

APPENDIX A HELPFUL HINTS FOR COMPLETING THE TUBERCULOSIS SCREENING PROGRAM FORM

Tuberculosis Screening Program forms are divided into three parts. Parts 1 and 2 are completed by health care providers based on information from interviews with clients. Part 3 is completed by the BCCDC TB Services physician specialist.

It is critical that *Tuberculosis Screening Program* forms be filled out completely and accurately. Information from the forms is used to guide follow-up recommendations from YCDC TB Control and the BCCDC TB Services physician specialist, and for TB surveillance purposes. Using the hints in <u>Table A-1</u> can help clients and health care providers ensure information collected on the forms is as accurate and complete as possible, to support the delivery of safe and appropriate care.

Table A-1, Helpful hints for completing the Tuberculosis Screening Program form

Data Field on the Form	Helpful Hints		
Originating Source	Where is the form being completed?		
AKA Names	What is the name on your health care card? Is the name on your health care card the same as on your other id? (treaty card, driver's license, social insurance number) Are there any other names that your records might be under (e.g., former names, baptismal names)?		
Ethnic Origin	Required by Public Health Agency of Canada when reporting cases of active TB disease		
Country or Canadian Province of Birth	Gives valuable information on potential for prior exposure to infectious TB disease and on BCG history. For example, people from Newfoundland or Quebec might recall having a "back scratch" vaccine as children (BCG). Ask: Where were you born? Where did you grow up?		
Date Entered Canada	Foreign-born people have a higher risk for developing active TB disease during the first 5 years after arriving in Canada. Ask: • When did you come to Canada?		



Data Field on Form		Helpful Hints	
Reason for Exam	BCCDC TB Services physician specialist relies on this information to interpret TST and other test findings. NOTE: Incomplete forms will be returned, which can cause delay.		
Current TB	Complete this data field only if client is being screened as part of a contact		
Contact	investigation or source case investigation today.		
Risk Factors for Developing TB	Cancer	Cancer of the head, neck, and lungs is linked to an increased risk of developing active TB disease. Ask: Have you been told by a doctor that you have cancer? Are you on any medications for cancer?	
	BMI < 20	Most clients down know; ask for their height and weight and calculate whether the client's weight is less than 90% of their ideal weight. Ask: Have you ever had an eating disorder? Have you ever been told you are too thin?	
	Alcoholism	 Ask: Has anyone told you, or do you think that you drink too much alcohol? Does alcohol affect your life, your family life, or your job? 	
	Drug Use	 Ask: Do you use non-prescription drugs? Has anyone told you, or do you have concerns about the prescription medicine you use? 	
	HIV/AIDS	Ask:Has anyone ever told you that you have HIV?	
	Diabetes	 Ask: Has your doctor told you that your blood sugars are too high? Are you on medications for diabetes? (if yes) Needles or pills? 	
	Travel to High Prevalence Countries	Have you travelled outside of Canada since your last TB skin test? (if yes) Where?	
	Smoking	Ask:	
		Risk factors continued on next page	



Data Field on Form	Helpful Hints		
Risk Factors for Developing TB Disease	Renal Disease, Failure, Dialysis (specify)	 Ask: Has your doctor ever told you that you have kidney problems? Have you ever had to go on the machine that cleans your blood? 	
	Silicosis, Sarcoidosis, Asbestosis	 Ask: Silicosis: Have you ever worked underground in a mine? Sarcoidosis: Have you ever been told you have a chronic lung disease, or that your lungs don't work properly? Asbestosis: Have you ever worked with asbestos? 	
	Immunosuppressive medication	e.g., prednisone, anti-rejection medications, chemotherapy, TNF-alpha inhibitors, methotrexate Ask:	
Symptoms	NOTE: If client has had a cough for more than 2-3 weeks, three sputum specimens should be collected for TB testing, with the first sample collected during the TB screen (see Appendix E).		
Hepatitis History	Some medications used to treat active TB disease or latent TB infection can cause liver toxicity (e.g., isoniazid) Ask:		
Previous BCG	Have you ever been told that you have hepatitis? Commonly referred to as "the TB needle". Older clients might have had smallpox vaccine, which also leaves a scar. Ask clients to let you see their vaccination scars. The smallpox scar is indented. BCG scar is raised, and might be on the left or right shoulder. Clients from Newfoundland or Quebec might have had BCG administered as scratches on their lower back. If so, look for a tiger claw-like mark on the lower back. Clients from Holland might have a BCG scar on their thigh. For information on identifying BCG scars, refer to Section 7.2.5.		
Has client ever had TB?	 Ask: Have you ever been sick with TB? Were you ever sent out to the Charles Camsell in Edmonton or Baker San. (sanatorium) in Calgary? 		
Preventive Treatment?	TB? NOTE: Do not use tl	taken pills for a long time because you had contact with ne words "chemo" or "chemoprophylaxis" because that with cancer treatment.	



Data Field on Form	Helpful Hints		
Has the client ever been in contact with TB case?		our family have TB or get sent out for TB treatment to msell in Edmonton or the Baker San. (sanatorium) in	
Result of Last TST	Refers to last TB skin test Explain TST to the client: a small needle given on the inner arm, a bubble forming, and coming back in 2 days to have a "read". If yes, ask: Do you remember a nurse or doctor feeling the spot where they had the needle and finding a hard lump? Have you been told that you should never have another skin test? Do you remember the spot itching or having blisters on it? If so, how quickly did the redness and itching start?		
Result of Last TST (continued)	Look the client up in TB iPHIS to confirm prior TST results. All Community Nursing RN's can have a 'view-only' TB iPHIS account. If you do not have a TB iPHIS account or if you need to have your password reset, call Beth at (867) 667-8371. While you are waiting for access to TB iPHIS, call the YCDC TB Control Nurses (Beth, or Mel at (867) 456-6519) for assistance with checking TB iPHIS for prior TST results.		
Result of Last IGRA	Ask: • Have you ever had a blood test for TB? NOTE: Most clients will not have had an IGRA before because it is fairly new to the Yukon.		
Did Not Test	Mark the box that indicates the reason why the TST or IGRA was not done.		
	Previous TB	People who have had active TB disease before will continue to have a positive TST or reactive IGRA test, even if they complete treatment. TST or IGRA should not be repeated because the results will not provide any new diagnostic information.	
	Previous Positive TST	If the person has a documented previous positive TST, repeating the TST will not provide any new diagnostic information. The only exception is when s/he had BCG as an infant or young child followed by a positive TST within 1-2 years. If s/he has not had a TST since BCG, a TST can be done. Please call YCDC TB Control Nurses to discuss these scenarios.	
	Previous Positive IGRA	Do not give a TST or repeat the IGRA. The results will not provide any new diagnostic information.	