Narayanan, Murugesh

From: Sibanda, Sakhile
Sent: November 18, 2021 3:04 PM
To: Pim, Carolyn; Patterson, Michael
Subject: RE: Pangnirtung TB - Update and concerns

Hello Carolyn, thank you for this email. I am open to having a call to brainstorm on how best we could approach the situation in Pang.
Operations need to be part of the conversation; or were you thinking we meet as the TB team first?
Thank you for offering to update the Contact Investigation section of the TB Manual.
I will touch base with Char and discuss other sections to be updated on the TB manual and come up with timelines.
Unfortunately, I am not able to attend the next Pang meeting next Friday the 26th , because that's the only day available to host DOT and 3HP training for the Kivalliq Region and we have almost 20 participants.

Kind Regards

Sakhile

From: Pim, Carolyn <CPim@GOV.NU.CA>
Sent: November 18, 2021 2:13 PM
To: Patterson, Michael <MPatterson@GOV.NU.CA>; Sibanda, Sakhile <SSibanda@GOV.NU.CA>
Subject: Pangnirtung TB - Update and concerns
Importance: High

Hello Mike and Sakhile,
Since you weren't able to attend the Pang TB meeting last Friday, I wanted to update you and outline some concerns and suggested next steps. I also talked with Charlene Lavallee this morning to hear about her assessment of the situation, since she travelled to the community recently. I apologize for the length of this email but I want to lay out my assessment and recommendations. I would be pleased to meet with you to discuss this further.

Cluster status:
Although there have been no new cases in the last 3+ weeks, the community team has not had the capacity to complete the initial contact investigation for the two most recent cases, other than their immediate households so there is little active case finding occurring. Thus, 'no new cases' is not as reassuring as it would be if aggressive case finding was happening. A number of the cases have not been adhering to isolation; however, most have been on treatment for some time and CXRs are improving, so are not likely very infectious, if at all (Charlene did not identify any particular cases of concern).

Of great concern to me is the finding of 23. teenagers with positive TSTs for whom no links to the current active cases has been determined. This, plus a new positive TST in a 23. (1 year old (23. 1 23. 1) are real red flags for me that there may be one or more undiagnosed infectious cases in the community and that broader screening is needed. The challenge is to determine which groups are at risk and therefore should be targeted for screening.

Public Health Staffing and TB Experience:

The TB experience and general skills of the short term nurses has been quite variable and inadequate staffing means that there is a backlog of work. Some nurses have no public health (let alone TB) experience and without any orientation to the TB program are creating extra work for themselves and the RCDC. Charlene has also identified some practice issues arising from inexperience. Documentation is often inadequate. Chris Nolan has been working to recruit nurses with TB experience and has some promising leads. As well, a TBN with Nunavut experience will be arriving in Pangnirtung in early December. Thus, at least in December there may be a good complement of public health nurses to make progress on some of the outstanding work. However, this may not be enough if additional targeted screening is undertaken and longer term support will be needed.

Contact Investigation:
As noted above, this is not complete, but given current staffing it would be a lower priority than ensuring appropriate medication delivery and monitoring for the people on treatment. This needs to be resumed when additional staff are available. The TB manual contact investigation section is out of date, which creates challenges in approach and documentation.

Information management:
The frequent turnover of staff means that information on clients is not managed efficiently or effectively, often relying on paper records or one-off spreadsheets that aren't necessarily useful for the whole team or for new staff to pick up and use. For example, staff may use paper forms rather than the Meditech TBAF or PDF fillable contact investigation form. There is also a need for a system by which all team members can access the information they need in real time, similar to what has been used in COVID-19 outbreak communities.

Priorities:
If staffing is limited, then the top priorities are workup of anyone with symptoms of active TB and clinical management (DOT and monitoring) of people on TB medications. Next priority would be contact investigation for high risk (smear positive and/or cavitary) cases - at least their households and other very close contacts.

Recommendations:

- **Need further probing into the teens and if there are any commonalities or potential links to cases**. (Note: Charlene is going to set up a meeting with the DOT worker who knows the community to explore this)
- Based on the above information, **have a meeting to discuss possible groups for which to do additional targeted screening** (gathering places, school?) in the community
- **Advocate for adequate PHN/TBN staffing** - TB experience is critical and continuity is important, whenever possible. At a minimum, any staff new to TB or new to work in Nunavut should be oriented in Iqaluit before going to the community. The length and format or the orientation is TBD, but at least a day or two with the RCDC in Iqaluit would go a long way to increasing the efficiency and effectiveness of the work for everyone.
- **Work with operations to maximize effectiveness of the public health staff's TB work** (Charlene will contact Chris Nolan to get more details on the staffing plans for the next few months so that we can help support them by setting realistic priorities).
- Discuss with Operations the need to **improve documentation practices.**
- **Update the TB Manual**, at a minimum the Contact Investigation and Documentation sections (I can draft an update to the Contact Investigation section)
- **Investigate implementation of a Teams-based tool** whereby community and regional staff have visibility of cases, contacts with results and current status

- **Consider how VPHNs who have TB experience can support the team remotely.** Due to the sensitivities around TB and complexities in contact investigation and management, VPHNS may not be suitable for all CI functions, but further exploration of how they might help support the TB progam should be explored.
- **Consider retreatment of people who were previously treated for LTBI or active TB** using the criteria established for Kinngait (I will re-circulate the documents)
- In addition to the biweekly meetings currently underway which are more operational, I recommend that the situation be discussed regularly at the strategic or senior management level (this may already be occurring).

Please let me know if you would like to have a call to discuss this.

Regards,
Carolyn