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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 DOSSIER
EMBOSS HERE THE CARD OF IHC OR UTHC,
IF NOT AVAILABLE, WRITE THE NAME, SURNAME,
DATE OF BIRTH AND FILE NUMBER

**CONTACT WITH AN ACTIVE TB CASE 0 – < 5 YRS
MONITORING PROTOCOL – STANDARD MEDICAL
ORDER RIFAMPICIN (RIF) • WINDOW-PERIOD**

Purpose: To implement a standard process for the management of children between 0 to < 5 years who have been in contact with an active TB case and ensure that follow-up is carried out according to the medical orders of the healthcare professionals involved during the window-period.

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 patients who are undergoing treatment.
- c) Quickly identify any issues regarding compliance and offer the appropriate support.
- d) Rapidly detect the appearance of symptoms pointing to active TB and refer to physician.
- e) Quickly detect adverse reactions and ensure their management.

This order must be initiated by a physician at the time of the prescription of a 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 : [Connect to SAFIR \(gouv.qc.ca\)](http://Connect to SAFIR (gouv.qc.ca))
In case SAFIR is unavailable, write to: Faiz Ahmad Khan faiz.ahmad.khan.med@ssss.gouv.qc.ca 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 notes:

- All individual medical prescriptions will have priority over the “Standard” follow-up described in this procedure.
- A specialized pediatric pneumologist should systematically be called in to manage cases involving children between 0 at < 5 years.

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. 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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Revised by: Dr. Valérie Messier and Aurélie Heurtebize (NRBHSS) on 2021-02-24
Approved by: CMDPSF executive committee, IHC, 2021-04-26
CMDPSF executive committee, UTHC, 2021-04-14



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**CONTACT WITH AN ACTIVE TB CASE 0 – < 5 YEARS
FOLLOW-UP PROTOCOL – STANDARD MEDICAL
ORDER RIFAMPICIN (RIF) • WINDOW/PERIOD**

When	Who	Interventions and investigations	Date and Signature
Prior to treatment ____/____/____ YYYY/ MM/ DD	Doctor	<p>Before prescribing RIF (window-period):</p> <p><input type="checkbox"/> Eliminate an active TB diagnosis (normal CXR and clinical investigations)</p> <p>Check for:</p> <p>1 - Prior active TB <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>2 - Strain from the index case resistant to Rifampicin (RIF) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Note: - IF YES (1 and/or 2), reach out to the pneumologists¹</p> <p>- IF NO (1 and 2), prescribe the RIF window-period treatment ITL_PRESC-MED-RIF-FENETRE_EN</p> <p>Prescribe: <input type="checkbox"/> Initial blood test : Liver function, creat., FSC</p> <p><input type="checkbox"/> Monthly F/up blood test : Liver function, creat. PRN²</p> <p><input type="checkbox"/> Check for any interactions with other drugs (e.g., Dilantin) with the pharmacist</p>	Signature _____ YYYY/ MM/ DD
1 st day/date of the onset of Tx ____/____/____ YYYY/ MM/ DD	Nurse	<p><input type="checkbox"/> As per medical prescription above, take initial blood test : liver function, creat., FSC</p> <p><input type="checkbox"/> Initiate RIF as per medical prescription</p> <p><input type="checkbox"/> Notify the parent/tutor re. treatment, compliance, side effects</p> <p><input type="checkbox"/> Prepare to complete follow-up forms:</p> <p><input type="checkbox"/> Compliance curve ITL-COURBE-RIF_EN</p> <p><input type="checkbox"/> Registration of the medication ITL-ENREG-MED-RIF_EN</p> <p><input type="checkbox"/> Monthly clinical assessment TB-ACT-ITL_EVAL-CLIN-MENS_EN</p>	Signature _____ YYYY/ MM/ DD
End of 1 st month of Tx ____/____/____ YYYY/ MM/ DD	Nurse	<p><input type="checkbox"/> Regular monthly follow-up: Notify the physician if abnormal.</p> <p><input type="checkbox"/> Medication follow-up and support to the patient: ITL-COURBE-RIF_EN and ITL-ENREG-MED-RIF_EN</p> <p><input type="checkbox"/> Monthly clinical assessment TB-ACT-ITL_EVAL-CLIN-MENS_EN</p> <p><input type="checkbox"/> As per medical prescription, take monthly F/up blood test: liver function, creat. PRN</p>	Signature _____ YYYY/ MM/ DD
End of 2 nd month of Tx OR End of window-period ² ____/____/____ YYYY/ MM/ DD	Nurse	<p><input type="checkbox"/> Perform TST³ following the window-period: See section 4 of the Clinical assessment of a suspected active TB case or a contact of active TB case DETECT-EVAL-CLIN_EN (already in the child's record)</p> <p><input type="checkbox"/> TST < 5 mm and asymptomatic = notify the doctor and cease the treatment as per medical prescription</p> <p><input type="checkbox"/> TST ≥ 5 mm or conversion⁴ or patient is symptomatic = notify the doctor</p>	Signature _____ YYYY/ MM/ DD
	Doctor	<p>If TST following the window-period is ≥ 5 mm or conversion³ or patient is symptomatic :</p> <p><input type="checkbox"/> Medical assessment → If abnormal, reach out to the pneumologists¹</p> <p>In the absence of signs or symptoms of active TB :</p> <p><input type="checkbox"/> Prescribe the LTBI treatment ITL_PRESC-MED-RIF-FENETRE_EN</p> <p><input type="checkbox"/> Sign the LTBI protocol ITL-PROT-SUIVI-RIF_EN</p>	Signature _____ YYYY/ MM/ DD

MD signature: _____

License no.: _____

Date: / /

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

² If symptomatic or abnormal results initial blood test.

³ The end of the window-period corresponds to 8 weeks after the last exposure to the index case. Exception: If the child is aged < 6 months, the treatment will be continued until he is 6 months old, at which point TST #2 will be done.

⁴ A conversion corresponds to an increase of ≥ 6 mm between the current TST and the prior TST, or a current TST ≥ 10 mm.