



Centre de Santé et Services Sociaux Inuulitsivik
 Inuulitsivik Health & Social Services Centre
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 UNGAVA TULATTAVIK HEALTH CENTER
 CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

EMBOSSER ICI LA CARTE DU CSI OU CSTU,
 SI NON DISPONIBLE, INSCRIRE LES NOM, PRÉNOM,
 DATE DE NAISSANCE ET NUMÉRO DOSSIER
 EMBOSS HERE THE CARD OF IHC OR UTHC,
 IF NOT AVAILABLE, WRITE THE NAME, SURNAME,
 DATE OF BIRTH AND FILE NUMBER

**LATENT TB INFECTION
 ADULT AND PEDIATRIC
 FOLLOW-UP PROTOCOL – STANDARD MEDICAL
 ORDER • RIFAMPICIN (RIF)**

Purpose: To ensure a standard process for the management of LTBI (latent TB infection) cases and the medical prescription of the necessary follow-up by the relevant health professionals.

Objectives:

- a) Ensure use of the most effective prophylaxis for latent TB infection (LTBI) and in so doing, prevent the development of active TB disease.
- b) Ensure regular and optimal follow-up of people with LTBI who are undergoing treatment.
- c) Quickly identify any issues regarding compliance and offer the appropriate support.
- d) Quickly detect adverse reactions and ensure their management (*Guide TB*, Québec, 2017).

This order must be initialed by a physician at the time of the LTBI diagnosis and the prescription of TB treatment.

Notes: → To reach out to the pneumologists:

- Pediatric pneumologist, write to: MCHTB &06CH_CUSM MCHTB@MUHC.MCGILL.CA or Zofia Zysman-Colman (Med) zofia.zysman-colman.med@ssss.gouv.qc.ca
- Adult pneumologist: Use SAFIR system : [Connect to SAFIR \(gouv.qc.ca\)](http://Connect.to.SAFIR(gouv.qc.ca))
 In case SAFIR is unavailable, write to: Faiz Ahmad Khan faiz.ahmad.khan.med@ssss.gouv.qc.ca ou Richard Menzies, Dr. dick.menzies@mcgill.ca
- Pneumologist on call at the MUHC: 514 934-1934.

→ Whenever a new LTBI diagnosis is made, you must notify the Public Health TB team (NRBHSS) at tuberculose-santepublique.nrbhss@ssss.gouv.qc.ca.

Important note: All individual medical prescriptions have priority over the “Standard” follow-up described in this procedure.

Instructions regarding use of the protocol

The following order, once signed and dated by the physician, will constitute a medical prescription for the tests and paraclinical exams required to enable the follow-up of patients with LTBI. Nurses and physicians must check off and sign the boxes related to their specific tasks as soon as the prescribed actions are completed. Medication prescriptions, however, will be prepared on prescription sheets specifically for LTBI treatment.

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Approved by: CMDPSF executive committee, IHC and UTHC, 2020-12



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When*	Who	Interventions and investigations	Date and Signature
End of 1 st month of Tx YY/ MM/ DD	Nurse	<input type="checkbox"/> Regular monthly follow-up: Notify the physician if abnormal. <input type="checkbox"/> Medication follow-up and support to the patient (ITL-COURBE-RIF_EN) and (ITL-ENREG-MED-RIF_EN) <input type="checkbox"/> Monthly clinical Assessment (TB-ACT-ITL_EVAL-CLIN-MENS_EN) <input type="checkbox"/> As per medical prescription, take monthly F/up blood test PRN: liver function, creat.	Signature YYYY/ MM/ DD
End of 2 nd month of Tx YY/ MM/ DD	Nurse	<input type="checkbox"/> Regular monthly follow-up: Notify the physician if abnormal. <input type="checkbox"/> Medication follow-up and support to the patient (ITL-COURBE-RIF_EN) and (ITL-ENREG-MED-RIF_EN) <input type="checkbox"/> Monthly clinical Assessment (TB-ACT-ITL_EVAL-CLIN-MENS_EN) <input type="checkbox"/> As per medical prescription, take monthly F/up blood test PRN: liver function, creat.	Signature YYYY/ MM/ DD
End of 3 rd month of Tx YY/ MM/ DD	Nurse	<input type="checkbox"/> Regular monthly follow-up: Notify the physician if abnormal. <input type="checkbox"/> Medication follow-up and support to the patient (ITL-COURBE-RIF_EN) and (ITL-ENREG-MED-RIF_EN) <input type="checkbox"/> Monthly clinical Assessment (TB-ACT-ITL_EVAL-CLIN-MENS_EN) <input type="checkbox"/> As per medical prescription, take monthly F/up blood test PRN: liver function, creat.	Signature YYYY/ MM/ DD
End of Tx (4 th month) YY/ MM/ DD	Doctor	<input type="checkbox"/> Document compliance and end of the treatment <input type="checkbox"/> Complete and sign the post-treatment <i>Clinical and radiological follow-up guide</i> (TB-ACT-ITL_GUIDE-SCR_EN) <input type="checkbox"/> Update the list of problems (prior history) in the patient record.	Signature YYYY/ MM/ DD
	Nurse	<input type="checkbox"/> Regular monthly follow-up: Notify the physician if abnormal. <input type="checkbox"/> Medication follow-up and support to the patient (ITL-COURBE-RIF_EN) and (ITL-ENREG-MED-RIF_EN) <input type="checkbox"/> Monthly clinical Assessment (TB-ACT-ITL_EVAL-CLIN-MENS_EN) <input type="checkbox"/> As per medical prescription, take monthly F/up blood test PRN: liver function, creat. <input type="checkbox"/> Plan for clinical and radiological follow-up as required, as per medical opinion on the form <i>Clinical and radiological follow-up guide</i> (TB-ACT-ITL_GUIDE-SCR_EN) <input type="checkbox"/> Send all completed documents to Public Health Department	Signature YYYY/ MM/ DD

* **NOTE:** Apply the *End of treatment* interventions if the treatment is completed before the 4th month.

MD signature: _____ License no.: _____ Date: yyyy / mm / dd



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FOLLOW-UP GUIDE FOR ADDITIONAL MONTHS
Extension of the planned duration of the treatment
 To be followed if the treatment is extended beyond the 4-month period. Apply the interventions in the *End of treatment* line if even just one additional month is needed to complete the treatment. Beyond 6 months, preventive treatment is considered inadequate.

When	Who	Interventions and investigations	Date and Signature
End of 5 th month of Tx YY/ MM/ DD	Nurse	<input type="checkbox"/> Regular monthly follow-up: Notify the physician if abnormal. <input type="checkbox"/> Medication follow-up and support to the patient (<i>ITL-COURBE-RIF_EN</i>) and (<i>ITL-ENREG-MED-RIF_EN</i>) <input type="checkbox"/> Monthly clinical Assessment (<i>TB-ACT-ITL_EVAL-CLIN-MENS_EN</i>) <input type="checkbox"/> As per medical prescription, take monthly F/up blood test PRN: liver function, creat.	Signature YYYY/ MM/ DD
End of Tx (5 th or 6 th month) YY/ MM/ DD	Doctor	<input type="checkbox"/> Document compliance and end of the treatment <input type="checkbox"/> Complete and sign the post-treatment <i>Clinical and radiological follow-up guide</i> (<i>TB-ACT-ITL_GUIDE-SCR_EN</i>) <input type="checkbox"/> Update the list of problems (prior history) in the patient record.	Signature YYYY/ MM/ DD
	Nurse	<input type="checkbox"/> Regular monthly follow-up: Notify the physician if abnormal. <input type="checkbox"/> Medication follow-up and support to the patient (<i>ITL-COURBE-RIF_EN</i>) and (<i>ITL-ENREG-MED-RIF_EN</i>) <input type="checkbox"/> Monthly clinical Assessment (<i>TB-ACT-ITL_EVAL-CLIN-MENS_EN</i>) <input type="checkbox"/> As per medical prescription, take monthly F/up blood test PRN: liver function, creat. <input type="checkbox"/> Plan for clinical and radiological follow-up as required, as per medical opinion on the form <i>Clinical and radiological follow-up guide</i> (<i>TB-ACT-ITL_GUIDE-SCR_EN</i>) <input type="checkbox"/> Send all completed documents to Public Health Department	Signature YYYY/ MM/ DD

MD signature: _____ License no.: _____ Date: yyyy / mm / dd