

Dear Health Care Provider,

Immigration, Refugees and Citizenship Canada (IRCC) has placed your client on immigration medical surveillance (IMS) for tuberculosis (TB) due to findings on their immigration medical exam (IME).

IMS is indicated for various reasons including concerns of active or inactive TB based on an immigration medical exam completed in their home country (included). IRCC requires IMS to be completed for some clients as part of the immigration process. The purpose of IMS is to rule out active TB disease.

As a local healthcare provider, it is requested that you complete an assessment for your client in follow-up to the IME results. This assessment includes:

1. Conduct a physical exam and symptom assessment for tuberculosis, pulmonary or extrapulmonary (eg. lymph node).
2. Send the client for a chest x-ray; anterior/posterior and lateral.
3. Order sputum testing for TB (AFB and culture x3) and refer to an ID specialist if the client is symptomatic or suspected to have active TB disease. Dr. Yoko Schreiber in Sioux Lookout is available for local consults. **Report this to Northwestern Health Unit (NWHU) immediately.**
4. Once active TB disease has been ruled out, if the client would benefit from and accept treatment for TB infection (LTBI) please refer to NWHU for a TB skin test via fax or phone. While ruling out active TB is a requirement of IRCC, LTBI treatment is not, however it is an important piece of clinical care. Please refer to chapters 4 and 13 of the [Canadian TB Standards](#) for risk factors that may increase a client's risk of conversion to active TB disease.
5. Please complete the attached *Immigration Medical Surveillance – Health Care Provider Report* and fax it to 807-468-3813 along with the chest x-ray results.
6. NWHU will inform IRCC that the client's IMS requirements were met upon receiving your completed Health Care Provider Report.

If you have any questions, concerns, or for reporting purposes, please contact us at:

- Phone 807-468-3147 and ask to speak to a nurse on the Infectious Disease team
- Confidential Fax 807-468-3813

Additional Resources:

- [TST/IGRA Interpreter](#)
- [NWHU TB Website](#)
- [Canadian TB Standards](#) (8th Edition)
- [TB Incidence by Country](#)
- [BCG World Atlas](#)



Immigration Medical Surveillance – Health Care Provider Report

Tuberculosis Control Program

New Entrants to Canada, Pulmonary Tuberculosis, Inactive

Client name: _____ Address: _____

Birthdate: _____

Gender: _____ Phone: _____

Email: _____

Physical Findings

Chest X-Ray Date: _____ Results: _____
(Please enclose copy of chest x-ray report)

Client assessed as showing signs or symptoms of active disease: Yes No

Sputums x3 sent for culture (if indicated): Yes No

Active TB disease ruled out: Yes No

If **no**, please add notes:

If **Mantoux was completed**, please fax the results to the fax number below.

If **not**, and client would benefit from and accept LTBI treatment, do you recommend client have one completed by NWHU? Yes No

Comments:

Date: _____ Name of Provider (please print): _____

Provider Signature: _____

PLEASE FAX COMPLETED FORM TO NWHU AT 807-468-3183

Information is collected under the Health Protection and Promotion Act 1990 and will be used to reduce the incidence of tuberculosis. Questions concerning this collection can be directed to your local Northwestern Health Unit office.

