

Management of Tuberculosis Part I

Submitted by Bonnie Erwin, Public Health Nurse

The incidence of tuberculosis in Ontario has remained stable in recent years with approximately seven cases per 100,000 population. Globally, the situation is quite different. Over the last decade, in many developing and developed countries, tuberculosis has re-emerged as a significant cause of mortality and morbidity. There is an increasing concern around tuberculosis in high risk populations and the growing proportion of drug resistance cases.

Indications for Screening & Reporting Requirements

The purpose of screening is to identify active cases of infectious pulmonary tuberculosis. The Mantoux skin test is the most accurate, reliable and recommended initial method of screening. Screening of individuals at increased risk of infection and disease is recommended. (Ministry of Health Tuberculosis Protocol)

These include:

- Contacts of infectious cases
- Immigrants and refugees from countries where tuberculosis is common
- People from aboriginal communities with high prevalence of TB
- The poor and homeless
- The elderly
- Injection drug users
- People with HIV or AIDS
- People with high risk medical conditions

Physicians must report to the local Medical Officer of Health all cases and suspected cases of active TB within 24 hours of diagnosis, and all positive skin tests within seven days.

Management of Tuberculosis Cases

The first priority in the management of tuberculosis is the early identification, isolation and curative treatment of the infectious case. The next priority is to trace contacts and assess them in order to rule out active disease and provide chemoprophylaxis.

Physicians have the primary responsibility for managing patients with tuberculosis. Tuberculosis control staff in public health units are responsible for monitoring of tuberculosis cases, contact tracing and assessment, in collaboration with the attending physician, and provision of drugs for the treatment and chemoprophylaxis of tuberculosis infection.

Anti-tuberculosis drugs are provided free of charge by the Ministry of Health and Long Term Care and are available through the Leeds, Grenville & Lanark District Health Unit.



Quit 2001 Contest Results

Submitted by Yves Decoste, Public Health Nurse

Smokers in Leeds Grenville and Lanark really took to the challenge. 163 of them registered locally for the Quit 2001 contest. The Quit Smoking 2001 Contest is funded in part by the Ontario Ministry of Health and Long-Term Care and is supported by 57 local councils on smoking and health and public health units throughout Ontario in partnership with the Industrial Accident Prevention Association and the Ontario Tobacco-free Network. This year's sponsors included CTV Inc. and Glaxo Smith Kline.

The total provincial numbers of more than ten thousand are very encouraging. More and more smokers are trying to kick the habit. Locally the numbers have doubled com-



pared to last year's registrants. The contest also moved many more smokers to a quit attempt or to cutting down on the number of cigarettes consumed daily.

Interested smokers registered on-line with a link through our Health Unit web site, by calling in and getting a cessation package with the registration form or by calling the Quit 2001 hotline.

The area winner was Sean Hunter from Ottawa who was the lucky winner of the DVD Player from the 7 area prizes. The grand prize was a Caribbean cruise for two. Winners had to have their smoking status verified by a urine sample.