# bc centre for isease control

## **British Columbia's Tuberculosis Strategic Plan:** Refreshed and focused on TB elimination

espite being both preventable and curable, tuberculosis (TB) remains one of the top 10 causes of death worldwide and is the leading cause of death from a single infectious agent.1 In 2017, an estimated 10 million people developed TB disease globally, resulting in an estimated 1.6 million deaths, with 300000 of those deaths occurring in people living with HIV.1

TB is not just an international public health issue. Cases are diagnosed every day in Canada. In BC, there were 241 cases of active TB in 2016. In 2015. 745 clients were started on latent tuberculosis infection (LTBI) therapy to prevent dormant TB from progressing to the active, infectious state.<sup>2</sup> Although active TB incidence has generally declined over the last 10 years, BC's active TB incidence remains slightly higher than the national rate (5.1/100000 population compared to 4.8/100000).2 TB also disproportionately affects persons with comorbid medical conditions (e.g., chronic kidney disease, transplant) and other marginalized groups.

In an effort to reduce the incidence, morbidity, and mortality of TB in BC, the BC Strategic Plan for Tuberculosis Prevention. Treatment and Control<sup>3</sup> was released in 2012. The 10-year plan was developed in partnership with a broad range of stakeholders including the BC Ministry of Health, health authorities, and community organizations. The plan contains five strategic goals, each supported by corresponding objectives and actions. Implementation of the Strategic Plan continues to be a

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Priority areas	Key deliverables
Contact evaluation	Develop, implement, and evaluate a cascade of care that approximates measurable indicators from screening of contacts to LTBI treatment completion and outcome.
LTBI screening and treatment	Streamline TB screening recommendations for those entering congregate living settings and implement a variety of LTBI treatment options.
Active TB treatment	Remove barriers to care and support clients through treatment including identifying social support resources and trialing virtual health methods for reaching clients and providers.
Labs	Create efficiencies within laboratory services and assemble a formal working group to move key lab work forward.
Service provision	Develop service maps and/or relationship algorithms between BCCDC's TB Services and each health authority, which helps to depict roles, identify points of intersection, and reduce duplication, as well as incorporate patient-centred care into the method of care delivery.
TB literacy	Conduct a TB needs assessment to identify learning and literacy gaps for both clients and providers and consider findings for future resource development.

Table. British Columbia's TB Strategic Plan, summary of priority areas and corresponding deliverables.

collaborative effort supported by the BC TB Strategic Committee (TBSC) with broad representation from all regional health authorities, the First Nations Health Authority, PHSA, and the ministry.

The refreshed TB Strategic Plan guides the provincial response to TB and signifies a solid commitment from involved stakeholders to ensure British Columbians are protected from TB and receive quality care should infection or disease occur.

In late 2017, midway through the current plan, members of the TBSC came together over 2 days to reprioritize and streamline the objectives noted in the 2012 plan. This face-to-face

meeting helped to identify successes and challenges to date, highlight key areas of focus, identify gaps in the plan, and clarify responsibility and ownership for the refreshed priorities. Refreshed provincial TB priorities and key deliverables are summarized in the Table.

The refreshed TB Strategic Plan guides the provincial response to TB and signifies a solid commitment from involved stakeholders to ensure British Columbians are protected from TB and receive quality care should infection or disease occur. This plan also helps solidify the importance of TB prevention and treatment as a provincial health priority. On an international level, the refreshed plan is aligned with the World Health Organization's goal of eliminating TB in low-incidence countries like Canada.4 The British Columbia Tuberculosis Strategic Plan 5-Year

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## DynaMed Plus: Updated point-of-care tool now available

he College Library now subscribes to DynaMed Plus, the updated version of DynaMed. Like its predecessor, DynaMed Plus is a point-of-care resource providing current disease guidance and recommendations for treating and managing patients. It contains more than 3200 topic summaries created by physicians and evaluated by an editorial team for clinical relevance and scientific validity. Topic summaries are updated daily based on a review of the scientific literature.

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DynaMed Plus provides improved search functionality, medical graphs and images, links to Micromedx drug content, and a new mobile app. Relevant medical images and drug content specific to the topic are located

#### **Topic summaries are** updated daily based on a review of the scientific literature.

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> -Robert Melrose Librarian

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Refresh (2017–2021) can be found at combined-files-april.docwww.bccdc .ca/resource-gallery/Documents/Sta tistics%20and%20Research/Publica tions/TB/BC%20TB%20Strat%20 Plan%20Refresh%202017.pdf.

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#### References

- 1. World Health Organization. Global tuberculosis report, 2018. Accessed 13 February 2019. https://apps.who.int/iris/ bitstream/handle/10665/274453/ 9789241565646-eng.pdf?ua=1.
- 2. BC Centre for Disease Control. Annual TB report, 2016. Accessed 13 February 2019. www.bccdc.ca/resource-gallery/Docu

- ments/Statistics%20and%20Research/ Statistics % 20 and % 20 Reports/TB/TB \_Annual\_Report\_2016.pdf.
- 3. BC Communicable Disease Policy Advisory Committee. BC strategic plan for tuberculosis prevention, treatment and control. Accessed 26 February 2019. www .bccdc.ca/resource-gallery/Documents/ Statistics%20and%20Research/Publica tions/TB/BC\_Strategic\_Plan\_Tuberculo sis.pdf.
- 4. World Health Organization. Towards TB elimination: An action framework for lowincidence countries, 2014. Accessed 19 February 2019. https://apps.who.int/iris/ bitstream/handle/10665/132231/ 9789241507707\_eng.pdf;jsessionid=15 75EF1019F0C5EE82EAC6AD26D86C0 C?sequence=1.



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