



Positive Tuberculin Skin Test (TST) / Interferon Gamma Release Assay (IGRA) Reporting Form

If Tuberculosis (TB) disease is suspected, notify the Health Unit **immediately** at 705-474-1400 or 1-800-563-2808, ext. 5229.

Client Demographics			
Client's Name: Date of Birth: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other: Health Card Number: Email Address: Telephone Number:	Current Address: City: Postal Code: Canadian Aboriginal: <input type="checkbox"/> Yes <input type="checkbox"/> No Country of Birth: Date Arrived in Canada:		
Parent/Guardian (if child) / Next of Kin: Telephone Number (if different than client):			
Tuberculin Skin Testing (TST)			
Under the HPPA, all positive TSTs are to be reported to the Medical Officer of Health within 7 days; please fax this form to 705-482-0670 .			
Reason for testing: <input type="checkbox"/> School <input type="checkbox"/> Work <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (<i>Specify</i>):			
Date Given	Date Read	Result (mm of induration)	
Previous TST: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
History of Bacille Calmette-Guérin (BCG) Vaccine: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown → If yes, age when received: Scar seen: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
Medical Assessment			
Previous/Current IGRA testing done: <input type="checkbox"/> Yes <input type="checkbox"/> No → If yes, result: _____ (include copy of report)			
Human Immunodeficiency Virus (HIV) testing done: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, result: _____			
TB Symptom	Onset Date	TB Symptom	Onset Date
<i>*Ensure symptoms are related to this illness and do not have an alternative cause.</i>			
<input type="checkbox"/> Asymptomatic		<input type="checkbox"/> Cough lasting longer than 2 weeks	
<input type="checkbox"/> Fever/Chills		<input type="checkbox"/> Productive Cough	
<input type="checkbox"/> Night Sweats		<input type="checkbox"/> Non-Productive Cough	
<input type="checkbox"/> Chest Pain		<input type="checkbox"/> Loss of Appetite	
<input type="checkbox"/> Hemoptysis		<input type="checkbox"/> Unexplained Weight Loss	
<input type="checkbox"/> Other (specify):			
Chest X-Ray - fax chest x-ray report, once available, to 705-482-0670			
Chest x-ray ordered/requisition given: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____			
Sputum - fax results, once available, to 705-482-0670			
#1 Sample Date of Collection:			Result:
#2 Sample Date of Collection:			Result:
#3 Sample Date of Collection:			Result:
Follow-Up			
Referred to client's healthcare provider or specialist: <input type="checkbox"/> Yes <input type="checkbox"/> No			Name: _____
Reported by: _____		Reporting Facility/Office Name: _____	
Phone Number: _____		Fax: _____	
Signature: _____		Date: _____	
Will LTBI treatment be initiated? <i>See next page for risk factors to consider.</i>		<input type="checkbox"/> No, <i>specify reason</i> : _____ <input type="checkbox"/> Yes, fax a copy of the prescription to 705-482-0670 , medications to treat TB infection are free from the Health Unit.	



The following websites can be used as an aid in interpreting TST or IGRA results:

- The online TST/IGRA Interpreter: <https://tstin4d.com/calc.html>
- TST Guide: <https://www.myhealthunit.ca/en/health-professionals-and-partners/tuberculin-skin-testing-guide.aspx>.

Neither TST or IGRA can distinguish between TB infection or TB disease. When someone being screened for TB infection tests positive with TST and/or IGRA, further testing is required to rule out TB disease (Campbell et al., 2022). At minimum, the initial assessment should include a clinical assessment and chest x-ray. If abnormalities are detected, then TB preventative treatment (TPT) should be deferred until negative mycobacterial sputum culture results are obtained (Alvarez et al., 2022). To obtain specimens for *mycobacterium* testing, three sputum specimens (spontaneous or induced) should be collected on the same day, a minimum of 1 hour apart (Behr et al., 2022; PHO, 2025).

If the client is diagnosed with TB infection, there is an option to initiate TPT, which can provide important individual and public health benefits if given to people at high risk of developing active TB disease (see below list of risk factors). Medications for TB disease and TB infection are provided **free of charge** to all clients by the Health Unit. Please consult Chapter 6: Tuberculosis Preventative Treatment in Adults of the Canadian TB Standards, 8th Edition for TPT regimens.

Risk factors for developing TB disease for those infected with *Mycobacterium tuberculosis*:

Very High Risk	People living with Human Immunodeficiency Virus (HIV) Child or adolescent (<18 y) tuberculosis contact Adult (≥ 18 y) tuberculosis contact Silicosis
High Risk	Stage 4 or 5 chronic kidney disease with or without dialysis Transplant recipients (solid organ or hematopoietic) Fibronodular disease Receiving immunosuppressing drugs (e.g., tumor necrosis factor alpha inhibitors or steroids)* Cancer (lung, sarcoma, leukemia, lymphoma or gastrointestinal)
Moderate Risk	Granuloma on chest x-ray Diabetes Heavy alcohol use (at least 3 drinks/day) Heavy tobacco cigarette smoker (at least 1 pack/day)
Low Risk	General (adult) population with no known risk factor Persons with a positive two-step TST booster and no known risk factor

*Risk does not appear significantly elevated with low-dose steroids (i.e., prednisone), but elevated with moderate or high dose (low dose: ≤ 9mg/day; medium dose: 10-19mg/day; and high dose: ≥ 20mg/day). (Campbell et al., 2022)

"This information is being collected pursuant to the Health Protection and Promotion Act, R.S.O.1990, c.H.7 and will be retained, used, disclosed, and disposed of in accordance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990, c.M.56, the Personal Health Information Protection Act, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure, and disposal of information. Any questions regarding this collection may be directed to the Personal Health Information Manager at the North Bay Parry Sound District Health Unit, 345 Oak St. W., North Bay, ON P1B 2T2, 705-474-1400 / 1-800-563-2808 or at privacy@healthunit.ca."

References

- Alvarez, G. G., Pease, C., & Menzies, D. (2022). Chapter 6: Tuberculosis preventive treatment in adults. *Canadian Journal of Respiratory, Critical Care, and Sleep Medicine*, 6(sup1), 77–86. <https://doi.org/10.1080/24745332.2022.2039498>
- Behr, M. A., Lapierre, S. G., Kunitomo, D. Y., Lee, R. S., Long, R., Sekirov, I., ... Turenne, C. Y. (2022). Chapter 3: Diagnosis of tuberculosis disease and drug-resistant tuberculosis. *Canadian Journal of Respiratory, Critical Care, and Sleep Medicine*, 6(sup1), 33–48. <https://doi.org/10.1080/24745332.2022.2035638>
- Campbell, J. R., Pease, C., Daley, P., Pai, M., & Menzies, D. (2022). Chapter 4: Diagnosis of tuberculosis infection. *Canadian Journal of Respiratory, Critical Care, and Sleep Medicine*, 6(sup1), 49–65. <https://doi.org/10.1080/24745332.2022.2036503>
- Public Health Ontario (PHO) (2025). Test Information Index: Mycobacterium – Culture. Retrieved from: <https://www.publichealthontario.ca/en/Laboratory-Services/Test-Information-Index/Mycobacterium-Culture>