



Centre de Santé et Services Sociaux Inuulitsivik Inuulitsivik Health & Social Services Centre Puvirnituq, Québec JOM 1P0 T 819 988-2957 / F 819 988-2796

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LATENT TB INFECTION
ADULT AND PEDIATRIC
FOLLOW-UP PROTOCOL – STANDARD MEDICAL

ORDER • RIFAMPICIN (RIF)

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

Purpose: To ensure a standard process for the management of LTBI (latent TB infection) 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) Ensure regular and optimal follow-up of people with LTBI who are undergoing treatment.
- c) Quickly identify any issues regarding compliance and offer the appropriate support.
- d) Quickly detect adverse reactions and ensure their management (Guide TB, Québec, 2017).

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

Notes: → To reach out to the pneumologists:

- Pediatric pneumologist, write to: MCHTB &06CH_CUSM MCHTB@MUHC.MCGILL.CA or Zofia Zysman-Colman (Med) zofia.zysman-colman.med@ssss.gouv.qc.ca
- Adult pneumologist: Use SAFIR system: <u>Connect to SAFIR (gouv.qc.ca)</u>
 In case SAFIR is unavailable, write to: Faiz Ahmad Khan <u>faiz.ah-mad.khan.med@ssss.gouv.qc.ca</u> ou Richard Menzies, Dr. dick.menzies@mcgill.ca
- Pneumologist on call at the 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.

Important note: All individual medical prescriptions 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. Medication prescriptions, however, will be prepared on prescription sheets specifically for LTBI treatment.

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Approved by: CMDPSF executive committee, IHC and UTHC, 2020-12





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Positive QuantiFERON-TB Gold test on://				
TST resul	TST result: mm			
Threshold	d values for TST and indications regarding LTBI treatment			
TST	Indications regarding preventive treatment			
≥ 5 mm	 □ Persons living in a priority village¹ □ Mass screening in the event of an outbreak AND as determined by Nunavik Public Health Department. □ Children who received the BCG vaccine less than 24 months earlier. 			
≥ 5 mm	 ☐ HIV infection. ☐ Recent contact with a contagious tuberculosis case. ☐ Presence of fibronodular disease on chest x-ray (healed TB, and not previously treated or treated inadequately). ☐ Organ transplantation (related to immune suppressant therapy). ☐ 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). ☐ Renal failure requiring hemodialysis. ☐ TNF (tumour necrosis factor) alpha inhibitor use. 			
≥ 10 mm	 □ Persons living in a village not deemed a priority by Nunavik Public Health Department. □ Shift in the last 2 years with no known exposure. □ Shift following a recent contact, regardless of the time elapsed between the 2 TST. □ Other immunodeficiency (neck and brain cancer). □ Silicosis. □ 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. □ 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. □ 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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¹ To view the list of priority villages prepared by Public Health, see Boîte à outils – Tuberculose (English page).





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ADULT AND PEDIATRIC

FOLLOW-UP PROTOCOL – STANDARD MEDICAL ORDER • RIFAMPICIN (RIF)

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When	Who	Interventions and investigations		
Prior to treatment	Doctor	Before prescribing RIF: □ Ensure a CXR has been taken recently (< 12 weeks since the last CXR) □ If BK tests are requested, make sure culture results are negative (unless the expert consulted stipulates otherwise) Also check for: 1. Prior active TB: 2. History of hepatitis following TB treatment: 3. Index case resistant to Rifampicin (RIF)²: Note: - IF YES (1, 2 and/or 3), reach out to the pneumologists³ - IF NO (1, 2 and 3), initiate the LTBI treatment (ITL_PRESC-MED-INH-DIE_EN) □ Check with the pharmacist to determine whether there are any interactions with other drugs (e.g., Dilantin). □ Prepare for dosing or adjusting medication (e.g., Dilantin levels) while treatment is underway, if necessary. □ Offer advice in the event of oral contraceptive use. Contraceptive implants, IUDs or condoms should be favoured □ Prescribe initial blood test: FSC, liver function, creat., syphilis⁴ □ Prescribe monthly F/up blood test PRN⁵: Liver function, creat.		
1st day/date of the onset of Tx //	Nurse	Before initiating RIF: ☐ Make sure there are no active TB disease symptoms. In the presence of any such symptoms, request a medical opinion STAT before initiating treatment. ☐ Initiate RIF as per medical prescription ☐ Educate the patient (treatment, compliance, side effects) ☐ Prepare to complete follow-up forms: ☐ Compliance curve (ITL-COURBE-RIF_EN) ☐ Registration of the medication (ITL-ENREG-MED-INH-DIE_EN) ☐ Monthly clinical assessment (TB-ACT-ITL_EVAL-CLIN-MENS_EN) ☐ As per medical prescription above, take initial blood test: FSC, liver function, creat. (adult and child), syphilis⁴		
МГ) signatur	License no : Date: www/mm	/ dd	

² If the antibiogram of the index case is unknown when prescribing the preventive treatment, make sure to adjust the user's	plan as
soon as any resistance to the prescribed TB treatment is confirmed.	

(DSPu-TB_ITL_PROT-SUIVI-RIF_EN, V2023-10-01)

³ Contact information for pneumologists is provided on page 1 of this document.

⁴ Given the region's epidemiology profile, offer syphilis screening for people aged ≥ 14 years. Send the results to the Public Health team responsible for Sexually Transmitted Diseases.

⁵ <u>Adult :</u> If symptomatic **OR** ≥ 50 years old **OR** in the presence of one of the following conditions: Pregnancy or childbirth over the past 3 months, progressive cirrhosis or progressive chronic hepatitis, all causes combined, hepatitis C, hepatitis B with abnormal concentrations of transmines, daily alcohol consumption, intake of other hepatotoxic medications, history of hepatitis provoked by medications. (*Guide d'intervention – La tuberculose*, MSSS, 2017) **Child :** If symptomatic or abnormal results after initial blood test.





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When*	Who	Interventions and investigations	
End of 1st month of Tx	Nurse	 ☐ Regular monthly follow-up: Notify the physician if abnormal. ☐ Medication follow-up and support to the patient (ITL-COURBE-RIF_EN) and (ITL-ENREG-MED-RIF_EN) ☐ Monthly clinical Assessment (TB-ACT-ITL_EVAL-CLIN-MENS_EN) ☐ As per medical prescription, take monthly F/up blood test PRN: liver function, creat. 	Signature YYYY/ MM/ DD
End of 2 nd month of Tx	Nurse	 □ Regular monthly follow-up: Notify the physician if abnormal. □ Medication follow-up and support to the patient (ITL-COURBE-RIF_EN) and (ITL-ENREG-MED-RIF_EN) □ Monthly clinical Assessment (TB-ACT-ITL_EVAL-CLIN-MENS_EN) □ As per medical prescription, take monthly F/up blood test PRN: liver function, creat. 	Signature YYYY/ MM/ DD
End of 3 rd month of Tx	Nurse	 ☐ Regular monthly follow-up: Notify the physician if abnormal. ☐ Medication follow-up and support to the patient (ITL-COURBE-RIF_EN) and (ITL-ENREG-MED-RIF_EN) ☐ Monthly clinical Assessment (TB-ACT-ITL_EVAL-CLIN-MENS_EN) ☐ As per medical prescription, take monthly F/up blood test PRN: liver function, creat. 	Signature YYYY/ MM/ DD
	Doctor	□ Document compliance and end of the treatment □ Complete and sign the post-treatment Clinical and radiological follow-up guide (TB-ACT-ITL_GUIDE-SCR_EN) □ Update the list of problems (prior history) in the patient record.	Signature YYYY/ MM/ DD
End of Tx (4 th month)	Nurse	 □ Regular monthly follow-up: Notify the physician if abnormal. □ Medication follow-up and support to the patient (ITL-COURBE-RIF_EN) and (ITL-ENREG-MED-RIF_EN) □ Monthly clinical Assessment (TB-ACT-ITL_EVAL-CLIN-MENS_EN) □ As per medical prescription, take monthly F/up blood test PRN: liver function, creat. □ Plan for clinical and radiological follow-up as required, as per medical opinion on the form Clinical and radiological follow-up guide (TB-ACT-ITL_GUIDE-SCR_EN) □ Send all completed documents to Public Health Department d of treatment interventions if the treatment is completed before the 4th month. 	Signature YYYY/ MM/ DD

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





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FOLLOW-UP GUIDE FOR ADDITIONAL MONTHS Extension of the planned duration of the treatment

To be followed if the treatment is extended beyond the 4-month period. Apply the interventions in the *End of treatment* line if even just one additional month is needed to complete the treatment. Beyond 6 months, preventive treatment is considered inadequate.

When	Who	Interventions and investigations		
End of 5 th month of Tx	Nurse Nurse Nurse Nurse Nurs		Signature YYYY/ MM/ DD	
End of Tx	Doctor	 □ Document compliance and end of the treatment □ Complete and sign the post-treatment Clinical and radiological follow-up guide (TB-ACT-ITL_GUIDE-SCR_EN) □ Update the list of problems (prior history) in the patient record. 	Signature YYYY/ MM/ DD	
(5 th or 6 th month)	Nurse	 ☐ Regular monthly follow-up: Notify the physician if abnormal. ☐ Medication follow-up and support to the patient (ITL-COURBE-RIF_EN) and (ITL-ENREG-MED-RIF_EN) ☐ Monthly clinical Assessment (TB-ACT-ITL_EVAL-CLIN-MENS_EN) ☐ As per medical prescription, take monthly F/up blood test PRN: liver function, creat. ☐ Plan for clinical and radiological follow-up as required, as per medical opinion on the form Clinical and radiological follow-up guide (TB-ACT-ITL_GUIDE-SCR_EN) ☐ Send all completed documents to Public Health Department 	Signature YYYY/ MM/ DD	

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