



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

Date: May 17, 2018 **Administrative Circular: 2018:07**

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) – Section 4: TB Screening & Testing; Section
6: Treatment of Latent TB Infection; and Appendix E Assessment of Visual
Acuity and Colour Discrimination**

Revisions to the TB Screening Decision Support Tool (DST)

**Please note the following changes to the Communicable Disease Control (CDC) Manual
- Chapter 4 Tuberculosis, Section 4, 6 and Appendix E:**

- 2017 Table of Contents – Discard and replace.
- 2017 Section 4 TB Screening & Testing – Discard and replace page 27 and 32.
- 2015 Section 6 Treatment of Latent TB Infection – Discard and replace entire section as well as subsequent sections (due to altered page numbers). This will include 2015 Appendix E.

Please note the following changes to the TB Screening DST:

- 2016 Discard and replace pages 1, 2, 8, 12, 15 and 26 onward.

Overview of Changes – CDC Manual:

Section 6 Treatment of Latent TB Infection revisions align with current latent TB infection (LTBI) treatment options and reflect minor updates based upon internal and external stakeholder feedback.

1. Rifampin as 1st line therapy for LTBI:

- Rifampin daily for 4 months (4R) was previously listed as an alternate therapy.

2. Isoniazid and rifapentine – New LTBI treatment option:

- Once weekly, 12 dose regimen of isoniazid and rifapentine (3HP).
- Rifapentine is only available through Health Canada's Access to Drugs in Exceptional Circumstances pathway.
- Currently offered as an alternate treatment option at BCCDC TB clinics.

3. Rifabutin substitution for rifampin:

- Added content on rifabutin as it is a substitution for rifampin in certain circumstances.
- Clinical monitoring similar to rifampin but should also include assessment of eye pain and change in vision.

4. Updated *Flowchart for initiation of LTBI treatment (Fig 6-1)*

- Updated client information assessment to reflect allergies, best possible medication history and co-existing conditions are provided to TB services.
- Outlined it can take up to 1-2 weeks from pharmacy receipt to receive medications at the health unit & information related to blister-packing requests.
- Updated dispensing medication section to clarify that for clients on directly observed preventative therapy, self-administered doses on weekends/holidays do not count towards total number of doses required to complete treatment.

5. Tables 6-1 to 6-5 Updated & NEW Table 6-6

- All Tables renumbered
- *Table 6-1: Number of doses required to complete LTBI treatment regimens* includes 3HP regimen.
- *Table 6-2: Summary of drugs and dosing for LTBI treatment regimens & Table 6-3: Drug Side Effects/Adverse Reactions, and Drug-Drug Interactions* include rifabutin and rifapentine.

Treatment Monitoring Tables

- *Table 6-4 Rifampin or rifabutin – Summary of baseline testing and ongoing monitoring for clients taking rifampin or rifabutin for LTBI treatment & Table 6-5: Isoniazid – Summary of baseline testing and ongoing monitoring for clients taking isoniazid for LTBI treatment*
 - Monitoring of weight has been updated to reflect monthly checks only required for clients < 5 years old versus low weight adults, since young children's monthly weight gain may require medication dose adjustments.
 - Footnotes:
 - Defined "medical evaluation" as outlined in the Canadian TB Standards
 - Table 6-4 includes monitoring of eye pain/vision changes for clients on rifabutin.
- *Table 6-6: Isoniazid and rifapentine (3HP): Summary of baseline testing and ongoing monitoring for clients taking 3HP for LTBI treatment - NEW*

6. Weight (Section 6.9.3)

- Monitoring of weight has been updated to reflect monthly checks only required for clients < 5 years old versus low weight adults, since young children's monthly weight gain may require medication dose adjustments.
- *Practitioner Alert* box now includes rationale for reporting weight loss or failure to gain weight in growing children on LTBI treatment as this may be a sign of TB disease.

7. Adherence (Section 6.9.4) & Adverse Reactions (Section 6.10)

- Updated with best practice strategies to support client adherence and expanded details on recording and communicating adherence to TB Services.
- Included link to Canada's Vigilance Program of Health Canada

8. LTBI Treatment Completion (Section 6.12)

- Included details on duration of treatment for 3HP when there has been a break in treatment.
- Expanded details on adequate documentation of treatment completion to enhance surveillance data for program evaluation.

10. Appendix E: Assessment of Visual Acuity and Colour Discrimination

- Updated to reflect 10 and 20 foot charts can be used.

Section 4: TB Screening & Testing

- Updated Section 4.7.2 TST to include "people self-identifying as Indigenous" to ensure culturally-safe practice.
- Updated footnote in *Table 4-8: TB screening recommendations for clients where TST contraindicated and/or prior history of IGRA testing* with link to new resource as information on First Nations TB screening is now found in the new First Nations Health Authority (FNHA) [TB Services Community Programming Guide](#).

TB Screening DST:

- Removed term "reserve" after consultation with FNHA to ensure culturally-safe practice (p. 1, 2, 8 and 15).
- Included link to new resource as information on First Nations TB screening is now found in the new FNHA [TB Services Community Programming Guide](#).
 - Updated footnote in *Table 6: TB screening recommendations for clients where TST contraindicated and/or prior history of IGRA testing* with link to new resource.
 - Removed *Table 11: Annual Tuberculosis Screening Guidelines for Indigenous people on-reserve* (p. 26) & *Table 12: Enhance Tuberculosis Screening Guidelines* (p.27) and provided link to new resource.
- Updated *Section 7 Indigenous People* to reflect that persons self-identifying as Indigenous are eligible for publicly funded annual screening (p 26).

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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