

# NWT Clinical Practice Information Notice

Upon receipt, please 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:

<input checked="" type="checkbox"/>	Hospitals	<input checked="" type="checkbox"/>	Community Health Centers	<input checked="" type="checkbox"/>	Homecare	<input checked="" type="checkbox"/>	LTCF	<input checked="" type="checkbox"/>	Lab Directors
<input checked="" type="checkbox"/>	Doctors' Offices		Social Services Offices	<input checked="" type="checkbox"/>	Public Health Units		Other		

The information contained in this document is a Departmental:									
	Policy	<input checked="" type="checkbox"/>	Standard		Protocol		Procedure		Guideline

**Title: Protocol for Treatment of Latent Tuberculosis Infection (HIV Negative Persons) in NWT Corrections Facilities**

**Effective Date:** September 2008

**Statement of approved Clinical Practice:**

The NWT Chief Medical Health Officer, on the recommendation of the NWT TB Advisory Committee, has approved the attached tuberculosis protocol for use in NWT Correctional Facilities; this protocol is consistent with the Canadian Tuberculosis Standards 6th Edition – 2007.

This protocol and algorithm will assist health care providers assess an individual's TB status and offer optimal treatment for latent TB infection within a prison environment.


In the event of an unforeseen release, early involvement of the NWT TB Advisory Committee will facilitate continuity of care to help patients complete their LTBI treatment with the support of their local Public Health team.

**The attached Tuberculosis Protocol should be inserted in your NWT Tuberculosis Manual.**

**Attachments:**

1. Protocol for Treatment of Latent Tuberculosis Infection (HIV Negative Persons) in NWT Corrections Facilities
2. Algorithm for Treatment of LTBI for HIV Negative Persons in NWT Correctional Facilities.

This clinical practice is approved.

  
 \_\_\_\_\_ 10/8/2008  
 (signature)

Assistant Deputy Minister  Chief Medical Health Officer  Director, Child & Family Services  Director, Adoptions

**Protocol for Treatment of Latent Tuberculosis Infection  
(HIV negative Persons) in NWT Correctional Facilities  
TB Advisory Committee**

Individuals entering Correctional facilities are screened by nursing staff for latent or active tuberculosis. Some of these individuals may also be involved already in a screening process through local Public Health nurses if they have recently been in contact with a case of active tuberculosis. Physicians may be approached for advice and/or prescriptions when a patient is found to have latent tuberculosis infection (LTBI, defined by a positive PPD with no evidence of active TB on chest x-ray or review of systems or exam, or sputum culture). HIV screening results must be reviewed prior to initiation of treatment for LTBI.

**Treatment of LTBI** involves several months of oral medications, given by direct observation either daily or twice weekly. Accepted regimens include nine months of daily or biweekly INH (preferred), four months of daily rifampin, or six months of daily INH (less ideal). The rifampin option may be preferable in patients with active liver disease, or patients who will be incarcerated for at least four months but not nine months, allowing for completion of the full regimen by direct observation. **However, the rifampin option should not be considered as first-line therapy simply because a patient is incarcerated.**

Drugs	Dosage	Max. Dose	Duration	Interval	Mode
INH	5 mg/kg	300 mg	9 mos.	Daily	DOT
Vitamin B6	25 mg	25 mg	9 mos.	Daily	DOT
INH	15mg/kg	900 mg	9 mos.	2x/wk	DOT
Vitamin B6	50mg	50 mg	9 mos.	2X/wk	DOT
RMP	10mg/kg	600 mg	4 mos.	Daily	DOT

**Monitoring** of patients on LTBI treatment follows standard protocols depending on age and comorbidities, and is performed by Corrections nurses with the support of the Office of the Chief Medical Health Officer.

**Prescribing** of medications should also follow protocols for dosage (weight-based and depending upon frequency of administration), and the OCMHO should be contacted with any questions regarding appropriate therapy.

**The NWT Tuberculosis Advisory Committee** meets for clinical review of patients throughout the NWT every two weeks. Any Corrections patient starting LTBI treatment can be reviewed at these rounds, with either the Corrections nurse or the prescribing physician presenting the case for multidisciplinary discussion. The physician and/or nurse can either attend rounds or phone in for a short call; contact Cheryl Case for phone-in instructions. **Any patient starting on rifampin for LTBI treatment must be reviewed at biweekly clinical rounds at the onset of treatment.**

## Special Consideration for Length of Incarceration

1. Because of the high risk lifestyle of our offender population, HIV screening must be performed for all patients being considered for LTBI treatment.
2. HIV-positive patients do not fit into the protocol for HIV-negative patients, but they are at high risk of active TB even if the PPD is negative. **Therefore, any HIV-positive patient entering Corrections should have a full TB assessment and be reviewed at TB rounds, regardless of PPD status.**
3. Some remanded offenders may be candidates for LTBI treatment, depending on court date, the seriousness of the offence committed, and eligibility for bail.
4. Incarcerated patients who are started on medications for LTBI may become candidates for a temporary absence. In this case, options include:
  - >Administration of LTBI treatment under direct observation by Public Health, possibly as part of the terms for the temporary absence
  - >Administration of LTBI treatment under direct observation by supervisory staff at patient's workplace, if it is out of town.

In these cases, daily medication administration may not be feasible, and INH may need to be given twice weekly (dose adjusted) or rifampin given five days per week (Mon-Fri) for the duration of the temporary absence.

Incarceration provides patients with excellent access to nursing care, and a period of time when they are less likely to consume alcohol. This makes it an optimal time to consider LTBI treatment, if the patient is willing to complete the therapy. In the event of an unforeseen release, early involvement of the TB advisory committee provides the benefit of continuity of care to help patients continue their LTBI treatment through their local Public Health team.

**Release preparation** for the inmate undergoing treatment while in corrections out to the community should be included in the discharge plan for all with continued treatment regimes. This is a great opportunity for the local TB nurse, particularly in Yellowknife, to assist with successful treatment.

