

## \*Please return this completed form to the Northwestern Health Unit by fax at 807-468-3813\*

Patient's Last Name First Name		Date of Birth	Gender Male Female			
Address			Health Card Number	Phone number		
City	Posta	al Code	First Nation Origin Yes No	Living on Reserve Yes No		
School/workplace			Country of birth			
TB Skin Test	<u> </u>		History of BCG (if o	iven) Date		
Date Resultmm			History of BCG (if given) Date			
TB Skin Test			Symptoms			
DateRe	sultmm					
Reason for TB Skin Te	est		Medical Risk Factors Yes No			
Contact	Contact			HIV/AIDS		
Education	Education			Diabetes		
Employment			Renal Disease			
Immigration			Immunosuppressive Therapy / Disease			
Other (specify)			Other (specify)			
Physician follow-up	Date completed		Name	· · · · · · · · · · · · · · · · · · ·		
Chest x-ray	Date completed		Result			
Sputum (if indicated)	Date completed					
Medication prescribed Accepted (attach Rx) Declined Contraindicated						
TB medication is publicly funded and accessible through Northwestern Health Unit; it should not be purchased by the patient.						
Liver function tests	Date completed					
Recommended screening (check if ordered) Hepatitis B Hepatitis C HIV						
Nurse/Physician o	completing initial so	creening.	Physician/N	IP completing follow up:		
Nurse/Physician completing initial screening: Name:			Name:			
F 334			F 33			

Nurse/Physician comple	ting initial screening:	Physician/NP completing follow up:		
Name:		Name:		
Facility:		Facility:		
Phone#:	ext	Phone#:	ext	

## RECOMMENDED TREATMENT REGIMENS FOR LTBI

Regimen	Duration	Dose	Frequency	Common adverse effects			
First-line regimens (2 options)							
*Rifapentine and isoniazid (3HP)	3 months (12 doses)	Isoniazid: 15 mg/kg Maximum: 900 mg Rifapentine: 10-14.0 kg: 300 mg 14.1-25.0 kg: 450 mg 25.1-32.0 kg: 600 mg 32.1-49.9 kg: 750 mg ≥50.0 kg: 900 mg Maximum: 900 mg	Once weekly	Flu-like reactions, drug interactions			
Rifampin (4 R)	4 months (120 doses)	10mg/kg Maximum: 600 mg	Daily	Rash, drug interactions			
Second-line regimen							
Isoniazid (9H)	9 months (270 doses)	5mg/kg Maximum: 300 mg	Daily	Hepatoxicity, peripheral neuropathy			

\*Note: Rifapentine should be prescribed as observed therapy; NWHU can do the observed therapy

From: Canadian TB Standards

## Baseline testing and monitoring

- Baseline liver function tests (AST, ALT and Bilirubin) as well as complete blood count (CBC) should be completed prior to clients starting TB medication.
- After one month of treatment, repeat testing should be performed for all regimens. A CBC should also be performed for those taking a rifamycin.
- Patients taking 4R or 3HP do not require further laboratory monitoring unless the patient has an abnormal test result, develops symptoms, or has risk factors for hepatotoxicity
- Patients who are on the INH (9H) regimen are recommended to be monitored every month for the remainder of the treatment, especially those with pre-existing liver disease, a history of ethanol abuse or age of greater than 35 years.
- Vitamin B6 is recommended to minimize the risk of neuropathy with the 3HP (50mg at each dose) and 9H (25mg daily) regimen

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.