

## **CHAPTER 2: YUKON COMMUNICABLE DISEASE CONTROL – TB CONTROL**

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The mandate of Yukon Communicable Disease Control – TB Control (YCDC TB Control) is to provide central coordination of management and control measures for cases, contacts, and others at risk for TB in Yukon. This includes:

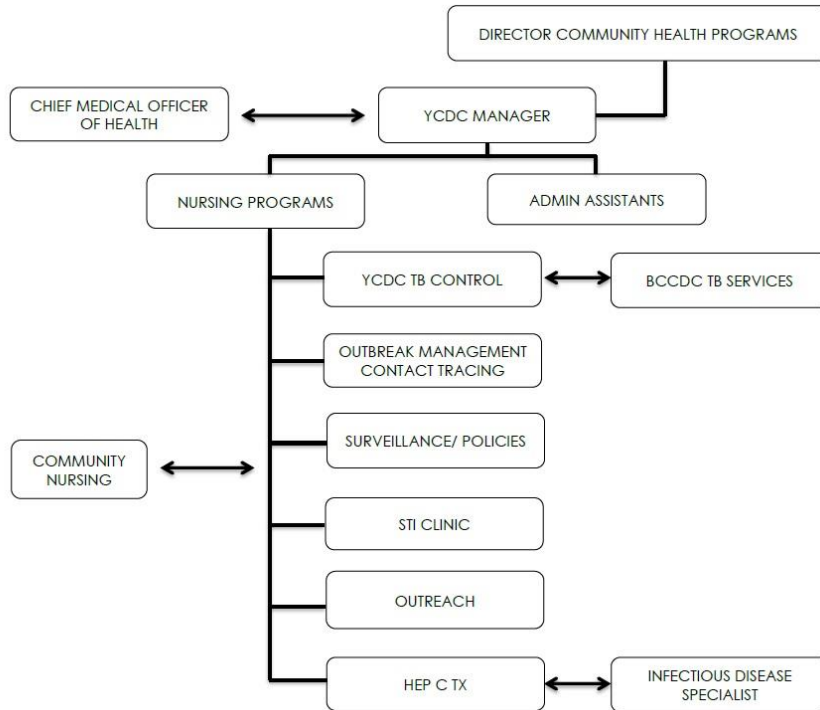
- Coordination and supervision of treatment for latent TB infection (LTBI) and active TB disease.
- Coordination of contact investigations and source case investigations.
- Maintenance of the Territorial TB surveillance database (TB iPHIS).
- Liaison with Federal/Provincial/Territorial committees and working groups on matters related to TB.
- Reporting of all laboratory- or clinically confirmed cases of active TB disease diagnosed in YT to the Centre for Communicable Diseases and Infection Control (CCDIC), Public Health Agency of Canada (PHAC).

YCDC TB Control is led by the Chief Medical Officer of Health (CMOH), the Manager of YCDC, and two YCDC TB Control Nurses. Specific roles and responsibilities for personnel of YCDC TB Control are outlined in [Section 2.2](#).

Currently, the British Columbia Centre for Disease Control (BCCDC) TB Services is contracted to provide YCDC TB Control with clinical consultation services from a TB physician specialist. Through this specialist, direction is given to the YCDC TB Control Nurses and to Yukon physicians and nurses in the care of clients involved with YCDC TB Control. BCCDC TB Services also provides YCDC TB Control with prescriptions and anti-TB medications, laboratory examinations of specimens collected for TB testing, and IPHIS (TB online module) support.

[Figure 2-1](#) describes how YCDC, YCDC TB Control, and contracted services from BCCDC TB Services align with Community Health Programs in Yukon.

Figure 2-1, Yukon Communicable Disease Control Organizational Chart



## 2.1 Case Definitions and Reporting Requirements

In Yukon, TB is a reportable disease under the [Public Health and Safety Act](#). **Confirmed or suspect cases of active TB disease must be reported to the CMOH and/or YCDC TB Control as soon as they are identified.**

**NOTE: Initiate control measures immediately upon the identification of a confirmed or suspect case. Initiation of control measures must not await laboratory confirmation (see Chapter 11).**

### 2.1.1 Laboratory-Confirmed Cases

The BC Public Health Reference Microbiology Laboratory (BCPHRML) advises YCDC TB Control and BCCDC TB Services simultaneously of laboratory-confirmed cases of active TB disease in Yukon. Whitehorse

General Hospital is included in simultaneous reporting from BCPHRML when specimens originated from inpatients of that facility.

### **2.1.2 Suspect Cases**

Health care providers knowing of, or in attendance on, suspect cases of active TB disease are required to report these case to the CMOH and/or YCDC TB Control as soon as they are identified.

The administrator of each health facility, clinic, or other setting where more than one health care provider may know of a suspect case of active TB disease within the facility is responsible for administrative procedures to assure that reports are made to the CMOH and/or YCDC TB Control.

For reporting purposes, a “suspect case” of TB means<sup>1</sup>:

- A person whom a health care provider believes, after weighing signs, symptoms, and/or laboratory evidence, to probably have active TB disease;

**OR**

- A person who is considered a probable case or an epidemiologically linked case<sup>1</sup> or who has supportive laboratory findings<sup>2</sup> under the most recent surveillance case definition established by the Centre for Communicable Diseases and Infection Control (CCDIC), Public Health Agency of Canada (PHAC).

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<sup>1</sup> 'epidemiologically linked case' means a case in which a patient has/had contact with one or more persons who have/had the disease, and transmission of the agent by the usual modes of transmission is plausible.

<sup>2</sup> 'laboratory findings' means the results of a laboratory examination of any specimen derived from the human body which yields microscopical, cultural or other evidence suggestive of (TB).

Examples of suspect TB cases that must be reported to the CMOH and/or YCDC TB Control include:

- Any person in whom a smear or preliminary culture result from any body fluid or tissue is positive for acid fast bacilli (AFB smear- positive);
- Any persons in whom a smear or preliminary culture result from any body fluid or tissue is positive for MTB with nuclei acid amplification testing (NAAT), e.g., TB PCR, Gen-Probe™ Accuprobe;
- Any person with pathologic findings consistent with active TB, unless other clinical evidence makes a TB diagnosis unlikely;
- Any person with clinical, radiographic, or laboratory evidence consistent with active TB disease, even if the diagnostic evaluation is incomplete or culture results are pending, in whom the level of clinical suspicion of active TB disease is high enough to warrant the initiation of anti-TB therapy, whether or not such therapy has actually been started;
- Any person with known or suspected HIV infection who:
  - Has a new finding on chest radiograph consistent with active TB disease, regardless of symptoms, AFB smear results, and whether anti-TB therapy has been initiated;

**AND**

- Resides in, or may reside in, a congregate setting where other immunocompromised persons may be exposed, such as a correctional, homeless, or residential facility.

## 2.2 Roles and Responsibilities

### 2.2.1 Chief Medical Officer of Health (CMOH)

In Yukon, the responsibility for the control of communicable diseases, including TB, lies with the CMOH.

### 2.2.2 YCDC TB Control Nurses

YCDC TB Control Nurses serve as the liaison between BCCDC TB Services and health care agencies and providers in Yukon. In this role, the YCDC TB Control Nurses collaborate closely with a variety of health care agencies in Whitehorse and surrounding communities, including:

- Health centres
- Physician offices
- Hospitals
- Long term care facilities
- Whitehorse Correctional Centre
- Alcohol and drug services

**Any issues pertaining to TB that require the assistance of BCCDC TB Services should be brought to the attention of the YCDC TB Control Nurses, who will then liaise with personnel at BCCDC TB Services.**

Specific responsibilities of the YCDC TB Control Nurses include:

- Maintaining all correspondence with BCCDC TB Services and the TB physician specialist.
- Coordination and direct client care services for:
  - Clients with active TB disease;
  - Contact investigations for infectious cases;
  - Source case investigations for cases less than 5 years of age;
  - Clients with latent TB infection (LTBI);
  - Clients referred for post-landing medical surveillance by Citizenship and Immigration Canada.

- Monitoring and facilitating TB medications for treatment of LTBI and active TB disease.
- Overseeing data entry of TB information into iPHIS (TB Module).
- Providing TB education to the public and practitioners.

For clients residing in Whitehorse, the YCDC TB Control Nurses provide direct client care services for TB screening, contact investigation, and treatment for LTBI and active TB disease.

### **2.2.3 Yukon Hospital Corporation**

Yukon Hospital Corporation is responsible for the care and management of all inpatient TB cases and for reporting of confirmed or suspect TB cases to the CMOH and/or YCDC TB Control ([refer to Section 2.1](#)).

The clinical care of inpatient confirmed or suspect TB cases is the responsibility of cases' primary physicians, usually in consultation with YCDC TB Control and BCCDC TB Services specialist physician.

### **2.2.4 Nurses (e.g., Primary Health Care Nurses, Community Health Nurses, RNs)**

Nurses play a central role in the delivery of TB prevention, care and control services in the Territory. Nurses employed by Community Nursing and Kwanlin Dunn Health Centre, in collaboration with the YCDC TB Control nurses, provide direct client care services for TB screening. In addition to this care, Rural Yukon nurses and Kwanlin Dunn Health Centre nurses work in collaboration with YCDC TB Control nurses to provide direct client care services for contact investigation, and treatment for LTBI and active TB disease in their communities.

Nurses who provide TB prevention, care, and control services in community are responsible for collecting and relaying information on treatment adherence and monitoring (e.g., blood work monitoring), and TB screening outcomes to YCDC TB Control.

As health care providers, nurses are responsible for reporting of confirmed or suspect TB cases to the CMOH and/or YCDC TB Control ([refer to Section 2.1](#)).

### **2.2.5 Physicians**

Physicians play a key role in the detection of people with LTBI and active TB disease, and provide medical clearance for those recommended for LTBI treatment by the BCCDC TB Services specialist physician.

As health care providers, physicians are responsible for reporting of confirmed or suspect TB cases to the CMOH and/or YCDC TB Control (refer to [Section 2.1](#)).



## 2.3 Contact Information

**Yukon Communicable Disease Control – TB Control**  
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## REFERENCES

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1. Adapted from CDPA-CTCA Joint Guidelines, Guidelines for Reporting Tuberculosis Suspects and Cases in California (Feb 2011) accessed March 8.14 from:  
[http://www.ctca.org/fileLibrary/file\\_216.pdf](http://www.ctca.org/fileLibrary/file_216.pdf)