

Latent Tuberculosis Infection (Positive TB Skin Test) Reporting Form

Latent TB infection is reportable to Public Health as per O. Reg 135/18 under HPPA.

Please complete and return this form, including a copy of the patient chest x-ray results, by fax to Niagara Region Public Health - Infectious Disease Program at 905-682-6470.

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: _____ DOB (yyyy/mm/dd): _____

Born in Canada? Yes No If no, Country of birth: _____

Date of arrival: _____

Does the patient identify as Indigenous? Yes No If yes, First Nations Métis
Inuit Unknown
Prefer to self-describe: _____

Reason for Testing

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

Tuberculin Skin Testing Results* (All required information)

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

Date Administered (yyyy/mm/dd)	Date Read (yyyy/mm/dd)	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.

IGRA Testing

Testing Ordered? Yes No Date: _____ Result: Positive Negative Indeterminate

Note: Both pages of this form must be completed and faxed with a copy of the chest x-ray report.

BCG Status

Received BCG? Yes No Unknown

Date of BCG: _____

*BCG vaccination should only be considered the likely cause of a positive TST if BCG vaccine was given after 12 months of age AND there has been no known exposure to TB disease or other risk factors for TB infection AND the person is either Canadian-born non-Indigenous OR an immigrant/visitor from a low-TB-incidence country (<50 cases per 100,000 persons per year). International TB 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 Cough Fever Night Sweats
Fatigue Weight Loss Other (specify): _____

Risk Factors

HIV/AIDS	Organ transplants
Heavy alcohol consumption (≥ 3 drinks/day)	Silicosis
Close contact of infectious TB case	Underweight (< 90% ideal body weight)
Cigarette smoker (1 pack a day)	None
Specialized treatment for rheumatoid arthritis or Crohn's disease	Other (specify): _____
CA of head and neck	
Chronic renal failure requiring hemodialysis	
Leukemia or Lymphoma	

Follow Up

CXR Ordered? Yes No Date: _____ 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 Respiriologist? Yes No If yes, referral to whom: _____

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 TB 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.

Note: Both pages of this form must be completed and faxed with a copy of the chest x-ray report.