



POSITIVE MANTOUX SKIN TEST REPORT

Please complete all applicable areas and fax to the **Infectious Disease Program: FAX: 613-735-3067**
PHONE: 613-732-3629 or 1-800-267-1097 (Office Hours) | 613-735-9926 (After Hours)

Please Note: Regular office hours are: Monday-Friday

8:30-4:30 (Sept-June)

8:00-4:00 (July & Aug)

FOR HEALTH UNIT USE ONLY

iPHIS Client ID:

iPHIS Case ID:

CLIENT INFORMATION

Last Name:

First Name:

HIN#:

DOB (y/m/d):

Phone #:

Cell #:

Address:

City:

Postal Code:

Gender: Male Female

FAMILY PHYSICIAN:

Phone #:

Fax #:

MANTOUX RESULTS

Date implanted (y/m/d):

Date read (y/m/d):

Results (mm):

ASSESSMENT

Symptoms: Yes No

If yes, date of symptom onset (y/m/d):

Symptoms:

CXR Date (y/m/d):

Results :

Previous Known Exposure to TB: Yes No

FOLLOW-UP AND TREATMENT

Referral to OTTAWA TUBERCULOSIS CLINIC (Fax # 1-613-737-8009): Yes No

Anti-tuberculosis medication for the treatment of latent tuberculosis infection (LTBI) or Active Tuberculosis Disease is available **free of charge** from RCDHU by prescription. If prescribing medication for treatment, please attach prescription and fax with this completed form.

Was treatment initiated?: YES NO

YES - Planned length of treatment:

NO – Reason:

REPORTING SOURCE

Physician/Nurse Practitioner:

Address:

Phone #:

Fax #:

Date (y/m/d):

Signature:



Treatment of Latent TB Infection

Medications

The usual treatment of latent TB infection is **isoniazid (INH)** 5 mg/kg (max. 300 mg) for adults and 10-15 mg/kg (max. 300 mg) for children once daily for 9 months, or 9 to 12 months if confirmed or probable HIV co-infection or if the chest x-ray indicates inactive TB. INH comes in 300 mg and 100 mg tablets as well as a liquid suspension of 10 mg/ml.

Pyridoxine 25 mg once daily is also indicated when prescribing INH if there is poor nutrition, alcoholism, pregnancy, diabetes, uremia or other disorders that might predispose to neuropathy. It is also recommended in the neonatal period. When in doubt, it should be prescribed.

In the event of INH intolerance or probable/confirmed INH resistance, **rifampin** is indicated at 10 mg/kg (max. 600 mg) for adults and 10-20 mg/kg (max. 600 mg) for children, once daily for 4 months. Rifampin comes in 300 mg and 150 mg capsules.

Side Effects Associated With Treatment Of Latent TB Infection

Isoniazid (INH)

Toxic effect and, rarely, death have been reported from INH-induced hepatitis. Hepatitis occurred mostly in adults, but it was reported in children as young as 2 years. The guidelines for preventive treatment were amended to diminish the risk of hepatitis.

Hepatitis is non-predictable but correlated with age. It presents with nausea, anorexia and an elevation of hepatocellular enzymes (aspartate aminotransferase {AST} or alanine aminotransferase {ALT}). It has been rare in persons under the age of 20, 0.2% in the 20 to 34 year age group, 1.5% in the 35 to 49 age group and 2.4% in the over 50 age group. It is more frequently a problem in persons with daily alcohol consumption or viral hepatitis. Hepatitis is almost always reversible when the drug is discontinued.

Patients who develop liver failure from INH-induced hepatitis, although rare, have in some instances not had frequent follow-up with the public health nurse or physician.

The side effects for which INH was stopped in 143/1,000 patients and 4/38 patients included rash, nausea, malaise, fever, nervousness, headache, and pregnancy.

INH preventive therapy should not be used if there is a previous history of an adverse reaction to the drug. It should be avoided in the presence of acute liver disease. Patients receiving phenytoin (e.g., Dilantin) or carbamazepine (e.g., Tegretol) will require dose adjustment of these agents because INH blocks their excretion by the liver.

Rifampin (RMP)

Side effects for which RMP was stopped in 2/157 patients included anorexia, GI upset, abdominal pain, diarrhea, fatigue, headache, dizziness, blurred vision, rash, joint pain, bruising (probably due to thrombocytopenia), and scleral icterus.

Additional side effects were related to induction of hepatic enzymes that accelerate clearance of estrogens, cyclosporins, coumadin, glucocorticoids, and sulfonyleureas. Dose adjustments of these drugs or, in the case of estrogens, the possibility of alternative forms of contraception are required when RMP is prescribed.

Isoniazid and rifampin

Side effects for which medication was stopped in 6/37 and 8/167 include hepatitis, GI upset, fatigue, rash, dizziness, headache, sleepiness, insomnia, and paresthesia.

Monitoring

Baseline liver function testing (AST level) is recommended before INH preventive therapy is started, and regular monitoring is suggested in those with pre-existing liver disease, a history of ethanol abuse or over 35 years old. The patient should be advised of potential toxic effects and asked to report symptoms such as nausea, anorexia, abdominal discomfort, dark urine or scleral icterus. For those receiving self-administered preventive therapy, the medication dispensed should not exceed the number of doses for 1 month.

Source: Canadian Tuberculosis Standards, 2000