

NWT Clinical Practice Information Notice

UPON RECEIPT: (1) PLEASE FOLLOW THE DIRECTIONS BELOW
 (2) FILE THIS NOTICE IN SECTION C, CLINICAL PRACTICE INFORMATION BINDER FOR FUTURE REFERENCE

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

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| <input checked="" type="checkbox"/> Hospitals | <input checked="" type="checkbox"/> Community Health Centers | <input checked="" type="checkbox"/> Public Health Units | <input checked="" type="checkbox"/> Doctors' Offices | <input type="checkbox"/> Social Services Offices | <input checked="" type="checkbox"/> Other: CDC Manuals |
|---|--|---|--|--|--|

The information contained in this document is a Departmental:

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|---------------------------------|--|-----------------------------------|------------------------------------|-------------------------------------|
| <input type="checkbox"/> Policy | <input checked="" type="checkbox"/> Standard | <input type="checkbox"/> Protocol | <input type="checkbox"/> Procedure | <input type="checkbox"/> Guidelines |
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Title: Revised NWT TB Protocol

Effective Date: March 31, 2003

Statement of approved clinical practice:

This attached revised Tuberculosis manual is the standard for the NWT TB Program. The Department of Health & Social Services staff at the Office of the Chief Medical Health Officer, produced this protocol through consultation with medical, nursing (public health and community health), and laboratory staff. An external TB expert has also reviewed and provided input into the protocol.


The NWT TB Manual includes clinical practice standards for diagnosis, treatment, and monitoring. As well the manual provides guidance for contact tracing, treatment of those with latent TB infection (LTBI), screening and surveillance, sample collection, BCG vaccine, etc.

Immediately, please:

- Discard the Tuberculosis Protocol for the NWT, dated August 1997, and replace it with the attached **NWT Tuberculosis Manual** dated March 2003.

Attachments:

- NWT TB Manual

This clinical practice is approved. 
 (signature)

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| Assistant Deputy Minister <input type="checkbox"/> | Chief Medical Officer of Health <input checked="" type="checkbox"/> | Director, Child & Family Services <input type="checkbox"/> | Director, Adoptions <input type="checkbox"/> |
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