Huron Perth Public Health

Healthcare Provider Letter:
Tuberculosis (TB) Immigration Medical Surveillance

Healthcare Provider

1

Name _____ Date *(yyyy/mm/dd)* _____

Client information

2

First name _____ Last name _____

Date of birth *(yyyy/mm/dd)* _____ Age _____ Gender: ○ F ○ M ○ Other

Address *(911)* _____

City or town _____ Province _____ Postal code _____

Phone _____ Email _____

Country of birth _____ Language spoken _____

Interpreter required: ○ No ○ Yes Proxy name _____

Client case

Refer to Canadian Tuberculosis Standards, 8th Ed. 2022.

Fax completed form and chest x-ray (if applicable) to confidential line 519-271-2195.

3

Immigration, Refugees and Citizenship Canada (IRCC) flagged this client for further follow-up in Canada to rule out active Tuberculosis (TB). Huron Perth Public Health (HPPH) received referral/documents from IRCC.

IRCC requires the following to rule out active TB:

1. Medical TB history and physical
2. Chest x-ray (posteroanterior and lateral views).

Please complete Tuberculosis (TB) Immigration Medical Surveillance (IMS) Healthcare Provider Report (included).

Situation:

- Symptomatic client with a chest x-ray suggestive of active TB.
  Action: Consult with Specialist (Infectious Disease (ID) Specialist or Respirologist).
- Asymptomatic client who has been inadequately treated for TB in the past, or client has an abnormal chest x-ray that could indicate active TB.
  Action: Consult with Specialist (ID Specialist or Respirologist).
- Asymptomatic client with positive TST/IGRA and normal chest x-ray – Latent TB Infection (LTBI).
  Actions: Inform client of the symptoms of active TB and instruct them to seek prompt medical attention should any of these symptoms occur.

  Refer to ID Specialist or Respirologist for assessment and LTBI treatment recommendations.
- Asymptomatic client with no TST/IGRA (or negative result) and normal chest x-ray.
  Action: Fax completed Tuberculosis (TB) Immigration Medical Surveillance (IMS) Healthcare Provider Report and chest x-ray report to HPPH.

Healthcare Provider Letter:
Tuberculosis (TB) Immigration Medical Surveillance

Client case

Huron Perth Public Health
1-888-221-2133 ext 3284

3

Thank you for your assistance. Please call if you have any questions.

Sincerely,

Public Health Nurse, sign and date here *(Required)*

X

Date *(yyyy/mm/dd)* _____

Infectious Disease Team

Personal health information

4

Personal information is collected under the authority of the *Health Protection and Promotion Act (part VII)* and in accordance with the *Personal Health Information Protection Act* and/or the *Freedom of Information and Protection of Privacy Act*, for the purposes of providing public health programs and for statistical purposes. For more information see www.hpph.ca/privacy.