



BC Centre for Disease Control
An agency of the Provincial Health Services Authority

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Date: August 28, 2018 **Administrative Circular: 2018:13**

Attn: Medical Health Officers and Branch Offices
Public Health Nursing Administrators and Assistant Administrators
Holders of Communicable Disease Control Manuals

Re: **Revisions to the Communicable Disease Control Manual –
Chapter 4: Tuberculosis (TB) & TB Screening DST**

**Please note the following changes to the Communicable Disease Control (CDC) Manual
- Chapter 4 Tuberculosis:**

- Section 4 TB Screening and Testing - Revised *Table 4-3: TB Screening guidelines for adult clients based on medical risk factors and congregate settings* - Discard and replace page 5
- Section 6 Treatment of Latent TB Infection – Updated eligible candidates for Isoniazid-Rifapentine (3HP) therapy – Discard and replace page 5

Please note the following changes to the TB Screening DST:

- Section 1. Routine Screening – Revised *Table 9: Routine TB screening guidelines for adult clients based on medical risk factors and congregate settings* – Discard and replace pages 17-18

Overview of Changes – CDC Manual:

The following changes have been made to *Table 4-3 TB screening guidelines for adult clients based on medical risk factors and congregate settings*:

- Divided Table 4-3 into two tables based on reason for screening. The tables are now listed as follows:
 - *Table 4-3a: TB screening guidelines for clients based on medical risk factors*
 - *Table 4-3b: TB screening guidelines for clients based on congregate settings*
- Divided Table 4-3b substance use screening population into “acute, short-term inpatient detox program” and “residential drug and alcohol treatment program” to reflect the different screening recommendations for each population.
- Revised Table 4-3b headings so that the type of TB screening recommended for each population is clear:
 - Changed column heading from “Timeframe for initiating TB screening” to “TB symptom screen to rule out active TB” to reflect that the first objective of

- screening for all clients entering a congregate setting is to prevent TB transmission by ruling out active TB with a TB symptom screen.
- Changed column heading in Table 4-3b from “TST” to “Screen for LTBI (TST)” to clearly identify the type of screening being done by performing a TST. Stakeholder feedback indicated some clinicians understood the TST was needed for all TB screening.
- Included new footers for Table 4-3b:
 - Acute, short-term detox programs: Typical stays are approximately 1 week.
 - For all clients in congregate settings the TB symptom screen should be accompanied by a TB risk factor assessment and TB testing history.
 - For clients entering a residential drug and alcohol treatment program, the timing of LTBI screening may be done at the discretion of the facility to promote client-centred care. The purpose of TST testing in this instance is primarily for the benefit of the client and therefore lack of TST testing should not delay or otherwise impact admission.

Section 6.3 Recommended LTBI Treatment Regimens was updated based on recent evidence on the safety, effectiveness and completion treatment rates of Isoniazid-Rifapentine (3HP) for people living with HIV/AIDS taking anti-retroviral treatment. The regimen is now recommended for persons with LTBI who have HIV infection and are taking anti-retroviral treatment as long as the drug-drug interactions with rifapentine are acceptable.

If you have questions regarding these changes, please contact Maria MacDougall, Nurse Educator, Clinical Prevention Services or Shaila Jiwa, Senior Practice Leader, Clinical Prevention Services via their contact information below:

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Sincerely,



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pc: BC Ministry of Health
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