

Calgary Respiratory Medicine Sub-Specialty Clinic Profile

TB or Not TB? Calgary Tuberculosis Services

Refer suspected TB patients directly to Calgary Tuberculosis Services.

TB Services Clinic

- 403.994.7660

ROCA Hospital On-call Services

- 403.212.8223 pager #14516

eReferral consult available through NetCare

- <http://www.albertanetcare.ca/eReferral.htm>

Fax

- 403.291.9185

PCN Resources

- Request an education session about TB and the network of support from the TB Services community liaison nurse
- Search online for 'Canadian TB Standards'

As a communicable disease, diagnosing potential tuberculosis (TB) as quickly as possible while limiting exposure is of course key.

So in the Calgary zone the short answer to the question 'TB or not TB?' is to call Calgary Tuberculosis Services directly, or reach the 24/7 ROCA on-call lung specialist at 403.221.8223 pager #14516.

"Please call us," says Dr. Dina Fisher, medical director of Calgary Tuberculosis Services and Secretary of the STOP-TB Canada organization. "Our care model is specifically designed to support you and your patient and minimize potential for infectious contact, right from the moment TB is suspected."

If the patient is unstable, TB Services works with the Emergency Department to ensure an appropriate bed and specialists are set up to receive the patient. To minimize the potential for spreading the infectious disease, ED referrals are generally discouraged for stable patients. Rather, they will be seen within 72 hours at the comprehensive TB Services clinic in the Sunridge professional centre in northeast Calgary.

Once in the care of TB Services the patient is wrapped in an efficient, caring, holistic and collaborative system.

"We have a pharmacist and social worker at the clinic in addition to specially trained communicable disease nurses, much like the multi-disciplinary HIV clinic model," says Dr. Fisher.



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“We also have wonderful partnerships outside of the clinic. The team approach works really well to successfully treat active TB disease.”

That team includes extensive support from the provincial Communicable Diseases portfolio and local colleagues in the academic and sub-specialty clinics of Calgary Respiratory Medicine. It also includes translation services.

“Demographically, 94 percent of our patients were not born in Canada so language skills and resources to help people understand the Canadian health care system are important aspects of our care,” says Dr. Fisher.

Although still rare in Canada, TB is now the world’s number one infectious disease killer, surpassing HIV. Calgary sees about 120 TB cases per year and half of those are pulmonary cases. The clinic treats about 1,000 cases of latent tuberculosis each year.

Treatment protocols for active TB are highly successful, with cure rates between 96 and 98 percent. However, many aspects of care are needed to help patients successfully complete treatment. A fact that reinforces the team approach and the need for a strong network of collaborative resources.

Advancing the fight against TB also rests with improving the efficiency of preventive programs. “The only way is to find people with latent TB, get them treated and cleared so we can stop it from spreading,” says Fisher. New research has cut the treatment time for latent TB by more than half, from nine months to four months. And Dr. Fisher is participating in a second study to decrease treatment time to just two months.

“Latent TB testing and treatment can be cumbersome,” she says. “It’s hard to convince people to do multiple tests and visits when they’re not even sick, never mind do that over many months.”

Fisher and the Calgary clinic have also been involved with streamlining protocols and expect that in the next year PCNs will be able to order initial TB tests. The other good news is the traditional Tubercular skin test is being phased out in favour of a blood test which offers improved sensitivity and specificity.

Streamlined processes and reduced treatment time mean more resources can be focused on screening.

Did you know?

There is a great collaborative network of resources for supporting TB patients, including access to nurses in varied locations from schools to drop-in centres, to help patients with medication.

If TB is ruled out but another pulmonary issue is discovered, the TB clinic is closely connected to all sub-specialty clinics within Calgary Respiratory Medicine and makes a quick referral to the appropriate colleague.

Calgary TB Services assesses and treats all types of TB, whether the lungs are impacted or not.

“We have many partners already participating in targeted screening programs such as immunosuppressive therapy providers, hemodialysis, HIV and inflammatory bowel disease populations that are vulnerable to infection of any kind. And federal and provincial immigration and refugee programs also have good screening programs.”

TB Services also works to combat stigma that can still surround TB. Even within the healthcare system fear of communicable diseases has resulted in delays in diagnosis.

“People don’t understand that TB is no one’s fault. For example, it has nothing to do with economic status or hygiene. It’s just a really smart bacteria,” says Fisher. Patients in treatment can eat with their family and after three weeks of proper treatment can go back to work.

Within your PCN, staff working with patients that have active TB or suspected pulmonary tuberculosis should simply wear a procedure mask. And of course, contact Calgary TB Services immediately to reach a specialist.

Calgary Respiratory Medicine is made up of over 35 lung specialists at Calgary’s four adult acute care sites. This academic group provides clinical respiratory care for southern Alberta patients, and are members of the Department of Medicine, University of Calgary and Alberta Health Services (Calgary zone).

Together, and with thoracic surgeons, respiratory therapists, educators, nurses, nurse practitioners, and researchers in the hospitals, outpatient clinics and the medical school, we provide the best care possible for adult lung patients.

Visit
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