HASTINGS PRINCE EDWARD Public Health

Positive Tuberculin Skin Test (TST) Reporting Form

Under the Health Protection and Promotion Act, diagnoses of Tuberculosis (TB) infection and/or disease must be reported to Public Health. This includes:

- All patients with clinical, suspected and lab confirmed cases of TB disease (pulmonary and extra-pulmonary)
- All patients with latent TB infection (LTBI), indicated by a positive tuberculin skin test (TST), regardless of plans for prophylaxis. (Refer to the *Canadian Tuberculosis Standards*, 8th Edition for guidelines on reading a TST and follow-up of a positive skin test).

If you think your patient may have active TB, please call 613-966-5500 x349 immediately

PLEASE FAX FORM, WITH APPROPRIATE SECTION(s) COMPLETED, TO INFECTIOUS & COMMUNICABLE DISEASES AT 613-966-1813 (CONFIDENTIAL)

Patient: _____ Last Name _____ First Name		Gender: ☐ M ☐ F ☐ Other
DOB: (yyyy/mm/dd)	Health Card:	Phone:
Address:		Postal Code:
Birth Place: ☐ Canada ☐ Other (specify):		Date of entry to Canada:
History of BCG vaccine: ☐ Y ☐ N	Age BCG given:	

Section 1 - Tuberculin Skin Test Reporting

To be completed in full by person planting and/or reading positive TST

Plant Date _____ yyyy/mm/dd	Read Date _____ yyyy/mm/dd	Induration: ____ mm	Result: ☐ positive ☐ negative ☐ indeterminate
Plant Date _____ yyyy/mm/dd	Read Date _____ yyyy/mm/dd	Induration: ____ mm	

Reason for testing: ☐ school ☐ work ☐ volunteer ☐ contact ☐ medical

Health Care Provider Name	**Clinic Office Address/Phone**
Signature/Designation	

Has the above patient been referred to another health care provider (HCP) for assessment and chest x-ray? (Section 2 – see reverse)

☐ No – ***Continue to Section 2*** *and complete assessment/follow-up of positive TST information*

☐ Yes – HCP Name: _____ Phone: _____
(please provide patient with copy of this form for completion by HCP)

<u>OR</u> Would you like Public Health to refer patient to a Respirologist for follow-up?

☐ Yes (*please inform your patient to expect a phone call from a Public Health Nurse)*

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PLEASE FAX FORM WITH APPROPRIATE SECTION COMPLETED TO INFECTIOUS & COMMUNICABLE DISEASES AT 613-966-1813 (CONFIDENTIAL)

Patient Name _____ DOB:_____
(LAST, first) (yyyy/mm/dd)

Section 2 – Assessment of Patient with Positive Tuberculin Skin Test and/or positive Interferon Gamma Release Assay (IGRA)

To be completed by HCP providing assessment of positive TST
If a TST or IGRA is positive, please order a chest x-ray & attach copy of result

Interferon-Gamma Release Assay (IGRA) if applicable: Date:	Result (please attach copy): ☐ Positive ☐ Negative
Chest x-ray: Date:	Result (please attach copy): ☐ Normal ☐ Abnormal

TB-like Symptoms:
☐ None ☐ cough > 2 weeks ☐ fever ☐ weight loss
☐ Yes - onset date:_____ ☐ night sweats ☐ fatigue ☐ loss of appetite
☐ hemoptysis

If patient is symptomatic and/or active TB is suspected, collect 3 sputum samples (taken at least 1 hour apart) and submit for microscopy and culture. Please fax results when available.
Sputums done? ☐ No ☐ Yes – Date: _____

Medical Risk Factors: ☐none ☐HIV/AIDS ☐diabetes ☐renal failure ☐head/neck cancer ☐immunosuppressive therapy/disease

Other Risk Factors:
☐ Travel (specify)_____ ☐ Known exposure to active TB
☐ Aboriginal descent ☐ Aboriginal contact ☐ Lives or has lived in aboriginal community

Has TB disease (active TB) been ruled out? ☐ Yes ☐ No

Are you prescribing anti-tuberculosis medication for:
■ TB disease: ☐ No ☐ Yes ■ Latent Tuberculosis Infection (LTBI): ☐ No ☐ Yes

If Yes, please provide a complete prescription for your patient and have him/her contact Public Health to receive publicly funded tuberculosis medications. 613-966-5500 x 349

(Refer to the *Canadian Tuberculosis Standards*, 8th edition, for interpretation of positive TST guidelines and treatment recommendations.)

OR - Would you like Public Health to refer this patient to a Respirologist for follow-up?
☐ No ☐ Yes *(If Yes, please inform your patient to expect a phone call from a Public Health Nurse)*

Health Care Provider Name	**Clinic Address/Phone:**
Signature / Designation	