

Latent Tuberculosis Infection (Positive TB Skin Test) Reporting Form

Mailing Address:

Niagara Region Public Health
1815 Sir Isaac Brock Way P.O. Box 1052
Thorold, ON L2V 0A2
905-688-8248 Toll free: 1-888-505-6074 ext. 7330
niagararegion.ca/health

Patient Label

Complete and return this form, including a copy of the patient chest x-ray results, by fax to 905-682-6470

Latent TB infection is reportable to Public Health as per O. Reg 135/18 under Health Protection and Promotion Act (HPPA).

Health Care Provider Information

Physician: _____ City: _____ Phone: _____

Patient Information (Fill out section if details are not included on patient label)

First name: _____ Last name: _____

Address: _____ City: _____

Postal code: _____ Phone: _____

Date of birth (mm/dd/yyyy): _____ Born in Canada? Yes No

If no, Country of birth: _____ Date of arrival (mm/dd/yyyy): _____

Gender: Male Female Other. Does the patient identify as Indigenous? Yes No

If yes, please identify:

First Nations _____ Unknown _____
Métis _____ Prefer to self-describe: _____
Inuit _____

Reason for Testing

Contact of a case _____ Targeted Screening (dialysis) _____
Routine Screen (school, employment, volunteer etc.) _____ Other _____

Tuberculin Skin Testing Results (TST)* (All required information)

Date Administered (mm/dd/yyyy)	Date Read (mm/dd/ yyyy)	Results (record in mm induration)

*A positive TST is ≥ 10 mm induration or meets the criteria outlined in the Canadian TB Standards, 8th Ed., Chapter 4, Table 1.

Interferon-gamma Release Assay (IGRA) Testing

Testing Ordered? Yes No Date (mm/dd/yyyy): _____

IGRA Testing Result: Positive Negative Indeterminate

Bacille Calmette-Guérin (BCG) Vaccine Status

Received BCG vaccine? Yes No Unknown

Date of BCG vaccine (mm/dd/yyyy): _____

*BCG vaccination should only be considered the likely cause of a positive Tuberculin Skin Testing Results if BCG vaccine was given after 12 months of age and there has been no known exposure to Tuberculosis disease or other risk factors for Tuberculosis infection and the person is either Canadian-born non-Indigenous or an immigrant/visitor from a low-Tuberculosis-incidence country (<50 cases per 100,000 persons per year). International Tuberculosis incidence rates (who.int/teams/global-tuberculosis-programme/data). If there is uncertainty about the timing of BCG vaccination, refer to the updated BCG World Atlas (bcgatlas.org). If uncertainty still remains regarding BCG vaccination and its timing, it's best to use an IGRA.

Symptoms

Asymptomatic	Night Sweats	Other (specify):
Cough	Fatigue	
Fever	Weight Loss	

Risk Factors

Heavy alcohol consumption (\geq three drinks/day)	HIV/AIDS	Leukemia or Lymphoma
Close contact of infectious Tuberculosis case	Abnormal chest x-ray (fibronodular disease/granuloma)	Organ transplants
Cigarette smoker (one pack a day)	Diabetes	Silicosis
Specialized treatment for rheumatoid arthritis or Crohn's disease	Cancer of head and neck	Underweight (< 90 per cent ideal body weight)
	Chronic renal failure requiring hemodialysis	None
		Other (specify):

Follow Up

Chest X-ray Ordered? Yes No Date (mm/dd/yyyy): _____

Result: _____ (please attach copy of report)

Chemoprophylaxis recommended? Yes No Patient declined: Yes No

(If yes, please fax copy of prescription to Public Health for dispensing of publicly funded medication: 905-682-6470).

Referred to Respirologist? Yes No If yes, referral to: _____

Health teaching completed? (Patient informed of signs and symptoms of disease) Yes No

If your patient is symptomatic or has a chest x-ray indicating Tuberculosis disease:

- Instruct patient to isolate at home
- Collect three sputum specimens at least one hour apart
- Report immediately to Public Health at 905-688-8248 ext. 7330

Visit the health care professional's webpage at: niagararegion.ca/health/professionals to stay up-to-date.