

CHAPTER 5: TB SURVEILLANCE AND YCDC TUBERCULOSIS SCREENING PROGRAM FORMS

5.1	TB Surveillance	2
5.1.1	Surveillance of Active TB Disease	2
5.1.2	Surveillance of Latent TB Infection	3
5.2	Tuberculosis Screening Program Forms	3
5.2.1	Completing Tuberculosis Screening Program Forms	4
5.2.2	Submitting Tuberculosis Screening Program Forms to YCDC TB Control	4

CHAPTER 5: TB SURVEILLANCE AND YCDC TUBERCULOSIS SCREENING PROGRAM FORMS

5.1 TB Surveillance

TB surveillance is an ongoing process of collecting, analyzing and monitoring data that can be used to:

- Identify groups most at risk for TB infection or TB disease (priority populations).
- Identify emerging trends and trends over time for TB infection and TB disease.
- Inform program development.
- Educate health care practitioners and the public in Yukon about TB.

5.1.1 Surveillance of Active TB Cases

Reporting of cases with active TB disease is an important component of the TB surveillance program. Health care providers and facilities are required to report confirmed or suspect cases of active TB disease to the CMOH and/or YCDC TB Control as soon as they are identified (see Section 2.2). In turn, YCDC TB Control reports all laboratory- or clinically confirmed cases of active TB disease diagnosed in Yukon to the Centre for Communicable Diseases and Infection Control (CCDIC), Public Health Agency of Canada (PHAC).

Data on cases of active TB disease are reported by YCDC TB Control to the national TB surveillance system (Canadian Tuberculosis Reporting System [CTBRS]). Data from Yukon and all other provinces and territories are included in annual reports on the epidemiology of TB in Canada published by PHAC. Trends are presented federally and provincially/territorially, and broken down by:

- Demographic characteristics (age, sex, origin)
- Laboratory and clinical findings
- Treatment details

- HIV status and other risk factors or markers for TB disease
- Final outcome of treatment

[Tuberculosis in Canada](http://www.phac-aspc.gc.ca/tbpc-latb/surv-eng.php) reports are available at <http://www.phac-aspc.gc.ca/tbpc-latb/surv-eng.php>.

5.1.2 Surveillance of Latent TB Infection (LTBI)

LTBI is not reported to the CTBRS or monitored by PHAC.

Using LTBI data to guide program planning is key to ensuring effective TB prevention and control activities, and ensuring the best possible use of public health resources. In Yukon, surveillance of LTBI is made possible by having a centralized TB control program, and standardized processes and procedures for collecting and submitting information on TB screening activities and findings.

5.2 Tuberculosis Screening Program Forms

An essential component of TB surveillance in Yukon is the *Tuberculosis Screening Program* form. The form and the data fields on it are derived from recommendations in the Canadian TB Standards (2014) and forms used by BCCDC TB Services. Data from *Tuberculosis Screening Program* forms is entered into the integrated Public Health Information System (iPHIS).

With the exception of hospital settings, *Tuberculosis Screening Program* forms **MUST be completed by any health care provider who conducts TB screening activities, including:**

- Tuberculin skin testing
- Chest x-rays for TB screening purposes
- Testing of clinical specimens for TB

Tuberculosis Screening Program forms can be obtained through YCDC TB Control.

Phone: (867) 667-8323

Toll-Free within Yukon: 1-800-661-0408, extension 8323

Fax: (867) 667-8349

5.2.1 Completing Tuberculosis Screening Program Forms

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

It is critical that the forms be filled out completely and accurately. Information on the forms is used for TB surveillance purposes and also to guide follow-up recommendations from YCDC TB Control and the TB physician specialist at BCCDC TB Services.

While some of the data fields on the form seem straightforward, cultural differences between providers and clients, as well as gaps in clients' memories of long-ago events related to theirs or their families' histories of TB can make completing parts of the form challenging. Providers need to ask the right questions, in the right way, to help clients provide the most accurate information.

Please use the helpful hints, clarifications, and questions provided in Appendix A while completing *Tuberculosis Screening Program* forms.

Refer to Part 2 on the back of the form for direction on next steps for clients based on their TST results.

5.2.2 Submitting Tuberculosis Screening Program Forms to YCDC TB Control

Tuberculosis Screening Program forms are two-part forms. White copies are submitted to YCDC TB Control. Yellow copies should be kept for client charts.

The white copies of the forms should be submitted to YCDC TB Control at the point when all TB screening tests have been completed. Specifically:

- Nursing interview completed, no TB signs/symptoms or risk factors, TST &/or CXR not indicated, no further testing required
- TST completed, no further testing required
- TST completed, chest x-ray required and done

- TST completed, chest x-ray required and done, sputum specimens required and collection bottles provided to client
- TST not appropriate, chest x-ray required and done
- TST not appropriate, chest x-ray required and done, sputum specimens required and specimen collection containers provided to client
- TST not appropriate, chest x-ray contraindicated, sputum specimens required and specimen collection containers provided to client

For all clients (rural Yukon & in Whitehorse), *Tuberculosis Screening Program* forms should be submitted along with copies of chest x-ray radiology reports (if applicable). In general, forms can be submitted to YCDC TB Control by mail or by fax. ***Tuberculosis Screening Program* forms and radiology reports for clients with signs or symptoms of active TB disease OR abnormal chest x-ray reports MUST BE FAXED to YCDC TB Control, at (867) 667-8349.**