

Referral to Physician – Tuberculosis (TB) Medical Surveillance Follow-Up

Patient name: _____ Sex: Male Female
 Street address: _____ City: _____ Postal code: _____
 Birth date - Y: _____ M: _____ D: _____ Home phone: _____
 Alternate phone: _____ Assessment date - Y: _____ M: _____ D: _____

1. Does this patient have symptoms of TB?
 No Yes – check all that apply
 New or worsening cough (greater than 3 weeks duration) Fever Night sweats
 Hemoptysis Weight loss Other: _____

If patient symptomatic: Please contact York Region immediately, order CXR, sputum testing for TB (AFB and culture x3 specimens) and refer to a TB clinic or specialist.

2. Does this patient have a history of TB?
 No – Please do a TB skin test if the patient has no history of TB
 Yes
 a. Latent TB infection (LTBI) - Treatment info: _____
 b. Active TB disease - Pulmonary Extrapulmonary Treatment info: _____

3. TB skin test result – Date planted Y: _____ M: _____ D: _____ Date read Y: _____ M: _____ D: _____ Size: _____ mm

4. Current chest x-ray date (MANDATORY) Y: _____ M: _____ D: _____ (Please attach a copy of reports).
Patients with an abnormal CXR should be further assessed to rule out active disease. Please collect 3 sputum specimens for AFB and culture
 Results: Normal Abnormal Abnormal but not suggestive of TB

5. Sputum – Date collected Y: _____ M: _____ D: _____ (Please attach a copy of reports).
Patients who are unable to produce should have a repeat CXR in 6 months or as per radiologist’s recommendation

6. What are your plans for follow-up? (Check all that apply)
 Patient does not have LTBI; therefore no further follow-up required
 Patient has LTBI – Please indicate the following:
 Patient will start treatment for LTBI. Start Date Y: _____ M: _____ D: _____ Treatment length: _____ mos
 Treatment for LTBI offered, patient refused and patient was counselled
 Treatment for LTBI was contraindicated and patient was counselled
 Follow-up reassessment in 6 months (CXR and/or sputum collection)
 Patient has suspect TB disease; therefore
 Patient referred to TB clinic/Specialist for further assessment
 Clinician: _____ Date Y: _____ M: _____ D: _____
 Sputum cultures for TB/CT scan ordered
 Patient does not have active disease

Drugs are available free of charge for treatment of Tuberculosis. Please call us for information.

Physician name: _____ Telephone: _____
 Street address: _____ City: _____ Postal code: _____

Please return completed form by fax or mail to the address below to the attention of the Tuberculosis Control Program

This information is being collected under the authority of *the Health Protection and Promotion Act*, R.S.O. 1990, c.H.7 for the purpose of obtaining and maintaining a medical history to provide or assist in the provision of treatment for tuberculosis, for the purpose of case management, client follow up, monitoring and contact tracing, for the purpose of public health administration and for the provision of statistical data to the Ministry of Health and Long Term Care. This information will be retained, used, disclosed and disposed of in accordance with the *Personal Health Information Protection Act*, 2004, S.O. 2004, c. 3. Any questions regarding this collection may be directed to the Manager of Tuberculosis Control Program, 9060 Jane Street, 5th Floor, Vaughan, Ontario L4K 0G5, (905) 830-4444 extension 73065. Investigator Name: _____

Dear Doctor,

Citizenship and Immigration Canada (CIC) has placed your patient on Medical Surveillance for Inactive Tuberculosis (TB) due to findings on their immigration medical examination.

1. **Please complete the attached *Referral to Physician – Tuberculosis (TB) Medical Surveillance Follow-up* form and fax it to 1-905-895-5450 (York Region Public Health TB team)**

Please note:

- **If you conduct follow-up testing, please fax the results to York Region Public Health TB team when they become available to 1-905-895-5450**
- **LTBI Treatment** – If treatment for Latent Tuberculosis Infection (LTBI) is refused or contraindicated, the patient should be counselled on the signs and symptoms for TB disease and advised to seek medical attention should they develop

Reporting responsibilities to York Region Public Health

- Report all persons with **LTBI** by fax: *Referral to Physician – Tuberculosis (TB) Medical Surveillance Follow-up* form to YRPH at 1-905-895-5450
- Report all **suspect/confirmed cases**: call **YRPH 905-830-4444 ext. 76000**

2. Payment

- The medical examination for immigration medical surveillance (IMS) follow-up and all relevant tests are eligible for payment from OHIP or the Interim Federal Health Plan.
- Patients without OHIP or Interim Federal Health coverage (e.g., visitors) should be billed directly for their IMS follow-up.
- If active TB disease is suspected for an uninsured patient, call York Region Public Health TB team at 905-830-4444 ext. 76000. Eligibility for coverage for this person to be determined for TB-UP (a program for uninsured persons).

3. Additional Resources:

- TST in 3D: The Online TST/IGRA Interpreter – <http://www.tstin3d.com>; This is a useful resource for the determination of active TB for persons with Tuberculin Skin Test (TST) ≥ 5 mm.
- York Region TB website – www.york.ca/TB
- York Region TB team information line: **905-830-4444 ext. 76000**

York Region has 3 pharmacies that dispense free TB medications.

Please only send your patients to one of these:

Health + Pharmacy (Mackenzie Health Richmond Hill Hospital) 905-883-7500

Dales Pharmacy (Markham-Stouffville Hospital) 905-471-1234

Centric Health Pharmacy (Southlake Regional Health Centre) 905-830-5988