



Team Name: Communicable Disease/Immunization Team Team Lead: Regional Manager – Public Health-Healthy Living Approved by: Executive Director North	Reference Number: CLI.6210.SG.006 Program Area: Public Health-Healthy Living Policy Section: General
Issue Date: March 1, 2019 Review Date: Revision Date:	Subject: Tuberculosis – Public Health Management of Directly Observed Therapy (DOT) or Directly Observed Preventive Therapy (DOPT)

STANDARD GUIDELINE SUBJECT:

Tuberculosis – Public Health Management of Directly Observed Therapy (DOT) for Tuberculosis (TB) cases or Directly Observed Preventive Therapy (DOPT) for contact of TB

PURPOSE:

The purpose of this guideline is to provide guidance to Communicable Disease/Immunization Coordinators (CD/IC), Public Health Nurses (PHN) and other providers regarding the public health investigation and follow-up for cases and contacts of Tuberculosis as a reportable communicable disease. Communicable Disease/Immunization Team manages and monitors medication therapy for the purpose of treating and/or preventing tuberculosis infection. DOT/DOPT is managed and monitored by Public Health, and may be implemented in collaboration with Home Care.

Communicable Disease Control (CDC) is a mandated program. All communicable disease reports are prioritized and followed up in a timely manner. For the purpose of prioritization of communicable diseases within the regular PHN workload, Tuberculosis is given high priority.

HIGH PRIORITY - guiding principles may include high case fatality rate, high transmissibility, high outbreak potential and effective Public Health intervention. Case(s) and/or Contact(s) that may have high case fatality rate, high transmissibility, high outbreak potential and would have effective Public Health (PH) intervention.

The PHN initiates investigation within one (1) business day of notification from CD/Immunization Coordinator or clinical reports from primary care providers or the

community.

Directly Observed Therapy (DOT) or Directly Observed Preventive Therapy (DOPT) provides a safe, efficient method of providing treatment to clients in the community with tuberculosis disease/infection or risk of infection. DOT and DOPT ensure that appropriate medications, doses, and intervals between medications occurs for the duration of the treatment.

DEFINITIONS:

Directly Observed Therapy (DOT): medication treatment used for tuberculosis disease/infection with a client who has been identified as a case.

Directly Observed Preventive Therapy (DOPT): medication therapy used when a person is exposed to and infected with *M. tuberculosis* and is at significant risk of developing disease and has been identified as a contact.

Observer: designated health care provider who observes client take their own prescribed medications as per schedule determined by TB Control. The Observer could be the PHN, Direct Service Nurse from Home Care, Home Care Attendant or designated individual(s) dependent on client-specific circumstances and diagnosis. This is determined on a case-by-case basis.

Rural TB Coordinator: designated provincially-funded TB Coordinator who provides support to rural Regional Health Authorities (RHAs).

IMPORTANT POINTS TO CONSIDER:

Respiratory precautions (N95 masks) are required during the infectious period of tuberculosis during client contact and observation of medication therapy.

PROCEDURE:

1. Communicable Disease/Immunization Coordinator (CD/IC) receives notification from Rural TB Coordinator of new case and/or new contact and initiates response.
 - If this is a case, consults with Rural TB Coordinator to gather more information.
 - **If the case was admitted to hospital in Winnipeg**, WRHA Public Health Nurse generally meets with client to conduct case interview and contact identification.
 - Respiriology Specialist at Chest Medicine initiates treatment of the case.
 - Rural TB Coordinator cross references listed contacts with the Manitoba TB Registry and provides the Contact Investigation Letter and TB Episode Contact Summary to the CD/IC.
 - **If the case was not admitted to hospital and is residing in our region**, local Public Health Nurse conducts case interview and contact identification, and submits *Summary of Contacts* to CD/IC.
 - The CD/IC forwards the Summary of Contacts to the Rural TB Coordinator

- who cross references against the Manitoba TB Registry.
2. The CD/IC receives direction and guidance from Rural TB Coordinator for the client's treatment plan.
 3. In turn, the CD/IC makes referral to the local Public Health Nurse (PHN) regarding client's treatment plan.
 4. The PHN:
 - Reads/reviews the relevant sections of the appropriate Manitoba Communicable Disease Management Protocol.
<http://www.gov.mb.ca/health/publichealth/diseases/tuberculosis.html>
 - Reads/reviews the tools developed and posted on Public Health-Healthy Living – Communicable Disease/Immunization Collaborative Work Site (CWS) under Tuberculosis Management.
 - Refers to Southern Health-Santé Sud Guideline Tuberculosis – Public Health Management of Contacts for role of CD/IC and Public Health Nurse.
 5. If it is deemed appropriate/necessary to involve Home Care (HC), CD/IC completes the Manitoba Home Care Program Basic Information Form and sends to HC Case Coordinator and HC Nursing Supervisor. CD/IC coordinates with the applicable HC Case Coordinator the scheduling of DOT/DOPT.
 - If the client is infectious and on home isolation, the Observer wears a N95 mask during the infectious period. It is appropriate in the infectious period (home isolation period) to have Direct Service Nurses (DSN) observe the taking of medications. Once the infectious period is over as determined by Tuberculosis specialist, the CD/IC notifies the HC Case Coordinator as there may be transition to Home Care Attendants (HCA) to observe. This is determined by CD/IC and Home Care on a case-by-case basis.
 6. Initial medication package is provided by the Rural TB Coordinator to Public Health via Canada Post. Dependent on the mail delivery site at the Public Health Office, medications may need to be mailed to alternate site to avoid extreme temperatures.
 7. The PHN meets with client to introduce process for DOT/DOPT which includes:
 - Review of their client-specific treatment plan.
 - Possible medication-associated adverse events and side effects.
 - Importance of being present for all DOT/DOPT visits.
 - Importance of attending all scheduled medical appointments.
 - Documentation that is shared with TB Control.
 - Discussion as to the best time for future DOT/DOPT visits in order to coordinate/schedule Observer.
 - Medication storage is necessary in the client's home, so the PHN consults with the client to determine the safest and most accessible location.
 8. The CD/IC, PHN, HC Case Coordinator and HC Nursing Supervisor jointly review the client's treatment plan for DOT/DOPT. Frequency of home visits to observe medication may be daily or 2X or 3X weekly. This meeting includes review of the following documents:

- Southern Health-Santé Sud Guideline: Tuberculosis – Public Health Management of Directly Observed Therapy (DOT) or Directly Observed Preventive Therapy (DOPT)
 - Procedures for Tuberculosis Directly Observed Therapy DOT or Directly Observed Preventive Therapy (DOPT)
 - TB Medication Side Effect Check List
 - DOT Record of Medication (provided by provincial TB Control)
 - Manitoba Health Tuberculosis Fact Sheet
 - Process for re-ordering medication if needed
 - WRHA DOT Training Manual for Healthcare and Outreach Workers (as necessary)
9. The Observer must be provided the required education by the PHN. The Checklist for Tuberculosis DOT/DOPT Education Session is completed in order to document the education provided to the Observer, and is kept in the employee's personnel file.
 10. In the first month of therapy, the PHN connects with the HC Case Coordinator/Resource Coordinator on a weekly basis to review client records and therapy plan. After the first month, connects at least every two weeks. The nature of these discussions include:
 - Assess need for respiratory precautions, if any,
 - Staff and client safety,
 - Review of the course of treatment,
 - Upcoming medical appointments and address any transportation needs in order to attend appointments,
 - Review of any concerns the Observer or PHN may have.
 11. Required documentation includes the DOT or DOPT Record of Medication and TB Medication Side Effect Check List. Where the Observer is a DSN, they submit documentation to their HC Case Coordinator and PHN. Where the Observer is a HCA, they submit documentation to their HC Resource Coordinator and PHN.
 12. The PHN submits the completed DOT Record of Medication and TB Medication Side Effect Check List to the CD/IC.
 13. At the end of each month, the CD/IC provides Rural TB Coordinator with the completed DOT or DOPT Record of Medication and Tuberculosis Medication Side Effect Check List and will contact Rural TB Coordinator for guidance if any problems occur, e.g. missed doses.
 14. The CD/IC communicates with Rural TB Coordinator, local Medical Officer of Health and/or primary care physician as needed regarding any changes in client's health status, e.g. signs & symptoms of tuberculosis, side effects of medication.
 15. As per information shared by Rural TB Coordinator, the PHN notifies and reminds client of scheduled medical appointments, and when chest X-rays, bloodwork urine, stool and/or sputum samples are due and if necessary, assists the client to develop a plan to attend appointments.
 16. The CD/IC and PHN are responsible for assessing the need for incentives and/or enablers to motivate the client to take DOT/DOPT treatment consistently and/or attend medical appointments. Need will be discussed with appropriate Public Health-Healthy

Living Manager.

17. If needed, test results are forwarded to the Rural TB Coordinator by the CD/IC.
18. The PHN informs the CD/IC when a medication refill is required with sufficient notice for delivery via mail.
19. The CD/IC contacts and re-orders medication as required through The Prescription Shop.
20. The medication is delivered to PHN office for them to deliver to client's home. Note: HC providers do not transport medications to client homes.
21. Once treatment is complete, CD/IC closes the file with Home Care.
22. CD/IC sends a letter to client and primary care provider confirming the client has completed recommended series of medication treatment.

EQUIPMENT/SUPPLIES:

N95 mask if deemed necessary based on status of client's infection.

SUPPORTING DOCUMENTS:

[CLI.6210.SG.006.FORM.01](#) Procedures for Tuberculosis Directly Observed Therapy (DOT) or Directly Observed Preventive Therapy (DOPT)

[CLI.6210.SG.006.FORM.02](#) Tuberculosis Medication Side Effect Check List

[CLI.6210.SG.006.FORM.03](#) Checklist for Tuberculosis DOT/DOPT Education Session

REFERENCES:

WRHA DOT Training Manual for Healthcare and Outreach Workers

<https://portal/collaboration/PubHlth/CDI/Project%20Initiatives/WRHA%20DOT%20manual%20draft.docx>

Manitoba Health Tuberculosis Fact Sheet

<http://www.gov.mb.ca/health/publichealth/factsheets/tuberculosis.pdf>

Manitoba Health, Communicable Disease Control. (2014). Tuberculosis

<http://www.gov.mb.ca/health/publichealth/cdc/protocol/tb.html>

CLI.6210.SG.007 Southern Health-Santé Sud Public Health-Healthy Living Guideline: Tuberculosis – Public Health Management of Tuberculosis Contacts

CLI.6210.SG.001 Southern Health-Santé Sud Public Health-Healthy Living Guideline: Public Health Follow-up of Communicable Diseases

CLI.5410.PL.003.FORM.01 Manitoba Home Care Program Basic Information Form

The Prescription Shop re-order form

http://www.gov.mb.ca/health/publichealth/factsheets/tb_blank.pdf