

## APPENDIX B

### ACCESS TO TUBERCULIN SKIN TESTING (TST) IN YUKON

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A 'risk-based' approach to determining when to include TST in TB screening is in effect in Yukon. Complete details are available in the *Interim Guidelines for Tuberculosis (TB) Screening* (April, 2014) document included in this appendix. **The *Tuberculosis Screening Program* form will continue to be used to guide the TB screening process.**

**TST should be included** in TB screening for:

- People with or soon to have, immune suppression due to disease or treatment  
**NOTE:** People with HIV infection and CD4 cell counts less than  $200 \times 10^6/L$  and initial TST results of 0 to 4 mm should have two-step TSTs (refer to 7.2.4)
- Current type 1 or type 2 contacts of active pulmonary TB (infectious TB disease)

Chest x-ray (**NOT TST**) should be included in TB screening for people:

- With symptoms of TB – **contact YCDC TB Control**
- With risk factors for developing TB (identified on the *Tuberculosis Screening Program* form) – other than those who qualify for TST, as described above
- That have immigrated to Canada within the past 5 years from a country with a TB incidence greater than or equal to 30 cases/100 000 population; TB incidence rates are available at <http://www.publichealth.gc.ca/tuberculosis>

**NOTE:** If cough is present, three sputum specimens should be collected for TB testing (i.e., AFB smear and mycobacterial culture, **NOT** routine culture and sensitivity [C&S]). Refer to the Interim Guidelines for detailed information on management of pregnant women and clients with existing chest x-rays taken within the prior 6 months.

**TB clearance for ALL OTHER clients can be provided based on clinical grounds alone; clearance letter should state “there are no indications of active TB disease”.**

Questions and/or concerns about the Interim Guidelines should be directed to YCDC: (867) 667-8323 or toll-free within Yukon: 1-800-661-0408, ext. 8323.



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April 2014

### Interim Guidelines for Tuberculosis (TB) Screening

*This guidance document was developed in consultation with the Chief Medical Officer of Health for Yukon, Dr Brendan Hanley. These guidelines are to be used for the screening of individuals who would routinely have been offered a TST. At this time, there are no changes to TB screening for individuals where a CXR is recommended (e.g. individuals with a prior positive TST or prior history of active disease).*

Groups seeking TB screening may not appreciate the difference between TB infection & TB disease. The majority of individuals with TB infection do not go on to develop TB disease; as such they pose no risk of spreading TB to others. The key to controlling TB is to accurately identify the individuals who are at the highest risk of converting from infection to active disease and the identification of such individuals early in their illness.

#### Symptoms of TB disease:

The classic symptom of pulmonary TB disease is a chronic cough of at least 2 weeks' duration. This cough is initially dry but after several weeks to months will become productive. Fever and night sweats are common but may be absent in the very young and the elderly. Hemoptysis, anorexia, weight loss, chest pain and other symptoms are generally manifestations of more advanced disease <sup>1</sup> (p.3)

TSTs are used for the identification of individuals with latent tuberculosis infection and "Neither the TST nor the IGRA should be used for testing people who have a low risk of infection and a low risk that there will be progression to active TB disease if they are infected" <sup>2</sup> (p.3). Although a TST is often used to screen for TB, a TST does not screen for active disease and in fact cannot be used to rule out active disease. <sup>1</sup>

Yukon Communicable Disease Control, the Yukon TB program and all agents performing TB screening have the responsibility to ensure that our current supply of Tuberculin for TB skin tests are used appropriately & effectively for the population in which they are most effective.

To help ensure this occurs, the **Yukon TB Screening Form will continue to be used** to guide the screening process, and a risk based approach will be utilized for TB screening. The approach below will be taken for all individuals seeking TB screening, including but not limited to all employment clearances (e.g. RCMP, day care workers, health care providers), persons entering treatment programs, employees of community care facilities (e.g. detox, group homes) community based outreach services (i.e. Salvation Army), public service employees, and students.

As always it is important to use clinical judgment when discussing TB symptoms and risk factors for disease, and ask additional follow-up question to qualify a positive response. For example, when assessing risk factors, a prior diagnosis of cancer is not a risk factor for TB, when the individual is currently in remission or cured.



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**Category 1: Low Risk**

A “no” response to all of the following headings on the Yukon TB Screening Form:

1. risk factors for developing TB
2. symptoms of TB
3. current contact of TB
4. immigration from an TB endemic country with an incidence  $\geq 30/100,000$  per year (<http://www.publichealth.gc.ca/tuberculosis>) within the past 5 years

**Assessment:**

Low Risk for TB, clearance provided on clinical grounds alone.

**Action:**

TB clearance provided. Letter should state that there are no indications of active TB disease.

**Category 2: Higher Risk**

A “yes” response to any one of the following headings on the Yukon TB Screening Form:

1. risk factors for developing TB
  - If the risk factor is immunosuppressed due to disease or treatment or soon to be immunosuppressed refer to Special Indication Groups for direction (p3)
  - If the only risk factor is travel to an high prevalence country contact YCDC TB program to discuss
2. symptoms of TB
3. current contact of TB
  - If the client is a current type 1 or type 2 contact of active pulmonary TB, refer to Special Indication Groups for direction (p3)
4. immigration from an TB endemic country with an incidence  $\geq 30/100,000$  per year (<http://www.publichealth.gc.ca/tuberculosis>) within the past 5 years

**Assessment:**

In this case, additional assessment is required to provide clearance for TB. If TB disease is probable or suspicious, please contact YCDC TB control, as per the Yukon Reportable Disease List & the Public Health and Safety Act.

**Action:**

A CXR is recommended. If a cough is present, AFBx3 should be collected. Where feasible, three sputum specimens (either spontaneous or induced) can be collected on the same day, a minimum of 1 hour apart<sup>2</sup>. Whenever possible collect sputum for AFB. Sputum is more accurate



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& effective in the diagnosis and exclusion of TB; a CXR in the absence of sputum results may be unable to provide a conclusive diagnosis of TB.<sup>2</sup>

Wait for CXR &/or AFB. If clear, TB clearance provided. Letter should state that there is no indication of active TB disease.

Note: If a prior CXR report is on file within the past 12 months this may be used to clear an individual if there have been no new symptoms or exposure history depending on the situation. Please contact YCDC TB program to discuss.

Note: If a pregnant woman has symptoms that allow for the collection of sputum for AFB x3 this can be done without the CXR. If the symptoms are not conducive to this collection & saline nebulizers are ineffective, please contact YCDC TB program for further discussion.

#### Special Indication Groups

TST is indicated for the following groups:

- Immunosuppressed due to disease or treatment or soon to be immunosuppressed (if HIV positive and CD4 is less than 200 a 2-step is required; otherwise a single TST is considered accurate)
- current type 1 or type 2 contact of active pulmonary TB (**not prior history** of contact with disease) TST as per routine screening post contact

#### Other Considerations

Occasionally situations arise outside of these guidelines, where a TST may be appropriate, such as granulomas on a CXR or based on an individual's medical needs. If you believe your client meets these criteria, please contact YCDC TB program for consultation.

If you have any questions and/or concerns please contact, Yukon Communicable Disease Control:

	Hours	Contact number
Melanie Stangeland YCDC, TB Nurse	Tues – Friday 8:30 to 4:30	867-456-6519
Beth Roberts YCDC, TB Nurse	Monday 8:30 to 4:30 Tuesday-Thursday 8:30 to 3:00	867-667-8371
Lori Strudwick Manager, YCDC	Monday-Friday 08:30-4:30	867-667-8178

<sup>1</sup>Canadian TB Standards 2013, 7<sup>th</sup> Ed, Chapter 4: Diagnosis of Latent Tuberculosis Infection  
<http://www.respiratoryguidelines.ca/tb-standards-2013>

<sup>2</sup>Canadian TB Standards 2013, 7<sup>th</sup> Ed, Chapter 3: Diagnosis of Active Tuberculosis and Drug Resistance,  
<http://www.respiratoryguidelines.ca/tb-standards-2013>