

**ACTION PLAN TO STRENGTHEN
TUBERCULOSIS MANAGEMENT AND CONTROL
IN THE NWT**

An Initial Response to the
Report on Tuberculosis Control in the Northwest Territories
(Fanning Report)

**Office of the Chief Medical Health Officer
Department of Health and Social Services**

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INTRODUCTION

At a 1997 National Consensus Conference on Tuberculosis, a recommendation was made to the effect that "*Each province and territory in Canada should adopt an overall goal of tuberculosis elimination (less than one case per 100, 000)*".

The target date for reaching this goal was set for the year 2010. The Department of Health and Social Services Business Plan for 2001-2004 states that the NWT will bring its rate of TB infection down to meet the national average by 2005, which is currently around five cases per 100,000.

Tuberculosis (TB) rates have remained at approximately 5 to 10 times the national rate during the past decade. Many factors have contributed to this relative lack of success in reducing rates. The death of a Northwest Territories resident from apparent complications of tuberculosis infection in 2000 led to a formal review of the NWT TB control program, looking for ways to further strengthen its content and activities. The review team was led by Dr. Anne Fanning, an international expert in the field of tuberculosis program management, and also included Dr. Michael Mulherin, regional medical health officer with the Inuvik Regional Health and Social Services Board.

The "*Report on Tuberculosis Control in the NWT*" (Fanning Report) was released on February 23, 2001 and contained 26 recommendations. The following action items outline the Department's plans to reduce NWT TB rates to the Canadian level within the next five years and join the national effort towards elimination of this disease. It constitutes the Department's initial response to the Fanning Report.

Additional consultations with health and social services boards and professional groups such as the NWT Medical Association and the NWT Registered Nurses Association will be required. A number of these proposed actions need to be built into the business plans and workplans of both the Department and the boards in the coming year. In the end, success in reaching the goal of TB elimination will require a concerted effort by government, boards, health care professionals and the public in terms of awareness, community mobilization, adequate resourcing of the program, ongoing training, and achieving success in recruitment and retention of a stable health workforce.

CASE FINDING:

- Within the next year, a new set of Clinical Practice Standards will be put in place to support primary care providers. One of these will deal specifically with patients presenting with persistent chest/respiratory symptoms. It will ensure that such patients are automatically screened for TB.
- The Department will continue to ensure that all case and contact follow-up conforms to

the standards set out in the NWT TB Manual.

- The Department will implement a strategy to assist the health and social services boards and health centres to identify and offer treatment to all individuals with latent TB infections.

SURVEILLANCE AND MONITORING:

- A second Communicable Disease Control (CDC) Consultant position has been added to the Department's Health Protection Unit. Staffing for this position is presently underway. This CDC consultant will have TB control as a major area of focus.
- The Ministerial Directives to boards will be strengthened to ensure that designated public health positions are protected to deliver public health services, including for TB surveillance and control.
- The Department will establish a dedicated Disease Registries Officer position to maintain the TB Registry for at least the next three years, or until TB rates have been brought down to the national level.
- The TB Registry will be upgraded in order to make it more user-friendly and better able to generate required reports to support front-line staff and program monitoring activities.
- The Department will develop evaluation tools and procedures to enable a thorough and comprehensive evaluation of TB control programs at a community level.
- The Department will ensure that each board receives a visit by one of its CDC Consultants and/or Medical Health Officer twice yearly. Reports will be provided to health centres and boards at least quarterly.
- The Department will facilitate the sharing and implementation of best practices with regard to sustaining surveillance activities at the community level.
- The Department also commits to have an external review of the TB control program done every three years.

TRAINING:

- Training opportunities for Health Care Professionals in the area of TB control will be provided through the Department on an ongoing basis. In particular, special attention will be paid to CHRs who can play an important role in the coordination of surveillance activities at the community level.

- In conjunction with the health and social services boards, the Department will develop a plan to intensify and enhance orientation of new health care professionals to NWT public health programs, including TB. In consultation with appropriate stakeholders, the Department will seek to make such orientation a mandatory credentialing requirement for all primary health care professionals in the NWT.
- The Department's Health Protection Unit will work with the Recruitment and Retention Unit to provide training in TB control to the float pool of nurses, to allow greater capacity and flexibility to bring in extra expertise at the community level in the event of an outbreak (surge capacity).
- The TB Control Manual will be updated in 2001/2002. Increased emphasis will be placed on surveillance activities, particularly for high-risk groups.

AWARENESS:

- Case reviews and analysis of program outcomes will be done yearly. This information will be published yearly in EpiNorth. The Department will also provide an Annual Report on Communicable Disease Control to the Legislative Assembly.
- In conjunction with health and social services boards, the Department will develop communication/awareness strategies about TB for use at the community, regional and territorial levels.
- Each year, territorial-wide awareness activities will be planned to coincide with World TB Day (March 24).