

HEALTH CARE PROVIDER TUBERCULOSIS (TB) REPORTING FORM

NOTE: Dr. Soparkar’s LTBI Clinic with Lambton Public Health is **no longer accepting consults**.
Please refer clients to another Respirologist or Infectious Diseases Specialist.

Fax completed form to Lambton Public Health at 519-383-7092

REASON FOR REPORT

- Latent Tuberculosis Infection (e.g. Asymptomatic positive TST or IGRA with clear CXR) Active Tuberculosis Disease (Airborne precautions implemented)

Date & Time of Report: _____

REPORTED BY

Clinician Lab Other: _____

Reporting Person’s Name & Contact Information: _____
(For Lambton Public Health to collect investigation information)

CLIENT INFORMATION

Client Name (Last, First):		Date of Birth:
Address (street, city, postal code):		Gender:
Phone Number:		Email:
Birth Country:	Date of Arrival to Canada:	BCG History (date/s):
Family Physician or Nurse Practitioner:		OHIP #:

The Health Protection and Promotion Act 1990 (HPPA), R.S.O., 1990, and Ontario Reg. 135/18, outlines the requirements for physicians, practitioners, and institutions to report any suspect or confirmed disease of public health significance to the Medical Officer of Health.

Client Name: _____

MANTOUX TUBERCULIN SKIN TESTING (TST) OR INTERFERON-GAMMA RELEASE ASSAY (IGRA)

Reason for Testing

Routine Targeted High Risk Contact of Active TB Disease Other: _____

TST Result

Date Administered: _____ Date Read: _____ Result (mm): _____

Tuberculin Lot # : _____

IGRA Date & Results

Date: _____ Positive Negative

Please Note: This is not a mandatory test and is not covered by OHIP. If done, please fax IGRA results with this form.

Reported positive TST and/or IGRA to Lambton Public Health (Check to indicate mandatory reporting completed)

ASSESSMENT

All clients with positive TST/IGRA must be assessed for signs/symptoms and require a CXR to rule out active TB disease, regardless of BCG vaccination history. Send patient for a CXR anterior/posterior and lateral. If asymptomatic, a CXR done within the last 6 months is acceptable (within last 3 months for patients with TB exposure in the last 2 years).

CXR report faxed with this form

TB HISTORY

Has client ever had TB (infection or active disease) before? YES NO

If 'yes', please answer the following:

When? _____

In what country/state/province? _____

Was Tx provided? YES NO

If 'yes', record of Tx? YES NO

Name/dose of Tx Rx: _____

HIV TESTING

Recommended for all clients with a positive TST or IGRA result, or active TB disease

Client Refused

Date of HIV test: _____ **Result:** Positive Negative Indeterminate
(If positive, report to Lambton Public Health)

INTERPRETATION OF TST RESULTS (as per Canadian Tuberculosis Standards 8th edition)

TST Results	Situation in which reaction is considered positive
< 5 mm	In general, this is considered negative
≥ 5 mm	<ul style="list-style-type: none"> • People living with HIV • Known recent (<2 years) contact with a patient with active infectious TB disease • Fibronodular disease on chest x-ray (evidence of healed, untreated TB disease) • Prior to organ transplantation and receipt of immunosuppressive therapy • Prior to receipt of biologic drugs, such as tumor necrosis factor alpha inhibitors, or disease-modifying antirheumatic drugs • Prior to receipt of other immunosuppressive drugs, such as corticosteroids (equivalent of ≥15mg/day of prednisone for at least 1 month) • Stage 4 or 5 chronic kidney disease (with or without dialysis)
≥ 10 mm	<ul style="list-style-type: none"> • Recent (<2 years) conversion of TST from negative to positive • Diabetes (controlled or uncontrolled) • Malnutrition (<90% ideal body weight) • Current tobacco smoker (any amount) • Daily consumption of >3 alcoholic drinks • Silicosis • Hematologic malignancies (lymphomas and leukemia) and certain carcinomas (such as cancers of head, neck, lung and/or gastrointestinal tract) • Any population considered at low risk of disease

RISK OF DEVELOPING ACTIVE TB DISEASE AFTER TST OR IGRA POSITIVE

The [Canadian TB Standards, 8th edition](#), recommends TBI testing for all foreign-born persons (all ages) originating from countries with a TB incidence ≥50/100,000 and with conditions associated with a high risk of TB reactivation:

- TB incidence by region or country group is found at World Health Organization: [Global and regional estimates of TB incidence, numbers \(in thousands\) and rates \(per 100,000 population\) in 2024](#).
- TB incidence by individual country is found at: [World Health Organization TB country, regional and global profiles online tool](#).

Clients at risk for active TB disease in the first 2-3 years after TST or IGRA positive:

Table: Risk of TB disease and the incidence rate ratio of TB disease among different populations stratified by risk (Reference: [Canadian TB Standards, Table 2](#))

Risk factor	Annual risk of TB disease for the first 2-3 years after testing positive (%)
Very High Risk	
People living with HIV	1.7 to 2.7
Child or adolescent (<18y) tuberculosis contact	2.9 to 14.6
Adult (≥18y) tuberculosis contact	0.8 to 3.7
Silicosis	3.7
High Risk	
Stage 4 or 5 chronic kidney disease with or without dialysis	0.3 to 1.2
Transplant recipients (solid organ or hematopoietic)	0.1 to 0.7
Fibronodular disease	0.2 to 0.6
Receiving immunosuppressing drugs (e.g., tumor necrosis factor α inhibitors or steroids)	0.5
Cancer (lung, sarcoma, leukemia, lymphoma or gastrointestinal)	0.1 to 0.4
Moderate Risk	
Granuloma on chest x-ray	0.1
Diabetes	0.1 to 0.2
Heavy alcohol use (at least 3 drinks/day)	0.1 to 0.2
Heavy tobacco cigarette smoker (at least 1 pack/day)	0.1
Low Risk	
General (adult) population with no known risk factor	0.03
Persons with a positive two-step TST booster and no known risk factor	0.02
<p>Abbreviations: HIV, human immunodeficiency virus; TST, tuberculin skin test</p> <p>Footnotes:</p> <ul style="list-style-type: none"> - Risks are expected to halve after this period and continue to decrease subsequently - Risk does not appear significantly elevated with low-dose steroids (i.e., prednisone), but elevated with moderate or high dose (low dose, ≤ 9 mg/day; medium dose, 10–19 mg/day; and high dose, ≥ 20 mg/day) 	

INTERPRETING AND MANAGING TST AND/OR IGRA RESULTS

[Chapter 4 of the Canadian TB Standards, 8th edition](#), states the following:

- Interpreting a TST and/or IGRA test result depends on the clinical context. There are multiple dimensions to consider when faced with a positive or negative TST or IGRA to help decide whether someone is at risk of developing active TB disease and would likely benefit from TPT. These include:
 - The pretest probability that the person is truly infected (with TBI),
 - The individual risk of TB disease, and
 - The ability of the test to identify persons at risk of disease.
- There are online tools that can help support decisions in interpreting TST or IGRA results among different populations that consider many of these dimensions. These include:
 - The [on-line tool TSTin4D](#) which provides estimates of absolute risk of TB disease plus associated death and disability, reduction of those risks with TB preventive therapy, as well as risk of adverse events with therapy.
 - The [PERISKOPE TB website tool](#) provides estimates of absolute risk of TB disease.
- If a health care provider decides that a TST or IGRA is truly positive, there is no clinical utility in performing a TST or IGRA in the future, so long as the test is properly performed, read, and interpreted.
- All persons with a positive TST or IGRA must receive a **medical evaluation from an attending clinician to rule out active TB disease** prior to initiating TB preventive medication treatment (TPT). In doing so, clinicians are to complete and send this Health Care Provider TB Reporting Form and report TBI and active TB disease to Lambton Public Health, with pertinent information included.
- After TB disease is ruled out, TPT should be started as soon as possible and according to guidance in [Chapter 6: Tuberculosis preventive treatment in adults Table 1 and Section 3](#).
- All TPT medications can be ordered and are free through Lambton Public Health. Patients are called by Lambton Public Health throughout TPT, to assess for medication tolerability and to encourage adherence.
- Referral to an Infectious Disease Specialist or Respiriologist may be sought by the attending clinician, for TB consult in-person, or via the Ontario eConsult Program (Ministry of Health, Tuberculosis Program Guideline, 2023).

RECOMMENDED TPT BASELINE TESTING AND MONITORING FROM CHAPTER 6 OF THE CANADIAN TUBERCULOSIS STANDARDS, 8TH EDITION

NOTE: Active TB disease must be ruled out before starting treatment.

1. Baseline Labs

For all regimens:

- Complete blood count (CBC)
- Alanine aminotransferase (ALT)
- Bilirubin
- Hepatitis B and C, and HIV serologies

2. After one month of treatment

For all regimens:

- ALT
- Bilirubin

For TPT regimens including a rifamycin (rifampin or 3HP including rifapentine), order:

- CBC

Note:

- For isoniazid TPT, pyridoxine (vitamin B6) 25 mg daily should be given at each dose to minimize the risk of neuropathy.
- For 3HP (rifapentine and isoniazid once weekly for 3 months) TPT, pyridoxine (vitamin B6) 50 mg each dose (weekly) should be given to minimize the risk of neuropathy.

WORKING DIAGNOSIS AND PLAN

TB INFECTION (TBI)

Diagnosis	TBI is diagnosed when the asymptomatic client with positive TST and/or IGRA has a negative CXR.
Treatment	<p>After TB disease is ruled out, TB disease preventative treatment medication (TPT) should be started as soon as possible.</p> <p><input type="checkbox"/> Prescribed for client OR Referred to Respiriologist or Infectious Diseases Specialist, and client accepted.</p> <p><input type="checkbox"/> Call Lambton Public Health to arrange for medication.</p> <p><input type="checkbox"/> Recommended for client, however client declined treatment.</p> <p><input type="checkbox"/> Not recommended by physician/nurse practitioner.</p> <p>Specify reason:</p>
Follow-Up	<input type="checkbox"/> Informed client/parent that a nurse from Lambton Public Health will be contacting them.

Client Name: _____

TB DISEASE SYMPTOMS

Symptoms of Pulmonary TB Disease	Onset Date	Symptoms of Extra-Pulmonary TB Disease	Onset Date
<input type="checkbox"/> Cough - Dry		<input type="checkbox"/> Cardiovascular Shortness of breath, may have chest pain	
<input type="checkbox"/> Cough - Productive		<input type="checkbox"/> Central Nervous System Headaches, stiff neck, hurts to move head or eyes	
<input type="checkbox"/> Fatigue		<input type="checkbox"/> Gastrointestinal Stomach pain and change in bowel movements	
<input type="checkbox"/> Hemoptysis		<input type="checkbox"/> Joints Pain, redness, swelling	
<input type="checkbox"/> Night sweats		<input type="checkbox"/> Lymphatic Swollen lymph nodes	
<input type="checkbox"/> Weight loss		<input type="checkbox"/> Ocular Blurred vision, eye pain, conjunctivitis, vision loss	
<input type="checkbox"/> Other: _____		<input type="checkbox"/> Orthopedic Pain in the bones or back	
		<input type="checkbox"/> Renal Painful urination, cloudy urine	

SUSPECT PULMONARY TB DISEASE

SUSPECT EXTRA-PULMONARY TB DISEASE

Diagnosis	<p>Suspect Active TB Disease Case Definition Client has signs and symptoms* compatible with active TB disease AND AT LEAST ONE OF THE FOLLOWING:</p> <ul style="list-style-type: none"> • Radiological findings suggestive of active TB disease; OR • Demonstration of acid-fast bacillus (AFB) in clinical specimen.
Management	<p>PULMONARY TB DISEASE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Informed client to self-isolate immediately. Ensure airborne precautions. <input type="checkbox"/> Collected a minimum of 3 sputum samples (either spontaneous or induced) at least 1 hour apart, under airborne precautions. <p>EXTRA-PULMONARY TB DISEASE</p> <ul style="list-style-type: none"> <input type="checkbox"/> Collect sample(s) from suspected affected site(s), under airborne precautions. Refer to Public Health Ontario's Test Information Index for sample collection requirements.
Follow-Up	<ul style="list-style-type: none"> <input type="checkbox"/> Informed client/parent that a nurse from the Lambton Public Health will be contacting them.

Reported to Lambton Public Health (Check to indicate mandatory report completed)

Client Name: _____

- CONFIRMED PULMONARY TB DISEASE**
- CONFIRMED EXTRA-PULMONARY TB DISEASE**

Diagnosis	Confirmed Active TB Disease Case Definition <ul style="list-style-type: none">• Laboratory confirmed case: cases with <i>Mycobacterium Tuberculosis</i> complex (MTB complex) demonstrated on culture from an appropriate clinical specimen (e.g., sputum, body fluid or tissue); OR• Detection of MTB complex by polymerase chain reaction (PCR) with compatible clinical and epidemiological associated information.
Management	PULMONARY TB DISEASE <ul style="list-style-type: none"><input type="checkbox"/> Informed client to self-isolate immediately. Ensure airborne precautions. EXTRA-PULMONARY TB DISEASE <ul style="list-style-type: none"><input type="checkbox"/> Assessed for pulmonary TB disease by chest radiography.<input type="checkbox"/> Collect a minimum of 3 sputum samples IF indicated by radiological findings or respiratory symptoms, under airborne precautions.<input type="checkbox"/> Inform client to self-isolate IF indicated by radiological findings or respiratory symptoms. Ensure airborne precautions.
Follow-Up	<ul style="list-style-type: none"><input type="checkbox"/> Informed client/parent that a nurse from Lambton Public Health will be contacting them.

- Reported to Lambton Public Health (Check to indicate mandatory report completed)**

Disclaimer: Information within this reporting form is intended for informational and public health investigation purposes only. Please be advised that this form does not establish a health care provider-patient relationship, nor should it replace professional medical advice, diagnosis, and/or care. Lambton Public Health expressly disclaims any responsibility or liability for damages, loss, injury, or liability resulting from your reliance on information within this form.

Appendix: Reporting Form Resources

Canadian TB Standards, 8th edition

<https://www.canada.ca/en/public-health/services/diseases/tuberculosis/health-professionals/canadian-tuberculosis-standards/diagnosis-tuberculosis-infection.html>

Global and regional estimates of TB incidence, numbers (in thousands) and rates (per 100,000 population) in 2024

<https://www.who.int/teams/global-programme-on-tuberculosis-and-lung-health/tb-reports/global-tuberculosis-report-2025/tb-disease-burden/1-1-tb-incidence>

World Health Organization TB country, regional and global profiles online tool

https://worldhealthorg.shinyapps.io/tb_profiles/

Canadian TB Standards, Table 2

<https://www.canada.ca/en/public-health/services/diseases/tuberculosis/health-professionals/canadian-tuberculosis-standards/diagnosis-tuberculosis-infection.html>

Chapter 4 of the Canadian TB Standards, 8th edition

<https://www.canada.ca/en/public-health/services/diseases/tuberculosis/health-professionals/canadian-tuberculosis-standards/diagnosis-tuberculosis-infection.html>

on-line tool TSTin4D

<https://www.tstin4d.com/>

PERISKOPE TB website tool

<https://www.periskope.org/tb/tb-risk-predictor/>

Chapter 6: Tuberculosis preventive treatment in adults

<https://www.canada.ca/en/public-health/services/diseases/tuberculosis/health-professionals/canadian-tuberculosis-standards/preventive-treatment-adults.html>

Public Health Ontario's Test Information Index

<https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index>