis, all causes combined, hepatitis C, hepatitis B, chronic alcohol consumption or alcohol abuse, intake of hepatotoxic medications, history of hepatitis provoked by medications.  
<sup>5</sup> Should there be a risk or signs of pregnancy while treatment is underway (unprotected sexual relations, late period, pregnancy symptoms, etc.), advise the physician.  
 (DSPu-TB\_ITL\_PROT-SUIVI-3HP\_EN, V2024-04-16)

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## LATENT TB INFECTION

ADULT AND PEDIATRIC (2 to 65 years)

FOLLOW-UP PROTOCOL – STANDARD MEDICAL

ORDER • **3HP (Rifapentine-Isoniazid) DOT 1 x / week**

Time*	F-up	Interventions and investigations	Date and Signature
1 <sup>st</sup> day/date of the onset of treatment  / / YY/ MM/ DD	Nurse	<p><b>Before initiating 3HP:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Make sure there are no active TB symptoms. In case of symptoms, request a medical opinion STAT.</li> <li><input type="checkbox"/> Take the patient's blood pressure and weight (<i>ITL_EVAL-CLIN-HEBDO-3HP_EN</i>).</li> <li><input type="checkbox"/> Initiate 3HP according to the medical order.</li> <li><input type="checkbox"/> Inform the patient (treatment, compliance, side effects).</li> <li><input type="checkbox"/> Prepare to complete follow-up forms: <ul style="list-style-type: none"> <li><input type="checkbox"/> Registration of the medication (<i>ITL-ENREG-MED-INH-DIE_EN</i>).</li> <li><input type="checkbox"/> Weekly clinical evaluation (<i>ITL_EVAL-CLIN-HEBDO-3HP_EN</i>)</li> </ul> </li> </ul> <p>As per the medical order:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Do initial blood tests: liver function, creat., CBC, Syphilis<sup>3</sup>, HIV infection<sup>3</sup>.</li> <li><input type="checkbox"/> Have a urine β-hCG test done<sup>6</sup>.</li> </ul>	Signature  / / YY/ MM/ DD
End of the 4 <sup>th</sup> week of treatment  / / YY/ MM/ DD	Nurse	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Regular monthly follow-up:</b> Notify the physician if abnormal. <ul style="list-style-type: none"> <li><input type="checkbox"/> Medication follow-up and provide support to the patient (<i>ITL_ENREG-MED-3HP_EN</i>)</li> <li><input type="checkbox"/> Complete clinical evaluation for each dose administered (<i>ITL_EVAL-CLIN-HEBDO-3HP_EN</i>)</li> </ul> </li> </ul> <p>As per the medical order:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Do follow-up blood tests PRN: liver function, creat., CBC.</li> <li><input type="checkbox"/> Have a urine β-hCG test done<sup>6</sup>.</li> </ul>	Signature  / / YY/ MM/ DD
End of the 8 <sup>th</sup> week of treatment  / / YY/ MM/ DD	Nurse	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Regular monthly follow-up:</b> Notify the physician if abnormal. <ul style="list-style-type: none"> <li><input type="checkbox"/> Medication follow-up and provide support to the patient (<i>ITL_ENREG-MED-3HP_EN</i>)</li> <li><input type="checkbox"/> Complete clinical evaluation for each dose administered (<i>ITL_EVAL-CLIN-HEBDO-3HP_EN</i>)</li> </ul> </li> </ul> <p>As per the medical order:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Do follow-up blood tests PRN: liver function, creat., CBC.</li> <li><input type="checkbox"/> Have a urine β-hCG test done<sup>6</sup>.</li> </ul>	Signature  / / YY/ MM/ DD

\*NOTE: Apply the End of treatment interventions if the treatment is completed before the 12<sup>th</sup> week.

MD signature: \_\_\_\_\_ License no.: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
yyyy mm dd

<sup>6</sup> If there are risks or signs of pregnancy while treatment is underway (unprotected sexual relations, late period, pregnancy symptoms, etc.), wait before administering the dose and advise the physician.



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Time	F-up	Interventions and investigations	Date and Signature
End of Treatment (12 <sup>th</sup> week)  YY/ MM/ DD	MD	<input type="checkbox"/> Document compliance and treatment outcome. <input type="checkbox"/> Complete and sign the <i>Clinical and radiological follow-up guide</i> during the post-treatment phase ( <i>TB-ACT-ITL_GUIDE-SCR_EN</i> ) <u>once the treatment has ended</u> . <input type="checkbox"/> Update the list of problems (prior history) in the patient's chart.	_____ Signature _____ YY/ MM/ DD
	Nurse	<input type="checkbox"/> <b>Regular monthly follow-up:</b> Notify the physician if abnormal. <ul style="list-style-type: none"> <li><input type="checkbox"/> Medication follow-up and provide support to the patient (<i>ITL_ENREG-MED-3HP_EN</i>).</li> <li><input type="checkbox"/> Complete clinical evaluation for each dose administered (<i>ITL_EVAL-CLIN-HEBDO-3HP_EN</i>).</li> </ul> As per the medical order: <ul style="list-style-type: none"> <li><input type="checkbox"/> Do follow-up blood tests PRN: liver function, creat., CBC.</li> <li><input type="checkbox"/> Have a urine <math>\beta</math>-hCG test done<sup>6</sup>.</li> <li><input type="checkbox"/> Plan for clinical and radiological follow-up as required, <i>Clinical and radiological follow-up guide</i> (<i>TB-ACT-ITL_GUIDE-SCR_EN</i>).</li> <li><input type="checkbox"/> Send all completed documents to Public Health team.</li> </ul>	_____ Signature _____ YY/ MM/ DD

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 yyyy mm dd



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**FOLLOW-UP GUIDE FOR ADDITIONAL WEEKS**  
**Extension of the planned duration of the treatment**  
 To be followed if the treatment is extended beyond the 12-week period. Apply the interventions in the End of treatment line if one or more additional weeks are needed to complete the treatment. Beyond 16 weeks, the prophylaxis is considered inadequate if fewer than 11 doses were administered.

Time	Follow-up	Interventions and investigations	Date and Signature
End of treatment (12 to 16 weeks)  YY/ MM/ DD	MD	<input type="checkbox"/> Document compliance and treatment outcome. <input type="checkbox"/> Complete and sign the <i>Clinical and radiological follow-up guide</i> <u>once the treatment has ended</u> ( <i>TB-ACT-ITL_GUIDE-SCR_EN</i> ). <input type="checkbox"/> Update the list of problems (prior history) in the patient's chart.	Signature _____ YY/ MM/ DD
	Nurse	<input type="checkbox"/> <b>Regular monthly follow-up:</b> Notify the physician if abnormal. <ul style="list-style-type: none"> <li><input type="checkbox"/> Medication follow-up and provide support to the patient (<i>ITL_ENREG-MED-3HP_EN</i>).</li> <li><input type="checkbox"/> Complete clinical evaluation for each dose administered (<i>ITL_EVAL-CLIN-HEBDO-3HP_EN</i>).</li> </ul> As per the medical order: <ul style="list-style-type: none"> <li><input type="checkbox"/> Do follow-up blood tests PRN: liver function, creat., CBC</li> <li><input type="checkbox"/> Have a urine <math>\beta</math>-hCG test done<sup>6</sup>.</li> </ul> <input type="checkbox"/> Plan for clinical and radiological follow-up as required, <i>Clinical and radiological follow-up guide</i> ( <i>TB-ACT-ITL_GUIDE-SCR_EN</i> ). <input type="checkbox"/> Send all completed documents to Public Health team.	Signature _____ YY/ MM/ DD

MD signature: \_\_\_\_\_ License no.: \_\_\_\_\_ Date: yyyy/ mm/