



**NORTHWESTERN HEALTH UNIT – TUBERCULOSIS CONTROL PROGRAM
REPORT OF NEW OR REACTIVATED CASE**

**Northwestern
Health Unit**

www.nwhu.on.ca

PATIENT INFORMATION			
Name:		D.O.B.	
		Gender: M F	
Address:		Phone Number:	
City/Town:	Postal Code:	Health Card:	
School:		Workplace:	
Country of Birth:			
First Nation Origin: Yes No		Living on Reserve: Yes No	
DIAGNOSTIC INFORMATION			
Date of Onset:		Date of Diagnosis:	
		Active	Reactive
Site:		Organism:	Type of Specimen:
Confirmed by:	Smear	Date:	
	Culture	Date:	
	X-ray	Date:	
Name of Hospital:		Date Admitted:	Date Discharged:
Symptoms:		Risk Factors:	
Medications:		Date Started:	

Clinical Progress: Ongoing _____ Resolved _____ Deceased: _____ (date) _____

Drug Resistance: _____
(please indicate name of medication)

All residents of Ontario are entitled to free medication for treatment of Tuberculosis and INH chemoprophylaxis.
Medication is available from the Northwestern Health Unit.
Please attach prescription to report.

Completed By: _____ Facility: _____

Please fax to Northwestern Health Unit office at 1-807-468-3813

Recommended treatment regimens for known or suspected drug-susceptible pulmonary TB.

	Initial phase (first two months)	Continuation phase
Suspected drug susceptible^a		
Preferred regimen	INH^b RMP PZA EMB^c daily^d	INH RMP EMB daily for 4 months
Alternative regimen ^e	INH RMP EMB daily	INH RMP EMB daily for 7 months
Alternative regimen ^f	INH RMP PZA EMB daily	INH RMP EMB 3x per week ^g for 4 months
Alternative regimen ^f	INH RMP EMB daily	INH RMP EMB 3x per week ^g for 7 months
Known drug susceptible		
Preferred regimen	INH RMP PZA daily^d	INH RMP daily for 4 months
Alternative regimen ^e	INH RMP EMB daily	INH RMP daily for 7 months
Alternative regimen ^f	INH RMP PZA daily	INH RMP 3x per week ^g for 4 months
Alternative regimen ^{e, f}	INH RMP EMB daily	INH RMP 3x per week ^g for 7 months

From: [Canadian TB Standards](#)

Abbreviations: TB, tuberculosis; INH, isoniazid; RMP, rifampin; PZA, pyrazinamide; EMB, ethambutol; DOT, directly observed therapy .

a INH: isoniazid, RMP: rifampin, PZA: pyrazinamide, EMB: ethambutol.

b No known risk factors for drug resistance and culture pending or culture not performed.

c Add Pyridoxine 25-50mg/day for all people taking isoniazid at risk of peripheral neuropathy.

d In both four-drug regimens here, EMB can be discontinued if strain is confirmed drug susceptible on culture.

e Daily defined as 7 days/week or minimum 5 days/week with DOT.

f For use when PZA is not indicated or two months of PZA therapy is not completed.

g DOT required with all intermittent regimens.

Additional guidance and recommendations can be found in the current [Canadian TB Standards](#).

For questions or concerns, please contact your local Public Health Nurse at the Northwestern Health Unit.