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Subject: Pang PH workload

As requested, here is the outline of help that has been offered and the critical tasks that remain in the TB program.

I began asking for help approximately the first week of August.

1 ½ days- All day Wednesday August 18 and ½ day Thursday, August 19

HC staff - The ACP and LPN assigned for 1 ½ days to assist the TB program

They were both very helpful but were taken away FAR too soon to actually make progress

However, 1 ½ days by far not enough. No consistency to support the program.

2 days- Thursday September 2 and Friday September 3

Assistance x1 person from headquarters reallocated to the HC to assist the TB program

Accomplished literally nothing as this person was consumed with personal tasks and often nowhere to be found

Friday September 3

PHN **23. (1)** arrives for a 1 month contract in Pang

Has never been to Nunavut. Has never seen Meditech.

However, VERY eager and knowledgeable PHN. Once onboarded with the program and learns Meditech will be very productive and resourceful to the TB program.

2 days- Saturday September 9 and Sunday September 10

HC RN Georgia Braymore, ACP Husein and myself worked all day ordering medications from pharmacy, filling 3HP scripts, organizing medication packets for all TB patients, organizing TB charts, filing results in the appropriate TB chart, flagging all TB patients' charts with laminated notices "DO NOT PRESCRIBE TYLENOL. THIS PT TAKING TREATMENT FOR TB", updating field unit problem in charts, etc... This was extremely productive and we made great progress.

However, the program needs consistent support. 2 days is not enough.

3 days- Wednesday September 8, Thursday September 9 and Friday September 10

Resident Victoria Sparrow-Downes arrives to assist with the TB program. She will be very helpful and an asset to the program.

However, 3 days is not enough. Again, no consistency.

No DOT worker since August 13

No CHR's.

I am literally the only person looking after TB for the last 3 ½ weeks while it expands every week.

Critical tasks needing consistent support (in no order)

1. Contact tracing for ²³ active TB cases (hasn't even been started). I estimate this to be a minimum of 100 people needing assessment.
 2. Active and latent TB monitoring as per NU guidelines (not being done at all)
 3. Support to **23. 1**
 4. Support to **23. 1**
 5. Support to **23. 1**
 6. Support to **23. 1**

 7. Support to **23. 1**
 8. Start 3HP for ²³ patients. Script filled. No time to start patients on treatment.
 9. Closely follow ²³ abnormal CXRs on contacts of active disease. These ²³ are very likely active.
 10. Deliver TB meds 7 days a week for ²³ people. Deliver TB meds twice a week to ²³ patients. Deliver meds to 25 patients once a week.
- Only ²³ patients will come to the HC for treatment. This situation is extremely time consuming as almost all patients are very hard to find and I search everyday.
11. Continue assessing contacts for ^{23.1} active cases-about 25 people remaining.
 12. Fielding phone calls everyday for complaints **23. 1**
 13. Get consent from parents to treat LTBI children while attending school
 14. Respond to calls for results of TB screening

Many more tasks just too numerous to list

Keep in mind STI, COVID, WCC are not being looked after at all. I am completely consumed with TB. None of the other programs have received attention for at least a month.

Jennifer MacNab PHN
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