

NWT Clinical Practice Information Notice

Upon receipt, please file this notice in
Section C, Clinical Practice Information Binder for future reference.

The following Clinical Practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

Hospitals	<input checked="" type="checkbox"/>	Community Health Centers	Homecare	LTCF	<input checked="" type="checkbox"/>	Pharmacists
Doctors' Offices		Social Services Offices	<input checked="" type="checkbox"/>	Public Health Units		

The information contained in this document is a Departmental:

Policy	<input checked="" type="checkbox"/>	Standard	Protocol	Procedure	Guideline
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Title: Revised NWT TB Protocol – Routine School Screening Discontinued

Effective Date: IMMEDIATELY

Statement of approved Clinical Practice:

Annual skin testing for Tuberculosis (TB) in school children ages 5, 10 and 15 (as per NWT TB Manual) is no longer a requirement of the TB surveillance and screening program unless specifically directed by the Office of the Chief Public Health Officer.

Justification: TB screening programs are most effective when the groups being tested have a potential risk of exposure to TB or risk of developing TB disease. School children, as a group, are considered low risk for exposure to and activation of TB.

The newly published 7th edition of the Canadian Tuberculosis Standards (2013) recommends targeted screening of people or groups at risk of exposure to, or development of, TB (such as inmates in prisons, people from high incidence countries, IDU, communities with outbreaks, etc). Possible risk factors for developing TB disease include HIV or other immune suppressive illnesses or treatment, diabetes, renal failure requiring dialysis, cancers specifically cancer of the head and neck, , and persons who are heavy drinkers, smoke, are under nourished, or have fibro-nodular scarring on chest x-ray, etc.

We will continue to focus on targeted screening, diagnosing and treating previously untreated latent TB infection (LTBI) as well as diagnosing and treating active TB cases and contacts. Regular surveillance and follow up can identify active TB disease early in those with LTBI infection who cannot be treated because of the risk of hepatotoxicity. Treating those with LTBI infection, will continue to decrease the incidence of TB in the NWT by decreasing the potential pool of people that can develop active TB disease and transmit the infection to others.

This clinical practice is approved.



(Signature)

17/09/13

(Date)

Assistant Deputy Minister

Chief Public Health Officer

Director, Child & Family Services

Director, Adoptions