

Dear Doctor,

Citizenship and Immigration Canada (CIC) has placed your patient on Medical Surveillance for Inactive Tuberculosis (TB) due to findings on their immigration medical examination.

1. **Complete all fields of the attached *Physician Report- Medical Surveillance for TB* form and give it to your patient to forward to Peel Public Health.**

Please note:

- **A current Canadian chest x-ray must be done**
- **If you conduct follow up testing, please forward the results to Peel Public Health (PPH) when they become available.**
- **LTBI Treatment-** If treatment for Latent Tuberculosis Infection (LTBI) is refused or contraindicated, monitor your patient for the development of active TB for at least two years. Counsel your patient to watch for TB signs and symptoms and when to seek medical advice.

#### **Reporting responsibilities to Peel Public Health**

- To report **LTBI** or to order TB medications fax: Physician Report- Medical Surveillance for TB to PPH at 905-565-8428
- To report **suspect/confirmed cases**: call Peel Public Health 905- 791-7800 x 2796

#### **2. Payment**

- The medical examination and relevant tests are eligible for payment from OHIP or Interim Federal Health Plan
- Patients without OHIP or Interim Federal Health (e.g., visitors) should be billed directly
- If active TB Disease is suspected for an uninsured patient, call Peel Public Health at 905-791-7800 x 2796 to determine if your patient is eligible for TB-UP, a program for uninsured persons.

#### **3. Additional resources:**

- Canadian TB Standards (2014): <https://www.canada.ca/en/public-health/services/infectious-diseases/canadian-tuberculosis-standards-7th-edition.html>
- BCG Atlas: World Atlas of BCG Policies and Practices - <http://www.bcgatlas.org/>
- TST in 3D: The Online TST/IGRA Interpreter - <http://www.tstin3d.com/>

Sincerely,  
The TB Control Program,  
Prevention and Health Promotion Team

Client \_\_\_\_\_, \_\_\_\_\_ DOB \_\_\_\_\_ Gender:  M  
 Last Name First Name(s) YYYYY/MM/DD  F

**PHYSICAL FINDINGS and RELATED HISTORY**

- Current Chest X-Ray Date: \_\_\_\_\_ **A copy of the radiology report must be attached**
- Risk factors for TB re-activation:
 

<input type="checkbox"/> HIV/AIDS	<input type="checkbox"/> Renal disease	<input type="checkbox"/> Immunosuppressive therapy/disease
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Abnormal CXR	<input type="checkbox"/> Recent immigration (<2yrs)
- Tuberculin Skin Test (TST) Date: \_\_\_\_\_ Result: \_\_\_\_\_ mm induration  
**Note:** A TST should be administered regardless of BCG history, especially if the above medical risk factors are identified
- Symptoms of TB: No Yes Check all that apply:
 

Cough	<input type="checkbox"/> Fever	<input type="checkbox"/> Night sweats	Weight loss	Hemoptysis	Pain	Fatigue
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Sputum x3 for AFB/Culture Date: \_\_\_\_\_ **Attach copy of the reports**  
**Note:** Sputum should be collected if client has TB symptoms, an abnormal Chest X-Ray or a past history of respiratory TB

**HISTORY of PREVIOUS TREATMENT**

Inactive TB (LTBI):  No  Yes TB Disease:  No  Yes Date: \_\_\_\_\_  
 Length of Treatment: \_\_\_\_\_ Medication(s): \_\_\_\_\_

**CURRENT DIAGNOSIS**

- Active/ Suspect TB. **Must be reported to Peel Public Health by Phone or Fax \***
- Latent TB Infection (LTBI)
- Fax Chest X-Ray to Peel Public Health \*
- Check here to order INH 300mg and Vitamin B6 25 mg daily for 9 months (Please sign & date below\*\*)
- LTBI treatment refused  Contraindicated  Client counselled: signs, symptoms and when to seek medical attention
- No active TB/LTBI
- Treatment for LTBI should be considered for individuals at high risk for developing TB, unless the client has provided documentation of adequate previous LTBI or active TB treatment. Active TB must be ruled out before prophylaxis is started. If sputums have been collected, please forward culture results before TB medication will be provided.**

**PHYSICIAN PLANS for FOLLOW-UP (check all that apply)**

- Client referred to Specialist for further assessment. Specify: \_\_\_\_\_
- Follow-up assessment, Chest X-Ray, and/or sputum in 6-12 months.

<p><b>*Peel Public Health Tuberculosis (TB) Control and Prevention Program Fax Number: 905-565-8428 Phone Number: 905-791-7800 X 2796</b></p>	<p>Physician's Name: _____</p> <p>Address: _____</p> <p>City: _____ Postal Code: _____</p> <p>Tel. # _____ Fax # _____</p> <p>**Signature: _____ Date: _____</p>
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**Notice with respect to the Collection of Personal Information:** This information is being collected pursuant to the Health Protection and Promotion Act R.S.O. 1990 c.H.7 and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal, and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of personal information including the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 c. M. 56, the Personal Health Information Protection Act 2004 S.O. 2004 c.3. This information will be used by Peel Public Health for the purposes of administering Peel Public Health's Tuberculosis Program. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, 7120 Hurontario Street, P.O. Box 667, RPO Streetsville, Mississauga, ON, L5M 2C2, 905-799-7700.