

Dear Doctor,

Immigration Refugee and Citizenship Canada (IRCC) has placed your patient on Medical Surveillance for Inactive Tuberculosis (TB) due to findings on their immigration medical examination.

1. **Complete all fields of the attached *Physician Report- Medical Surveillance for TB* form and give it to your patient to forward to Peel Public Health.**

Please note:

- **A current Canadian chest x-ray must be done**
- **If you conduct follow up testing, please forward the results to Peel Public Health (PPH) when they become available.**
- **LTBI Treatment-** Treatment for LTBI should be considered for individuals at high risk for developing TB, unless the client has provided documentation of adequate previous LTBI or active TB treatment. Active TB must be ruled out before treatment is started. If sputums have been collected, please forward culture results before TB medication will be provided. If treatment for Latent Tuberculosis Infection (LTBI) is declined or contraindicated, monitor your patient for the development of active TB for at least two years. Counsel your patient to watch for TB signs and symptoms and when to seek medical advice.

Reporting responsibilities to Peel Public Health

- To report **LTBI** or to order TB medications fax: Physician Report- Medical Surveillance for TB to PPH at 905-565-8428
- To report **suspect/confirmed cases:** call Peel Public Health 905- 791-7800 x 2796

2. Payment

- The medical examination and relevant tests are eligible for payment from OHIP or Interim Federal Health Plan
- Patients without OHIP or Interim Federal Health (e.g., visitors) should be billed directly
- If active TB Disease is suspected for an uninsured patient, call Peel Public Health at 905-791-7800 x 2796 to determine if your patient is eligible for TB- UP, a program for uninsured persons.

3. Additional resources:

- Canadian TB Standards (2022): [https://www.Canadian Journal of Respiratory, Critical Care, and Sleep Medicine, Volume 6, Issue sup1 \(2022\)](https://www.Canadian Journal of Respiratory, Critical Care, and Sleep Medicine, Volume 6, Issue sup1 (2022))
- 4. ▪ BCG Atlas: World Atlas of BCG Policies and Practices - <http://www.bcgatlas.org/>
- TST in 3D: The Online TST/IGRA Interpreter - <http://www.tstin3d.com/>

Sincerely,
The TB Program

Health Services

7120 Hurontario St., PO Box 630 RPO Streetsville, Mississauga, ON L5M 2C1
Tel: 905-799-7700 peelregion.ca

Public Health

Communicable Diseases

**PHYSICIAN REPORT - MEDICAL SURVEILLANCE
FOR TUBERCULOSIS (TB)**

Gender: Female Male
 Transgender Other Unknown

_____, _____, _____
Last Name(s) First Name(s) DOB _____
Country of Birth
Address: _____ City _____ Postal Code _____

PHYSICAL FINDINGS and RELATED HISTORY

1. Current Chest X-Ray Date: _____ **A copy of the Canadian radiology report must be attached**

2. Risk factors for TB re-activation:
 HIV/AIDS Renal disease Immunosuppressive therapy/disease Heavy Tobacco Use
 Diabetes Abnormal CXR Recent Contact of TB (less than 2 years) Heavy Alcohol Use

3. Tuberculin Skin Test (TST) Date: _____ Result: _____ mm induration

Note: A TST should be administered regardless of BCG history, especially if the above medical risk factors are identified

4. Symptoms of TB: No Yes Check all that apply:
 Cough Fever Night sweats Weight loss Hemoptysis Pain Fatigue
Other _____

5. Canadian Sputum x3 AFB/Culture Date: _____ **Attach copy of the Canadian reports**

Note: Canadian Sputum should be collected if client has TB symptoms, or an abnormal Chest X-Ray indicative of respiratory TB

HISTORY of PREVIOUS TREATMENT

Inactive TB (LTBI): No Yes TB Disease: No Yes Date: _____
Length of Treatment: _____ Medication(s): _____

CURRENT DIAGNOSIS

- Active/ Suspect TB. **Must be reported to Peel Public Health by Phone or Fax ***
- Latent TB Infection (LTBI) Fax Chest X-Ray to Peel Public Health *
- Check here to order Rifampin 600 mg po daily x 4 months Rifampin 450 mg po daily x 4 months
- Check here to order Isoniazid 300mg and Pyridoxine Vit. B6 25 mg daily for 9 months (Please sign & date below**)
- LTBI treatment declined Contraindicated Client counselled; signs, symptoms, when to seek medical attention
- No active TB/LTBI

PHYSICIAN PLANS for FOLLOW-UP (check all that apply)

- Client referred to Specialist for further assessment. Name : _____
- Follow-up assessment, Chest X-Ray, and/or sputum in 6-12 months. _____

Physician's Name: _____

***Peel Public Health
TB Program**

**Fax Number: 905-565-8428
Phone Number: 905-791-7800 X 2796**

Address: _____

City: _____ Postal Code: _____

Tel. # _____ Fax # _____

**Signature: _____ Date: _____

Notice with respect to the Collection of Personal Information: This information is being collected pursuant to the Health Protection and Promotion Act R.S.O. 1990 c.H.7 and will be retained, used, disclosed and disposed of in accordance with all applicable municipal, federal, and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of personal information including the Municipal Freedom of Information and Protection of Privacy Act R.S.O. 1990 c. M. 56, the Personal Health Information Protection Act 2004 S.O. 2004 c.3. This information will be used by Peel Public Health for the purposes of administering Peel Public Health's Tuberculosis Program. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health, 7120 Hurontario Street, P.O. Box 667, RPO Streetsville, Mississauga, ON, L5M 2C2, 905-799-7700.