

February 3, 2024

To: BC Nephrologists
Renal Directors and Managers

CC:

HD Committee	Dr. Victoria J. Cook, Medical Head, Provincial TB Services
KCC Committee	Dr. Iaian Magee, Island TB Program Medical Director
PD Committee	BCCDC Staff (Carolyn Hoskins, Baldwin Huang, Anna Ryan)
REG	Amy Majeski, BC Renal PROMIS (please forward to Data Quality Coordinators) Sushila Saunders, Directors, Home Therapies & Palliative Care

From: Drs. Mike Bevilacqua, John Antonsen, Suneet Singh

Re: TB Screening

Questions have arisen recently about our BCCDC Renal TB screening program and after discussion with Provincial TB Services we have confirmed the following:

1. Which patients need to be screened for TB?

- a) All patients who start chronic dialysis (see question #2 for exceptions).
- b) Chronic dialysis patients who move to BC from another province/country.
- c) Non-dialysis patients referred for transplant.

2. Which patients do not need to be screened/rescreened for TB when starting dialysis?

Patients previously screened using our BCCDC/BC Renal screening process (questionnaire, IGRA and chest x-ray) do not need to be rescreened. This includes patients changing treatment types (e.g., PD to HD, transplant to HD, KCC to PD) regardless of the length of time since the initial screening occurred. The BCCDC/BC Renal screening process started in 2016.

To tell if a patient has already been screened using our BCCDC/BC Renal screening process:

- On PROMIS 4, go to Renal > TB Assessment
- If the TB Screening Questionnaire Summary is blank, TB screening was not previously completed
- If there is a pre-existing TB Screening Questionnaire, click to open
- Click on or scroll down to TB Services Completes to see if there has been a TB physician review

To see the TB physician narrative reports:

- On PROMIS 4, go to Documents, filter by TB Services Recommendation

3. Is it necessary to rescreen patients who received dialysis while travelling in a country where TB is endemic?

If dialysis was for **less than 3 months**, it is not necessary to rescreen for TB. Please be aware that the patient is at higher risk for TB and watch for symptoms.

If dialysis was for **longer than 3 months** while travelling in a country where TB is endemic (rate higher than 50/100,000 population):

- If the baseline IGRA was **negative**, It is recommended that the nephrologist order an IGRA test.
 - If the IGRA result is negative, nothing more is required.
 - If the IGRA result is reactive/positive, refer to BCCDC via the usual TB screening process in PROMIS, including completing the questionnaire and arranging a chest x-ray.
- If the baseline IGRA was **positive**:
 - Do not repeat IGRA.
 - If previously treated for latent TB, nothing more is required.
 - If not previously treated for latent TB, complete TB screening questionnaire in PROMIS, arrange chest x-ray and refer to BCCDC via PROMIS. Prophylactic treatment may be rediscussed at this stage.

IGRA blood samples can be drawn in any hospital that has been designated (trained and set up) as an IGRA collection site by the BCCDC Provincial Health Laboratory. See www.bccdc.ca/resource-gallery/Documents/Educational%20Materials/TB/IGRASites.pdf (note the restricted days/hours for IGRA blood collection).

To identify whether TB is endemic:

- Go to the [World Health Organization](http://www.who.int) website (search WHO TB data, click on TB country, regional and global profiles)
- Go to the green bar at the top of the page and select the country
- Review the “Total TB incidence” rate (first line). If greater than 50/100,000 population, IGRA is recommended.

4. If an IGRA result is “indeterminant” or “unsatisfactory,” does it need to be repeated?

Repeat the IGRA test once (if available at your site, consider T-spot instead of a second QFT). If the second result comes back indeterminant or unsatisfactory, do not repeat. The TB physician will review the file and issue a report based on the information available.

5. If a patient has been asked to obtain an IGRA or chest x-ray and does not follow through, what happens?

After one month, the BCCDC clerk will notify the KCC/dialysis unit to remind patient to get IGRA/chest x-ray. If no results after another 2 months, the incomplete information will be sent to the TB screening physician who will issue a report indicating incomplete results.

If the patient wishes to complete the screening in the future (e.g., when starting the transplant process), the process/referral will need to be started again at that time.

6. How can I track the status of TB screening for patients on my unit in PROMIS?

A new TB Screening Tracking Report was added to PROMIS in November 2023:

- Go to Reports, TB Screening.
- Enter the dates of interest (start date of chronic dialysis), dialysis type and dialysis or primary management centre.
- Click on “Run.”

The report will show the TB Assessment Date (completion of questionnaire), chest X-Ray order date, TB IGRA order date and the date that BCCDC was alerted (BCCDC is alerted automatically by PROMIS when the first three items are completed).

7. Where can I find the details on how to do TB screening?

The BC Renal guidelines on TB Screening have been updated as per this memo.

- HD:
 - [TB Screening Guideline](#)
 - [Infection Precautions: BC HD Patients Post-travel](#)
- [PD TB Screening Guideline](#)
- [KCC TB Screening Guideline](#) (for patients referred for transplant)

Please feel free to contact us if you have any questions.