



ii. Should we screen individuals travelling to TB endemic regions/countries?

DEPENDS. Individuals with planned “PROLONGED” travel of ≥ 6 months in endemic regions and countries (e.g. high TB-incident communities in Nunavik¹³, and countries¹⁴ in Asia or Africa) who have not had a previous positive TST, should have a baseline TST. The individual should then have a follow-up TST 8 weeks after his/her return to Eeyou Istchee, to rule out new latent TB infection (i.e. TST conversion) while staying in endemic areas.

iii. Should we screen incarcerated individuals who are going to prisons or jails?

YES. Prisons and jails are considered higher risk settings for active TB in Canada. Hence, LTBI screening is recommended for incarcerated individuals before entry (i.e. base TST) to the prison/jail¹⁵, and 8 weeks after release from the prison/jail.

iv. Should we screen immuno-compromised individuals?

YES. All of the following individuals should receive **at least one** TST since the onset of their immune-compromising condition^{16,17}:

- Individuals with human immuno-deficiency virus infection (HIV) or with acquired immune-deficiency syndrome (AIDS)
- Individuals who are candidates for organ transplantation and on the waiting list, and individuals who have received organ transplantation and are on immune-suppressant therapy
- Individuals with end-stage renal failure requiring hemodialysis
- Individuals with carcinoma of head and neck
- Individuals with diabetes mellitus (all types)
- Individuals on or about to start tumor necrosis factor alpha inhibitor medications
- Individuals on long-term glucocorticoids (i.e. at least one month at doses equivalent to ≥ 15 mg/day of prednisone)

Attention:

- Especially for those individuals with above risk factors who are **≥ 50 years of age**, benefit of LTBI prophylactic treatment has to be weighed against the **hepatotoxic side effect of the treatment** (see the *TSTin3d on-line evidence-based calculator*¹), and those that are treated have to be **closely monitored**¹⁸ for side effects.
- In addition, individuals with the above immune-compromising risk factors who are **NOT** candidates for LTBI prophylactic therapy, have to be under **continuous clinical vigilance** to rule out TB re-activation.

¹³ In Canada, certain communities in Nunavik and Nunavut have had increased numbers of active pulmonary TB cases during the past decade. Please note that “Great Whale” (which includes Cree and Inuit communities of Whapmagoostui and Kujjuarapik) is **NOT** considered a high TB-incident community in Nunavik at this time. If you have questions about the high-incident communities in Nunavik or Nunavut, please contact the infectious disease coordinator at the Public Health Department⁵.

¹⁴ To identify high-incidence countries for TB, refer to the WHO’s tuberculosis data base at:
<http://www.who.int/tb/country/data/download/en/index.html>

If you have questions, contact the coordinator of ID at the Cree Public Health Department⁵.

¹⁵ The TST testing for jail and prison inmates have to be coordinated with the medical staff in corresponding jails and prisons. Federal prisons (for criminal sentences of ≥ 2 years) already apply TST screening among inmates systematically (i.e. mandatory 2-step TST upon entry of a given inmate and voluntary yearly TSTs, thereafter). This is often **NOT** the case for Provincial jails (for criminal sentences of < 2 years), for a number of reasons including, the high turnover of inmates and difficulty of follow-up of those who have a positive screening test for LTBI and need prophylactic treatment.

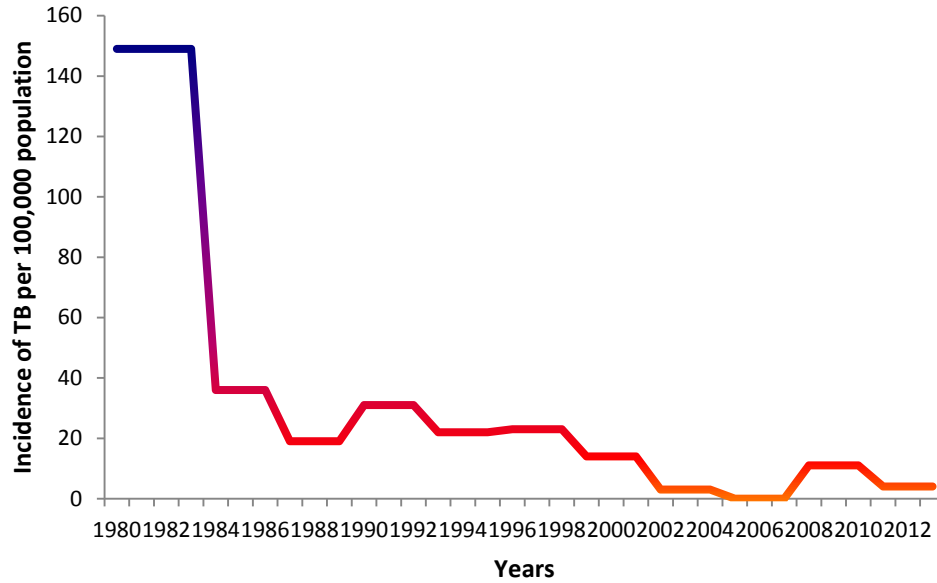
¹⁶ For interpretation of positive TST for individuals with these risk factors, please see *Canadian TB Standards* (7th edition): Chapter 4, p. 75, Table 2.

¹⁷ If they had a history of positive TST prior to the onset of their immuno-compromising condition, the TST should **NOT** be repeated. Individuals with a history of untreated positive TST and a newly-diagnosed immuno-compromising condition have to be assessed for LTBI prophylactic treatment.

¹⁸ For information on follow-up and monitoring during LTBI therapy, please see *Canadian TB Standards* (7th edition): Chapter 6, p. 142-3.



Appendix 1: Incidence of TB in Eeyou Istchee from 1980 to 2013²¹



²¹ Based on available data, for all years (except for 1980-1983), average incidence for 3-year intervals have been used to plot this graph. For 1980-1983, average incidence for this 4-year interval was used.