Northwest Territories (NWT) Tuberculosis (TB) Program Standards

Overarching goals of the NWT TB program

1. Eliminate TB in the NWT by 2035 to 1 case per 100,000 as aligned with the Public Health Agency of Canada global TB elimination goals.
2. Reduce TB mortality and morbidity in the NWT with a particular focus on reducing disparities among disproportionately affected groups.
3. Prevent and control TB disease through early detection and treatment of cases and prompt investigation of their contacts.
4. Identify and treat those with TB infection who are at high risk of developing TB disease.
5. Ensure appropriate and accountable TB programming consistent with the Canadian TB Standards (CTBS) and reflective of best and evolving practices.
6. Ensure NWT TB programming and education is delivered in a culturally safe and appropriate trauma informed manner.
7. Ensure TB surveillance is maintained, and quality data and information are available to make informed evidence-based decisions.
8. Champion collaborative actions to address underlying social determinants of health that increase risk factors for TB.
9. Protect at risk children under age 2 from severe forms of TB with the Bacillus Calmette-Guérin (BCG) vaccination program.

Approved TB Resources

The Canadian Thoracic Society (CTS) has been the leading organization in evidence-based guidance for TB management in Canada since 1972. The New Canadian Tuberculosis Standards (Menzies, 2022) reflect the combined knowledge of leading medical experts from respirology, infectious disease, surveillance, epidemiology, and public health who have contributed to the development of the Standards. Evidence reviews were updated and used to base recommendations in all chapters; these recommendations and the accompanying evidence were reviewed by the editorial board, the CTS Respiratory Guidelines Committee, external experts, and all chapter authors (Canadian Thoracic Society, 2022). The NWT adopts these standards to align with the rest of Canada regarding best practice.

The following are approved resources for use in administering TB programs in the NWT:

- Canadian Tuberculosis Standards (CTBS)
- NWT Tuberculosis Program Standards
- NWT Communicable Disease Manual (CDM): Tuberculosis Chapter
- Chief Public Health Officer Practitioner Alerts

Definitions

- Glossary of Terms
- **Client:** any person receiving health care services, sometimes also referred to as a patient.

- **Informed Consent:** A process in which patients are given important information, including possible risks and benefits, about a medical procedure or treatment. This is to help them decide if they want to be tested or treated. Informed consent may involve a conversation between client and practitioner or the signing of a form after information has been provided.
- **TB Specialist:** A physician with specialized training in TB management and may include an internist, a pediatrician, an infectious disease specialist or any other physician designated as having TB expertise from this group.
- **Quality Care:** Care that is delivered in an equitable, evidence-based, acceptable, and timely manner.
- **TB care continuum:** In healthcare, the continuum of care is now being used to describe how healthcare providers follow a patient from preventive care, through medical incidents, rehabilitation, and maintenance. Depending on the patient, this might involve the use of acute care hospitals, ambulatory care, or long-term care facilities. The coordinated effort to medical care means better outcomes for the patient. Effective treatment over the continuum of care requires attention to many moving parts. Not only does the medical care need to be coordinated between a variety of providers, the financing and record-keeping must also be consistent, efficient and accessible.

Standard 1.0 Standard of Care for Treatment of TB disease

1.1 The spread of TB disease is prevented and controlled.	
Overview Utilization of the evidence-based approach of the CTS, for the prevention and treatment of TB, will improve the TB program delivery in the NWT.	
Outcome: In the NWT, the treatment and management of a person with TB disease is effective, timely, based on best practice, and in consultation with a TB specialist.	
Deliverables	**Indicators**
1.1.1 The appropriate treatment regime is provided to the person with TB disease upon initial confirmed diagnosis based on: • Consultation with a TB specialist • CTBS treatment of TB disease • Approved NWT legislation, organizational directives, policies, guidelines, and protocols	% of clients diagnosed with TB disease and initiated on a TB treatment regime by a TB specialist
1.1.2 Consultation with a TB specialist shall take place if changes are required to the client's medication regime, if the client: • is not pan sensitive to first line regimens based on their drug susceptibility, • develops toxicity or drug interactions, • develops intolerances or side effects that endanger their health, and/or impede the ability to complete the medication regimen, and • misses doses, or there is an interruption in treatment, and does not fully complete their treatment.	% of clients who required additional consultation for changes in TB disease medication regime
1.1.3 The timeframe to initiate treatment for TB disease is met as per the NWT *Public Health Act* (PHA), and CDM - TB Chapter.	% of TB disease treatment initiated within required timeframe
1.1.4 The treatment for TB disease is provided by Direct Observed Treatment (DOT).	Evidence of completed DOT in accordance with approved policy/guidelines/protocols
1.1.5 The treatment regimen is documented in the person's medical record as per Health and Social Services Authority (HSSA) documentation policies and guidelines.	Evidence of documented TB disease treatment regime
1.1.6 The TB disease treatment regime is reported to the Office of the Chief Public Health Officer (OCPHO) as per the NWT *PHA*, CDM - TB Chapter, Chief Public Health Officer (CPHO) Practitioner Alerts, NWT approved reporting form, and organizational guidelines/ policies/protocols.	% of required reporting provided to OCPHO using approved format in required timeframe
1.1.7 Documentation is provided of any changes to TB medication regimens, in the client medical record as per HSSA's documentation policies and guidelines.	Evidence of required documentation policy/guidelines in place for changes to TB disease medication regime
1.1.8 Updates to the TB disease treatment regimen is reported to the OCPHO as per the approved reporting form.	% of updates reported to OCPHO

Standard 2.0 Standard of Care for Treatment of TB infection

2.1 **Treatment and management of a person with TB infection is effective, timely, based on best practice, and in consultation with a TB specialist.**	
Overview In the NWT, treatment and monitoring of TB infection is ensured using evidenced-based practice to effectively communicate and facilitate continuity of care.	
Outcome: Consultation, treatment, and monitoring of TB infection is ongoing; treatment plan is re-evaluated to address changes over the course of therapy.	
Deliverables	**Indicators**
2.1.1 The appropriate treatment regime is provided to the person with TB infection upon initial confirmed diagnosis based on: • CTBS Treatment of TB infection • Approved NWT legislation, organizational directives, policies, guidelines, and protocols	% of clients diagnosed with TB infection who received approved treatment regime
2.1.2 Medications for clients diagnosed with TB infection are ordered by: • a practitioner **with** a Public Health Officer (PHO) designation from the OCPHO **OR** • through an order obtained from the CPHO by the submission of the NWT TB Form from all practitioners without a PHO designation **OR** • through consultation with a TB specialist.	Evidence of approved process in place to prescribe TB medication treatment for a client with TB infection
2.1.3 Consultation with a TB specialist or practitioner with a PHO designation shall take place if changes are required to the client's TB infection medication regime if the client: • develops toxicity or drug interactions, • develops intolerances or side effects that endanger their health and/or impede the ability to complete the medication regimen, • misses doses, or there is an interruption in treatment by not fully completing their treatment.	Evidence of a policy/guideline/protocol in place to guide changes to TB infection medication regime % of clients who required and received appropriate change in TB infection medication regime
2.1.4 The timeframe to initiate treatment for TB infection is met as per the NWT *PHA* and CDM - TB Chapter.	% of treatment initiated for TB infection within required timeframe
2.1.5 The treatment for TB infection is provided by Direct Observed Preventative Treatment (DOPT).	Evidence of completed DOPT in accordance with approved policy/guidelines/protocols
2.1.6 The treatment regimen is documented in the person's medical record as per HSSAs documentation policies and guidelines.	Evidence of documented TB infection treatment regime
2.1.7 The TB infection treatment regime is reported to the OCPHO as per the NWT *PHA*, CDM - TB Chapter, CPHO Practitioner Alerts, NWT approved reporting form, and organizational guidelines/ policies/protocols.	% of required reporting provided to OCPHO using approved format in required timeframe
2.1.8 Documentation is provided of any changes to TB medication regimens, in the client medical record as per HSSA's documentation policies and guidelines.	Evidence of required documentation policy/guidelines in place for changes to TB infection medication regime
2.1.9 Updates to the TB infection treatment regimen is reported to the OCPHO as per the approved reporting form.	% of updates reported to OCPHO

Standard 3.0 Pulmonary TB Isolation

3.1 All cases of lab confirmed OR clinically confirmed (without lab confirmation) pulmonary TB must be admitted to a health care facility under airborne isolation until the client is deemed to be non-infectious.	
Overview Prompt isolation of a person with pulmonary TB and/or suspect pulmonary TB is the priority for TB prevention and care.	
Outcome: NWT residents receive equitable and consistent care from TB specialists with a coordinated approach for care and discharge.	
Deliverables	**Indicators**
3.1.1 All cases of suspect or confirmed pulmonary TB are isolated in a health care facility until deemed non-infectious by OCPHO and/or a TB specialist as per the: • CTBS Treatment of TB disease • Approved NWT legislation, organizational directives, policies, guidelines, and protocols	% of suspect or confirmed cases of TB isolated in a healthcare facility -% deemed non-infectious at time of discharge
3.1.2 A community discharge plan exists for all clients who are admitted to the hospital diagnosed with TB disease.	% of documented community discharge care plan for clients with TB disease
3.1.3 Pulmonary TB clients residing in the community should be isolated in a healthcare facility ideally within 24 hours of lab notification of smear positivity. Where logistically not possible, they should be isolated immediately at home until admission can occur.	TB smear positivity clients isolated: -% in a healthcare facility within 24 hours -% at home until admission to a healthcare facility
3.1.4 Some culture-positive cases **may** be isolated in the community but only after careful assessment of client's medical and social conditions, local community resources and consultation with and **approval from the CPHO**.	% of culture-positive clients isolated and managed in the community without admission to a healthcare facility

Standard 4.0 Direct Observed Therapy (DOT)

4.1 Direct Observed Therapy (DOT) is implemented for every client diagnosed with TB disease (pulmonary and extra-pulmonary).	
Overview Treatment completion is a fundamental principle of TB control in the NWT and every client diagnosed with TB disease (pulmonary and extra-pulmonary) is managed on DOT.	
Outcome: There is minimal morbidity and mortality from TB disease in the NWT, patients are cured and there is no return to infectiousness of TB disease while treatment is occurring.	
Deliverables	**Indicators**
4.1.1 DOT is provided as per approved organizational guidelines, policies, and protocols.	Evidence that DOT is provided as per appropriate approved process
4.1.2 A regulated healthcare practitioner is accountable for the administration of DOT.	Evidence of policy in place that outlines accountability of regulated healthcare practitioner's role for DOT administration
4.1.3 Documentation for DOT occurs in the client's medical record as per approved organizational guidelines, policies, and protocols.	Evidence of accurate DOT documentation
4.1.4 Initiation, interruption (if applicable) and completion of DOT is reported to the OCPHO as per the CDM - TB Chapter, and organizational guidelines/policies/protocols.	% of DOT initiation, interruption and completion reported to OCPHO
4.1.5 Missed doses of DOT must be reported to the CPHO as per organizational guidelines, policies, and protocols.	% of missed doses reported to CPHO

Standard 5.0 Direct Observed Preventative Therapy (DOPT)

5.1 Direct Observed Preventative Therapy (DOPT) must be implemented for every client with TB infection.	
Overview In the NWT, DOPT must be implemented for every client to ensure prevention of TB infection progression to TB disease.	
Outcome: Clients will achieve completion of treatment for TB infection through ongoing monitoring and DOPT as per the legislated territorial and national requirements.	
Deliverables	**Indicators**
5.1.1 Clients are provided education regarding DOPT, and informed consent obtained for the administration of DOPT as per the CTBS and approved organizational guidelines/policies/protocols.	Evidence of policy/guideline/protocol in place to educate and obtain clients informed consent for DOPT
5.1.2 A regulated healthcare practitioner is accountable for the administration of DOPT.	Evidence of policy in place that outlines accountability of regulated healthcare practitioner's role for DOPT administration
5.1.3 Documentation for DOPT occurs in the client's medical record as per approved organizational guidelines, policies, and protocols.	Evidence of accurate DOPT documentation
5.1.4 Initiation, interruption (if applicable) and completion of DOPT are reported to the OCPHO as per the CDM - TB Chapter, and organizational guidelines/policies/protocols.	% of DOPT initiation, interruption and completion reported to OCPHO
5.1.5 Missed doses of DOPT must be reported to the CPHO as per the organizational guidelines/policies/protocols.	% of missed doses reported to CPHO
5.1.6 Daily dosing regimens that are **not** administered via **DOPT**, are granted only with the approval of OCPHO.	Evidence of a policy/guideline/protocol in place to obtain OCPHO approval

Standard 6.0 TB Medication Monitoring

6.1 All clients on TB medication must have regular monitoring for side effects, drug interactions, drug intolerances, treatment failure, drug resistance, and/or the development of TB disease from TB infection.	
Overview Continued assessment during client's treatment facilitates completion of treatment and immediately identifies any adverse effects, drug intolerances, treatment failure and reappearance of symptoms.	
Outcome: Clients will receive appropriate treatment with regular monitoring of: medical issues (side effects, medication interactions), issues related to individual or social barriers (transportation, childcare, homelessness, etc.) and DOT/DOPT.	
Deliverables	**Indicators**
6.1.1 All clients on TB medication of any kind require regular monitoring.	Evidence of policy in place for monitoring of clients on TB medication for TB disease or TB infection
6.1.2 Every client has a specified monitoring plan as part of their individual TB medication regimen. The frequency and specific medical monitoring will vary based on the TB drugs used and the client's heath status.	Evidence of individualized TB medication regime monitoring
6.1.3 All clients on TB medication of any kind require ongoing evaluation of individual and social issues that may impact treatment adherence.	% of TB clients with issues impacting treatment adherence
6.1.4 All healthcare practitioners are competent in their knowledge and understanding of the side effects, intolerance of medications, adverse events, and significant drug interactions with TB medications as per HSSA's policies and protocols.	Evidence of policies/protocols in place to ensure competent healthcare practitioners
6.1.5 Referral pathways to a primary care provider, TB specialist, social worker or other healthcare team members are in place to deal appropriately with medical or social issues as they arise as per HSSA's policies.	Evidence of policies in place to ensure appropriate referral pathways

Standard 7.0 Publicly Funded Treatment and Medications for TB

7.1 All clients who are prescribed TB medications have access to publicly funded drugs that are provided free of charge to the client.	
Overview Publicly funded treatment, diagnostics and medications to diagnose and cure TB disease and infection are provided to clients to ensure seamless treatment access, including decreasing barriers, thereby providing cure and client equity in the treatment of TB disease and TB infection.	
Outcome: Equitable access to publicly funded treatment, diagnostics and medications for TB reduces transmission of TB to others and leads to the elimination of TB within the NWT.	
Deliverables	**Indicators**
7.1.1 Clients who require TB testing, diagnostics, procedures or treatment to diagnose and/or treat TB disease and/or TB infection will receive such interventions at no personal health care cost. This shall include any medical transportation or care required within another jurisdiction.	Evidence of policy in place for publicly funded care for any client in NWT, regardless of citizenship, resident status or health care coverage
7.1.2 Clients diagnosed with TB disease will receive their TB medication, free of charge, from the healthcare facility while admitted and the community public health unit or community health centre when in the community.	Evidence of policy in place for clients with TB disease to receive TB medication free of charge at point of care in the NWT
7.1.3 Clients diagnosed with TB infection will receive their TB medication, free of charge, from the healthcare facility, community public health unit or community health centre.	Evidence of policy in place for clients with TB infection to receive TB medication free of charge at point of care in the NWT
7.1.4 Clients diagnosed with TB disease or infection **MUST NOT** be given a prescription from a healthcare provider to be filled by a retail pharmacy.	Evidence of policy in place for clients with TB disease or infection to obtain TB medications at point of care in the NWT
7.1.5 The community health centre or public health unit responsible for DOT/DOPT administration and monitoring and must also dispense the TB medication regimen.	Evidence of a policy specifying that only regulated healthcare providers are dispensing the TB regime
7.1.6 Any alternate medications ordered by a TB specialist and not readily accessed through a HSSA pharmacy are acquired and provided free of charge to the client.	Evidence of policy outlining access to alternate TB medications for clients

Standard 8.0 TB Contact Investigation

8.1 Contact investigation is carried out for all cases of TB disease in the targeted timeframes as set out in the Reportable Disease Control Regulations within the *PHA.*	
Overview Identify new cases of TB disease within a contact investigation to further prevent and minimize transmission of TB thereby preventing outbreaks of TB within a population.	
Outcome: Prompt identification of contacts with TB infection leads to a curative preventative treatment program to avoid progression to TB disease and further transmission to the public.	
Deliverables	**Indicators**
8.1.1 All clients identified as having TB disease must have an initial contact tracing interview completed as per the NWT *PHA*, CDM - TB Chapter, and approved organizational directives, policies, guidelines, and protocols.	% of initial list of contacts for each TB case completed and reported to OCPHO within 72 hours.
8.1.2 Screening and assessment of high-risk contacts should begin as per the NWT *PHA*, CDM - TB Chapter, and approved organizational directives, policies, guidelines, and protocols.	% of high-risk contacts screened
8.1.3 Contacts of a case of TB, who are newly infected should have a completed TB assessment as per the NWT *PHA*, CDM - TB Chapter, and approved organizational directives, policies, guidelines, and protocols within 7 days of identification of infection; and if deemed fit to receive preventative therapy should receive such therapy within 30 days of being assessed.	% of contacts for each TB case provided with a TB assessment within 7 days % of TB clients who received preventative therapy within 30 days of being assessed
8.1.4 Contacts of a case of TB who have any symptom of TB are immediately assessed as per the CTBS and isolated as per Standard 3.0.	% of contacts of each TB case who were immediately assessed and isolated
8.1.5 Contacts of a case who develop TB Disease must be reported to the OCPHO as per the NWT *PHA*, CDM - TB Chapter, and approved organizational directives, policies, guidelines, and protocol.	% of contacts who develop TB disease as reported to OCPHO within the regulated timeframe
8.1.6 Contact investigation information is provided to the OCPHO by filling out the Tuberculosis Investigation Contact Tracing Form.	% of completed contact investigation submitted to OCPHO within the regulated time frame
8.1.7 All contacts of a case of TB who have been diagnosed as having TB infection post exposure but who are unwilling, have contraindications for or are unable to complete preventative therapy, must be screened for TB disease every 6 months for 2 years from last exposure date to the case; they should be counselled about the signs and symptoms of TB disease and when to seek follow-up care.	% of contacts unable to receive preventative treatment screened every 6 months for 2 years as reported to OCPHO

Standard 9.0 Reporting TB to Office of the Chief Public Officer

9.1 Mandatory reporting to the OCPHO must occur at several points along the TB care continuum from diagnosis to treatment completion.		
Overview Mandatory reportable data, in the continuum of care, informs public health planning and interventions of TB prevention, screening, treatment and follow-up for the NWT population.		
Outcome: The reportable data in the NWT TB registry will provide up to date information regarding the TB history of clients, over their lifetime, and is a source of information that may inform future clinical guidance for clients.		
Deliverables		**Indicators**
9.1.1	In the NWT, health care providers and laboratories are legally required, under the *PHA* to report any confirmed or suspect case of TB to the CPHO or designate immediately after diagnosis is made or opinion is formed and in accordance with CDM - TB Chapter and approved organizational directives, policies, guidelines, and protocol.	% of diagnosed/or suspected TB cases reported to CPHO within reporting requirement timeframe
9.1.2	Healthcare providers must complete the NWT TB Form and submit to OCPHO at various points along the TB care continuum.	% of completed NWT TB form submitted to CPHO within required timeframe and at required reporting points during TB care continuum
9.1.3	All Tuberculin Skin Test (TST) results are reported using approved format by CPHO as per CDM - TB Chapter.	% of TST reported to CPHO
9.1.4	All positive TB tests will be followed up as per the NWT *PHA*, CDM - TB Chapter, and approved organizational directives, policies, guidelines, and protocol.	% of completed follow-up of positive TB tests

Standard 10.0 TB Surveillance Programs

10.1 Surveillance programs must be implemented and monitored to ensure appropriate identification and follow-up of individuals at risk for developing TB disease.	
Overview The implementation of surveillance programs in the NWT gives consideration to those at risk, via targeted screening or selection of people for TB testing/treatment that are most likely to be infected and progress to developing TB disease.	
Outcome: HSSAs ensure competency in the utilization of the three basic surveillance strategies critical to the prevention and control of TB evident in the following: 1) Identification of persons with suspect or/confirmed TB disease, 2) Investigation of contacts of infectious TB disease, and 3) Investigation of populations at risk of TB infection and progression to TB disease.	
Deliverables	**Indicators**
10.1.1 Routine surveillance programs outside of a contact tracing investigation or outbreak situation target clients with TB infection who are most at risk to develop TB disease.	Evidence of surveillance program to identify those at risk of TB disease
10.1.2 Each public health unit and community health centre has a regularly monitored surveillance program with surveillance activities.	Evidence of monitored surveillance program with ongoing surveillance activity
10.1.3 Any client on surveillance who has been flagged as having a change in health status or other factors that increase their risk for developing TB disease should have a TB assessment as per the CTBS, CDM - TB Chapter, and approved organizational directives, policies, guidelines, and protocol.	Evidence of surveillance program that regularly monitors change in health status or increased risk in developing TB
10.1.4 Referrals for preventative treatment, increased surveillance and monitoring are made as per approved organizational directives, policies, guidelines, and protocols when persons with known, untreated TB infection are at a high-risk for developing TB disease.	% of referrals of untreated TB infection who are at a high-risk for developing TB disease

Standard 11.0 Bacille Calmette-Guérin (BCG) Vaccine

11.1 All NWT infants who meet eligibility criteria for BCG vaccine are immunized.	
Overview BCG vaccine is implemented in high-risk TB endemic regions within NWT, to protect infants and young children from serious complications of TB.	
Outcome: Competent healthcare practitioners' implementation of screening and administering BCG vaccines will lead to a protective effect against severe and life-threatening forms of TB disease such as TB meningitis and disseminated disease for children in the NWT.	
Deliverables	**Indicators**
11.1.1 Any infant born or residing within the NWT will be screened for BCG eligibility using the BCG eligibility algorithm.	% of screening done using BCG eligibility algorithm
11.1.2 Healthcare practitioners will administer BCG vaccines as per the Canadian Immunization Guide, CDM - TB Chapter, and approved organizational directives, policies, guidelines, and protocols.	% of vaccines administered as per approved requirements
11.1.3 BCG Vaccines are documented in the Vaccine Module as per approved organizational directives, policies, guidelines, and protocols.	Evidence of BCG vaccines documented as per directives, policies, guidelines, and protocols
11.1.4 BCG Vaccines are reported using either the Vaccine Module in the EMR or if not on the EMR through the Vaccination Administration Report Form and submitted to the OCPHO as indicated in the forms instructions, NWT CDM, and *PHA*.	% of BCG vaccines reported to OCPHO
11.1.5 Education regarding BCG vaccines is provided and informed consent obtained as per the NWT Immunization Standards.	Evidence of a policy in place to obtain informed consent

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