

# Canadian Tuberculosis Standards

7<sup>th</sup> Edition

## Appendix B: Canadian Tuberculosis Surveillance Systems



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— Public Health Agency of Canada

**Canadian Tuberculosis Standard, 7<sup>th</sup> edition**

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## TABLE OF CONTENTS

<b>Canadian Tuberculosis Surveillance Systems .....</b>	<b>2</b>
<b>The Canadian Tuberculosis Reporting System (CTBRS) .....</b>	<b>2</b>
Confirmed case .....	2
New and re-treatment cases of tuberculosis .....	3
Reporting of cases to the CTBRS .....	3
Data submission .....	3
<b>The Canadian Tuberculosis Laboratory Surveillance System (CTLSS).....</b>	<b>4</b>

## APPENDIX B

# CANADIAN TUBERCULOSIS SURVEILLANCE SYSTEMS

## THE CANADIAN TUBERCULOSIS REPORTING SYSTEM (CTBRS)

Provincial and territorial tuberculosis control programs participate in the CTBRS national surveillance system by reporting to the Centre for Communicable Diseases and Infection Control (CCDIC), Public Health Agency of Canada (PHAC), all new and re-treatment cases of active tuberculosis that meet the Canadian case definition (given below). (NOTE: Prior to 2008 in Canada, re-treatment cases were reported as relapsed cases.)

### CONFIRMED CASE

- **Laboratory-confirmed case**

Cases with *Mycobacterium tuberculosis* complex demonstrated on culture, specifically *M. tuberculosis*, *M. africanum*, *M. canetti*, *M. caprae*, *M. microti*, *M. pinnipedii* or *M. bovis* (excluding *M. bovis* Bacillus Calmette Guérin [BCG] strain).

- **Clinically confirmed case**

In the absence of culture proof, cases clinically compatible with active tuberculosis that have, for example:

- i. chest x-ray changes compatible with active tuberculosis;
- ii. active nonrespiratory tuberculosis (meningeal, bone, kidney, peripheral lymph nodes, etc.);
- iii. pathologic or post-mortem evidence of active tuberculosis;
- iv. favourable response to therapeutic trial of antituberculosis drugs.

## NEW AND RE-TREATMENT CASES OF TUBERCULOSIS

- **New case**  
No documented evidence or adequate history of previously active tuberculosis.
- **Re-treatment case**
  1.
    - i) documented evidence or adequate history of previously active TB that was declared cured or treatment completed by current standards, and
    - ii) at least a 6-month interval since the last day of previous treatment<sup>\*</sup> and diagnosis of a subsequent episode of TB that meets the active TB case definition.
  - OR
  2.
    - i) documented evidence or adequate history of previously active TB that cannot be declared cured or treatment completed by current standards, and
    - ii) inactive<sup>†</sup> disease for 6 months or longer after the last day of previous treatment<sup>\*</sup> and
    - iii) diagnosis of a subsequent episode of TB that meets the active TB case definition.

## REPORTING OF CASES TO THE CTBRS

**Whether treatment was started or not**, report all cases of tuberculosis diagnosed in Canada in the following groups: Canadian citizens, permanent residents, refugees, refugee claimants and protected people.

For temporary residents (visitors, students and people granted work permits) and those foreign nationals who are in Canada illegally, report only those cases for **which treatment was started** in Canada. The province/territory in which the treatment is started should report the case.

## DATA SUBMISSION

Data are submitted either on paper forms mailed or couriered to CCDIC, or in an electronic dataset submitted via protected email to CCDIC. Regardless of the format, the submitted data comprise the items contained in two reporting forms (see below), the *Active Tuberculosis Case Report Form - New and Re-treatment Cases* and the *Treatment Outcome of a New Active or Re-treatment Tuberculosis Case*. The *Canadian Tuberculosis Reporting System Form Completion*

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<sup>\*</sup> If less than 6 months have passed since the last day of previous treatment and the case was not previously reported in Canada, report as a re-treatment case. If less than 6 months have passed since the last day of previous treatment and the case was previously reported in Canada, do not report as a re-treatment case. Submit an additional form, *Treatment Outcome of New Active or Re-treatment Tuberculosis Case*, at the end of treatment.

<sup>††</sup> Inactivity for a respiratory tuberculosis case is defined as three negative tuberculosis smears and cultures with a 3-month duration of stability in serial chest radiographs or a 6-month duration of stability in serial chest radiographs in the absence of laboratory testing. Inactivity for a nonrespiratory tuberculosis case is to be documented bacteriologically, radiologically and/or clinically as appropriate to the site of disease.

*Guidelines* were developed to assist in the completion of the reporting forms. Current versions of the reporting forms and completion guidelines are available at <http://www.phac-aspc.gc.ca/tbpc-latb/index-eng.php>.

From the data collected by the CTBRS, PHAC publishes an annual report on the epidemiology of tuberculosis called *Tuberculosis in Canada*, first published in 1995, after the transfer of responsibility for this national surveillance system from Statistics Canada to PHAC. Data are reported to reflect disease trends federally and provincially/territorially and include breakdowns by demographic characteristics (including age, sex and origin), laboratory and clinical findings, treatment details, HIV status and other risk factors or markers of disease, and the final outcome of treatment. National data are available in published form back to 1924 and in electronic case-level format back to 1970.

## THE CANADIAN TUBERCULOSIS LABORATORY SURVEILLANCE SYSTEM (CTLSS)

This national laboratory-based surveillance system was established in 1998 to collect timely data on TB drug resistance across Canada. Participating laboratories include members of the Canadian Tuberculosis Laboratory Technical Network (covering all provinces and territories). These laboratories report data annually on drug susceptibility test results for all TB isolates to the CCDIC, PHAC. Data are reported in both paper and electronic format and comprise the information found on the *M. tuberculosis Complex Antimicrobial Susceptibility Reporting Form*.

PHAC publishes an annual report using data collected by the CTLSS called *Tuberculosis Drug Resistance in Canada*. This report includes federal, provincial and territorial results on TB drug resistance patterns, including multidrug- and extensively drug-resistant strains.

For paper copies of the documents, please contact:

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