



Health  
Canada

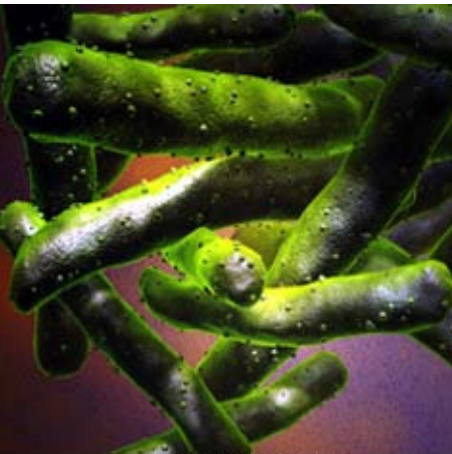
Santé  
Canada

Your health and  
safety... our priority.

Votre santé et votre  
sécurité... notre priorité.

# School Screening Program Review

Sandra Jacobs, First Nation Inuit Health Alberta Region  
&  
Richard Long, TB Program Evaluation and Research  
Unit, University of Alberta



*Mycobacterium tuberculosis*

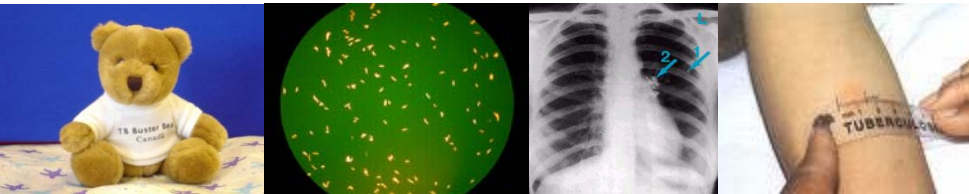


Canada

Background & Context

Process & Results

Discussion & Conclusions



# Background

- Alberta FNIH School Screening Program
  - All children with no history of previous positive TST or TB disease are screened in grade 1 and grade 6
    - reactors of  $\geq 10$  are referred to TB control and offered treatment for latent TB infection
    - based on evidence that BCG has waned by age 6\*
    - based on assumption of medium to high risk of infection

\* Am Rev Respir Dis 1992; 145: 621-625  
Int J Tuberc Lung Dis 1999 Jan;3(1):23-30,  
Chest 2007; 131: 1806-1810





# Start of the process

## School screening data review

- We noticed trend
- Most children with significant TST had a BCG
- Is this real?



## Start of the process - “the straw count”

At region we reviewed the school screening reports from previous 10 years

- 8678 TSTs were read
- 241 had significant TST
- 227 of the 241 had history of BCG vaccination
- ▪ **97%** of school reactors had BCG vaccine

This would be interesting to look at further

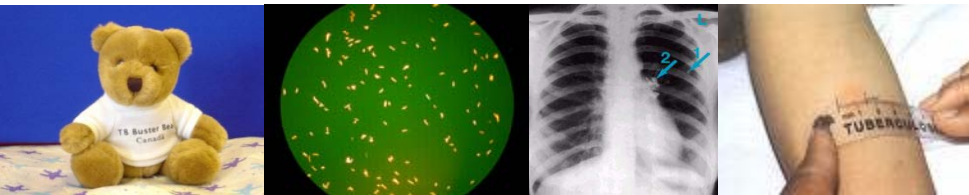


## Start of the process

- Took this information to TB Control / First Nation Inuit Health TB Program meeting
- TB experts agreed
- Project was launched



- FNIH, in partnership with TB Program Evaluation and Research Unit,
  - review of school screening program to examine the effect of BCG on TST in low risk school children





Health  
Canada

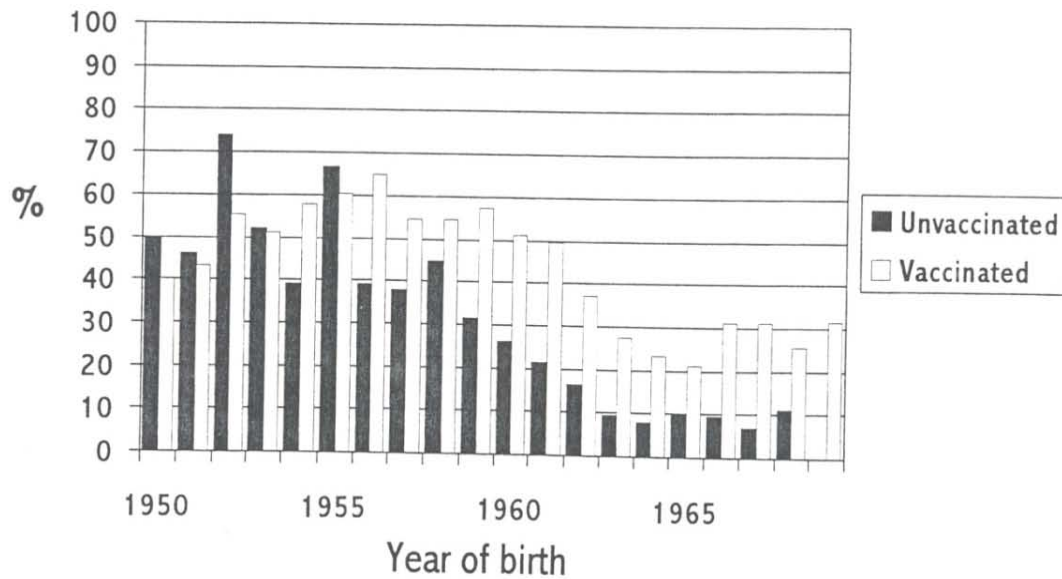
Santé  
Canada

*Your health and  
safety... our priority.*

*Votre santé et votre  
sécurité... notre priorité.*

# **The Isolated Effect Of BCG (Bacille Calmette-Guerin) Vaccination In Infancy On Tuberculin Reactivity In Grade 1 and Grade 6 School Children: Confirmatory Testing Using the Quantiferon Test**

# Background



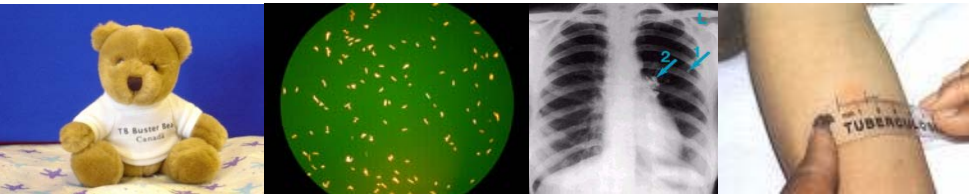
Tested age 10 to 19

Figure 3: Prevalence of significant tuberculin reactions in Aboriginals of Alberta, tested at ages 10 to 19, by year of birth.

# Background

## Alberta Incidence of TB Relatively Low

- Infectious TB rates adult smear positive on reserve 2004 to 2008 : **4.1/1000,000**
- Annual Rate of Infection of on reserve preschoolers 2004-2005 : **0.03%**  
(Can J Public Health 2007; 98: 116-120)



## Process: Step One

- 5 years of school screening data reviewed (April 1, 2004 through March 31, 2009)
- TST results were compared
  - BCG vaccinated and non BCG vaccinated groups
  - age and gender
  - age at vaccination – before 30 days of age and after 30 days of age
  - school screen as first TST and school screen with history of prior TST

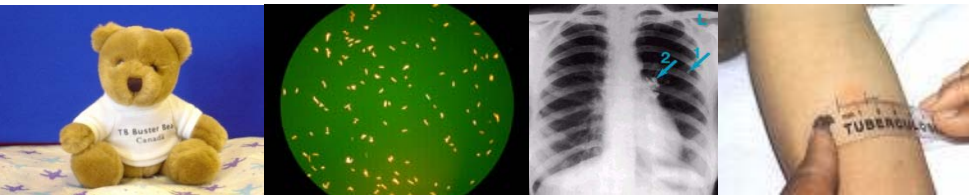


Table 1

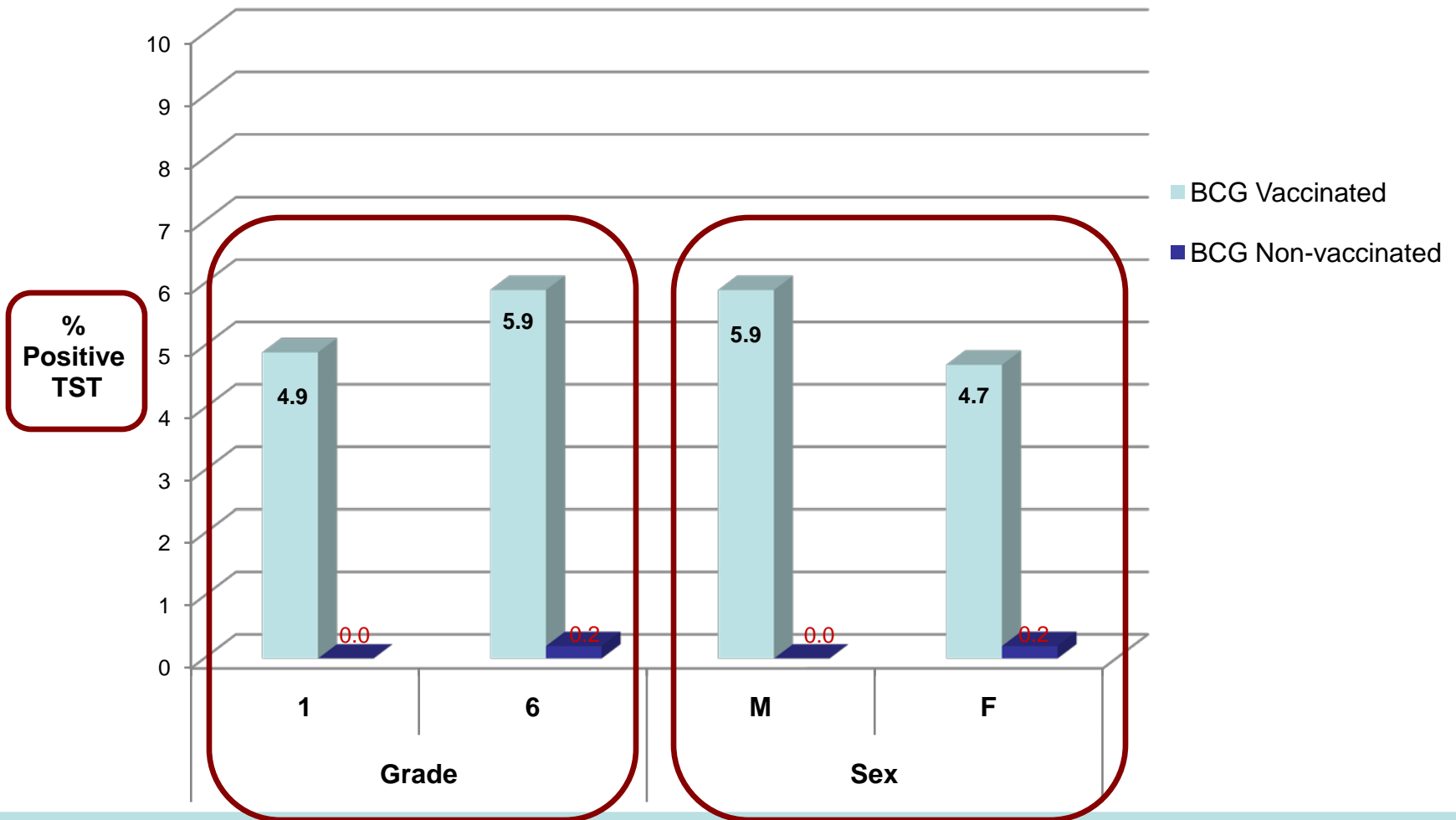
**TST Results in BCG Vaccinated and Non-vaccinated First Nations School Children  
Grouped According to Age and Sex\***

Age and Sex		BCG Vaccination History					
		BCG Vaccinated No. (%)			BCG Non-Vaccinated No. (%)		
		Total No. (%)	TST (+) No. (%)	TST (-) No. (%)	Total No. (%)	TST (+) No. (%)	TST (-) No. (%)
<b>Number Assessed</b>		2017 (100.0)	107 (5.3)	1910 (94.7)	1912 (100.0)	2 (0.1)	1910 (99.9)
<b>Age (years)†</b>							
	6.7 ± 0.6	1276 (100.0)	63 (4.9)	1213 (95.1)	986 (100.0)	0 (0.0)	986 (100.0)
	11.9 ± 0.8	741 (100.0)	44 (5.9)	697 (94.1)	926 (100.0)	2 (0.2)	924 (99.8)
<b>Sex</b>							
	Male	1014 (100.0)	60 (5.9)	954 (94.1)	934 (100.0)	0 (0.0)	934 (99.9)
	Female	1003 (100.0)	47 (4.7)	956 (95.3)	978 (100.0)	2 (0.2)	976 (99.8)

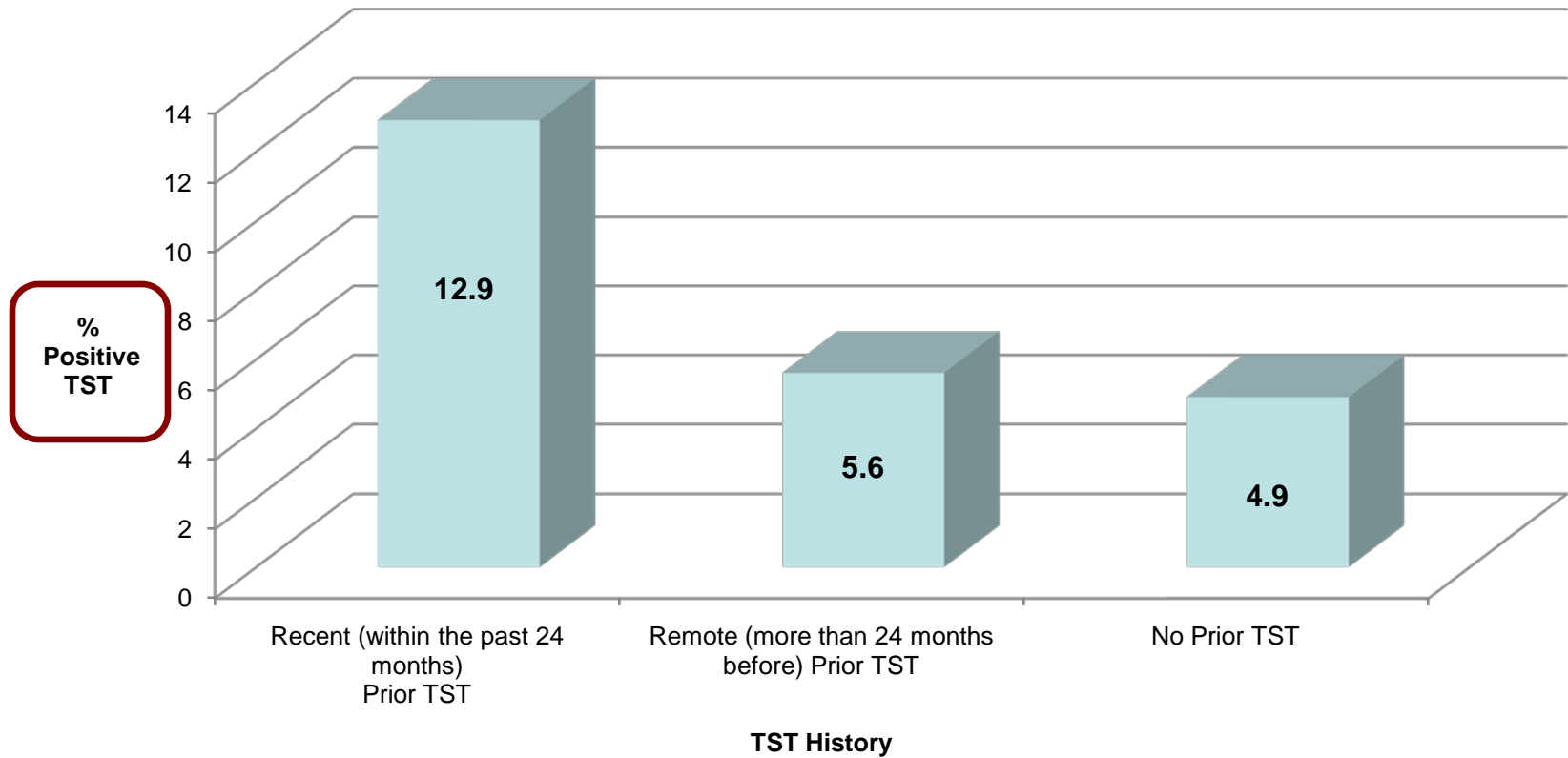
\*Abbreviations: TST tuberculin skin test; BCG bacille Calmette-Guérin

† The mean (±SD) age of children who underwent school screening in grade 1 (ages of 5.0 to 9.5 years) and grade 6 (9.5 years to 13.0 years)

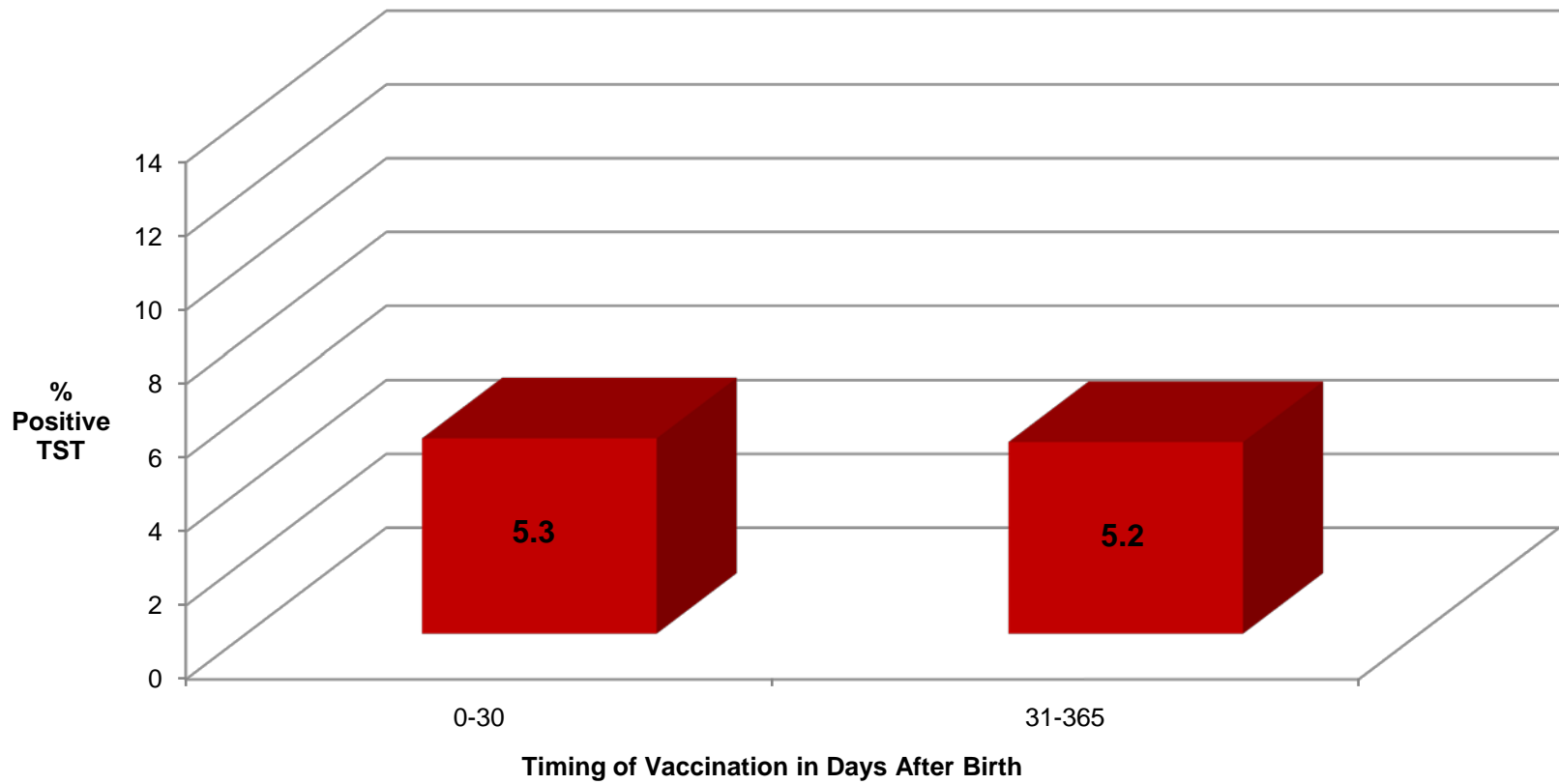
# School Screening TST Results in BCG Vaccinated and Non-vaccinated First Nations Children



## The Effect of Prior Tuberculin Testing on School Screening TST Positivity

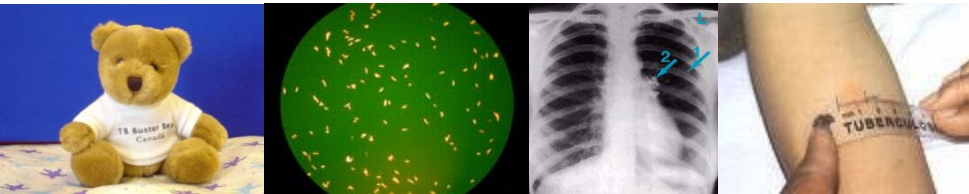


## The Effect of Timing of BCG Vaccination on School Screening TST Positivity



## Process: Step Two

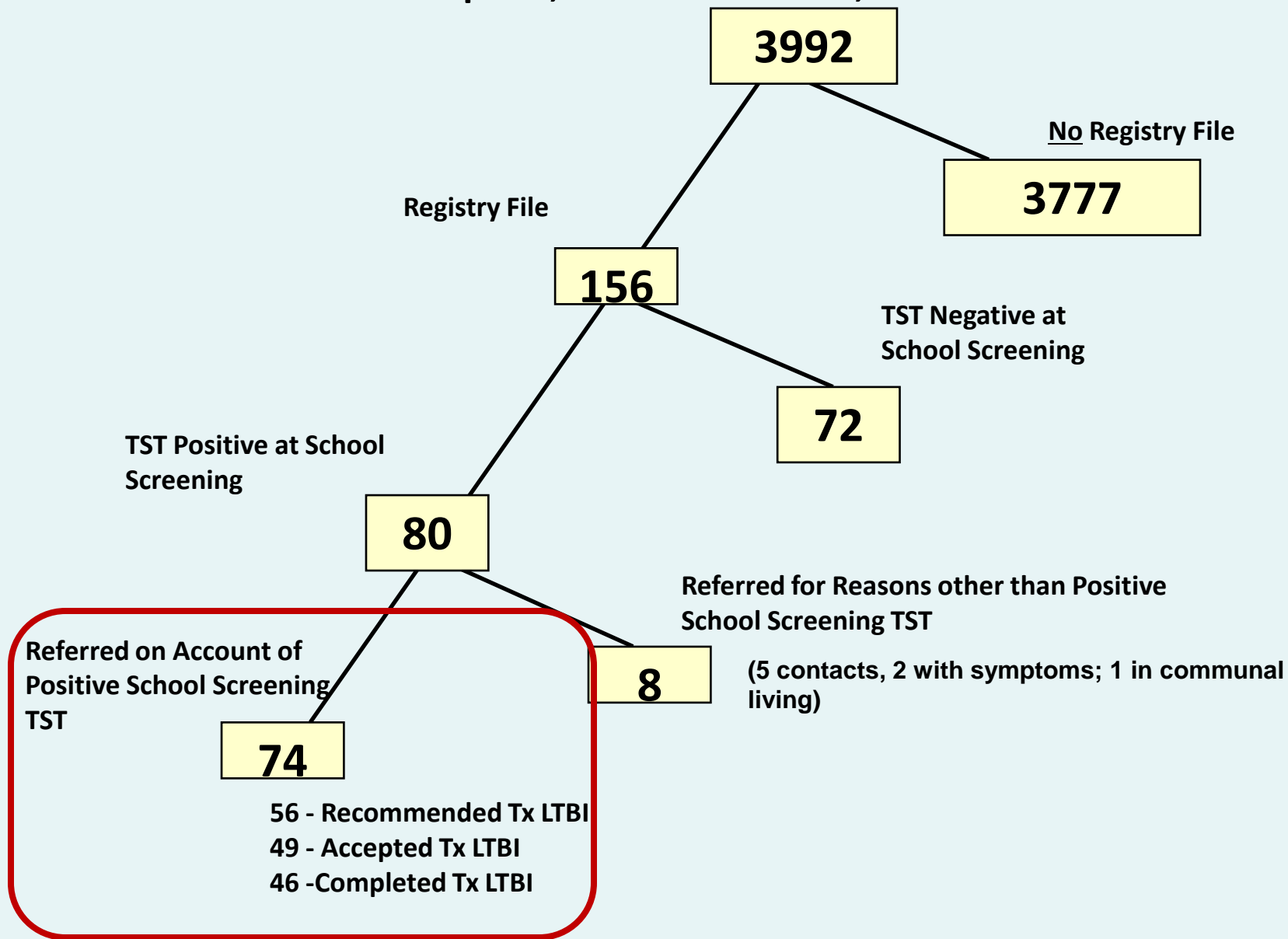
- Cross Match of the School Screening Database with the Provincial TB Registry April 1, 2004 – March 31, 2009
- School screens searched for
  - TB disease
  - Treatment recommendations, acceptance and completion





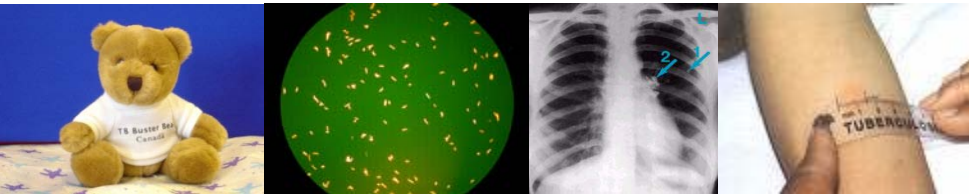
# Cross Match of the School Screening Database with the Provincial TB Registry

April 1, 2004 – March 31, 2009

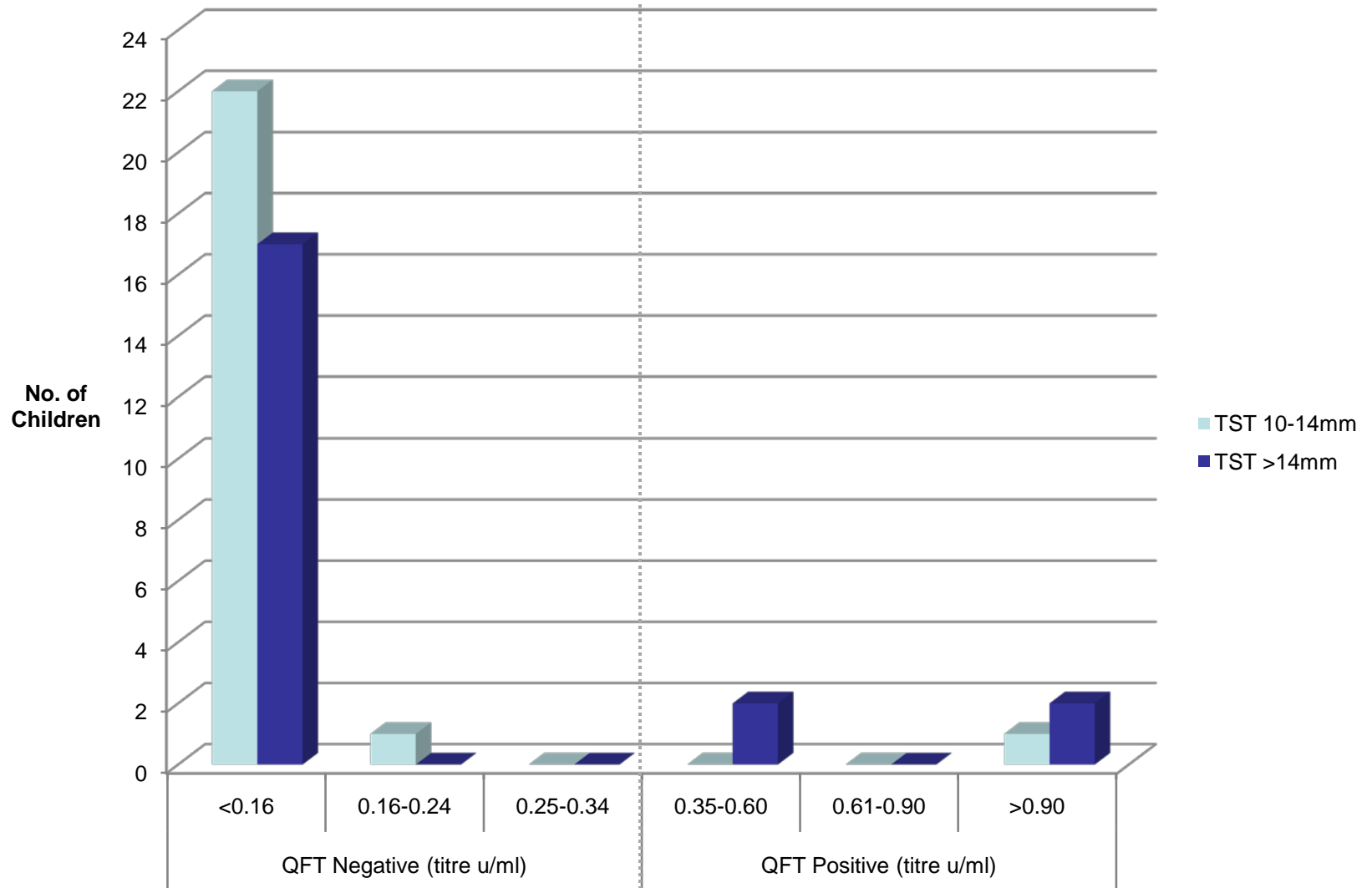


## Process: Step 3

- School screened positive reactors identified from Nov 1, 2008 to December 31, 2010 were further screened with an IGRA
  - Prophylaxis was not offered to this group unless IGRA was positive
  - Positive school reactors screened during the April 1, 2004 to Nov 2008 time frame who did not accept or complete adequate treatment for LTBI were also offered IGRA

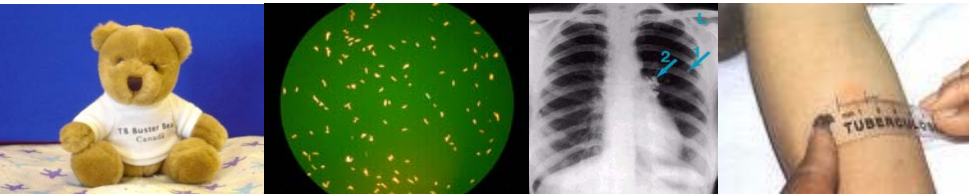


# QuantiFERON-TB Gold In-Tube® (QFT) Results in BCG Vaccinated, TST Positive First Nations Children

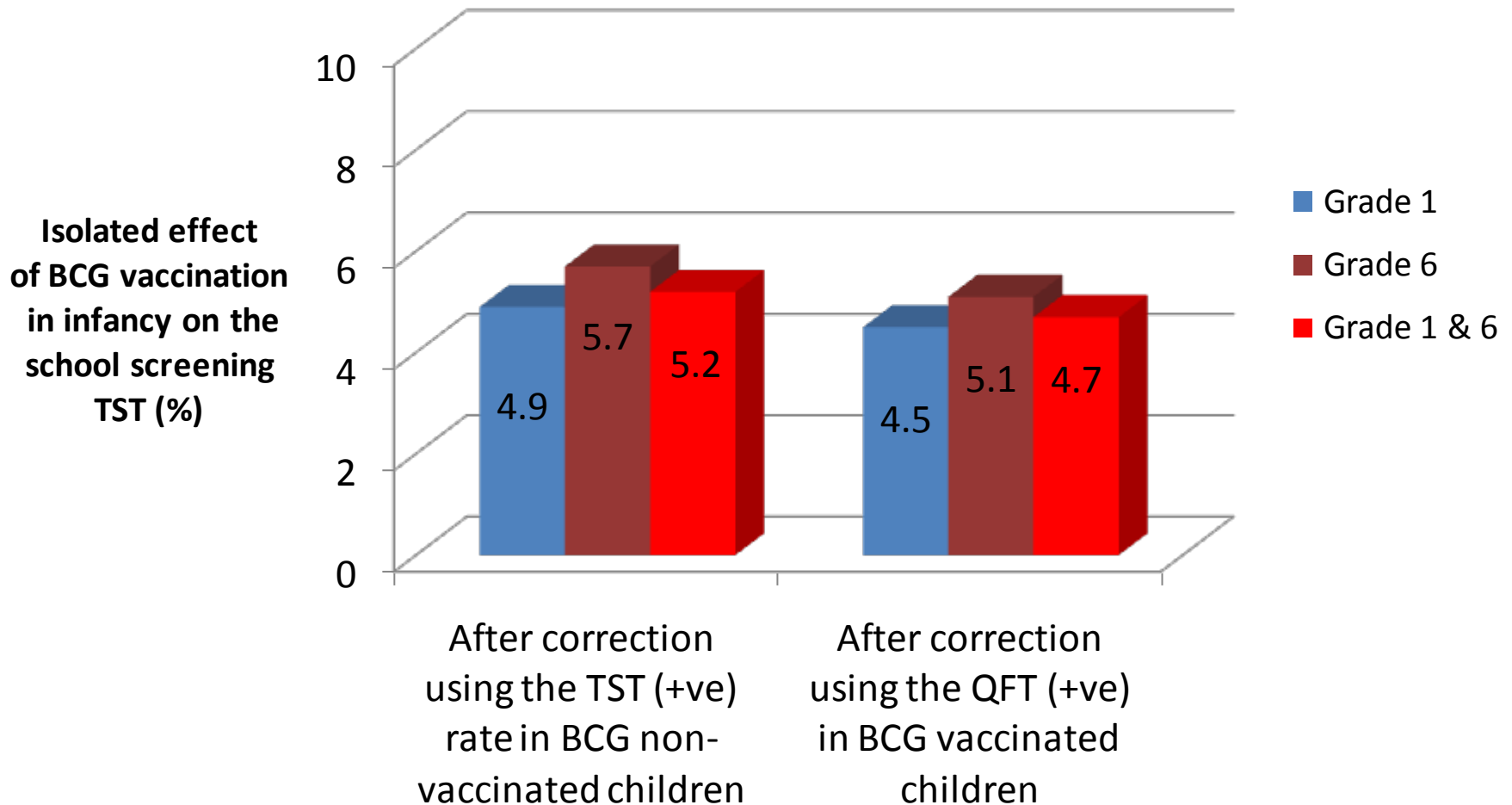


## Discussion & Conclusions

- None of the TST positive school screened children developed TB disease
  - BCG vaccinated or non-vaccinated,
  - TST positive treated for LTBI
  - TST positive untreated for LTBI
- No TST negative was diagnosis with active TB

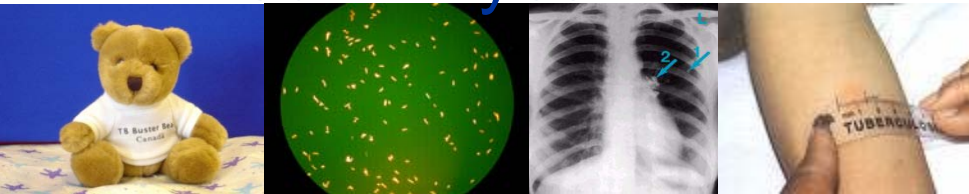


# The Isolated Effect of BCG Vaccination in Infancy on the School Screening TST



## Discussion & Conclusions

- BCG vaccination in infancy results in a 4.7-5.2% false positive TST rate at school screening.
- The QFT increased the specificity of the school screening TST in BCG vaccinated children.
- Given these findings changes to school screening program will be made in the next school year.



# Compelling Evidence for Use of IGRAs

## *Mycobacterium tuberculosis* Infection in First Nations Preschool Children in Alberta

Implications for BCG (bacille Calmette-Guérin) Vaccine  
Withdrawal

Sandy Jacobs, BScN<sup>1</sup>

Andrea Warman, BScN<sup>1</sup>

Natalie Roehrig, BScN<sup>1</sup>

Wadieh Yacoub, MD<sup>1</sup>

Chandrani Wijayasinghe, MPVM<sup>1</sup>

Ruth Richardson, BScN<sup>1</sup>

Elaine Benjamin, RN<sup>2</sup>

Huey Chong, BSc<sup>3</sup>

Jure Manfreda, MD<sup>4</sup>

Richard Long, MD<sup>2,3</sup>

CJPH

March/April 2007, Vol.98, No.2

## Use of the QuantiFERON®-TB Gold test to confirm latent tuberculosis infection in a Canadian tuberculosis clinic

D. Kunimoto,\* E. Der,† A. Beckon,† L. Thomas,† M. Egedahl,† A. Beatch,† G. Williams,† G. Tyrrell,‡  
R. Ahmed,\* N. Brown,\* R. Long\*

\* Department of Medicine, † Capital Health TB Clinics, and ‡ Department of Laboratory Medicine and Pathology,  
University of Alberta, Edmonton, Alberta, Canada

INT J TUBERC LUNG DIS 13(6):726-730

© 2009 The Union

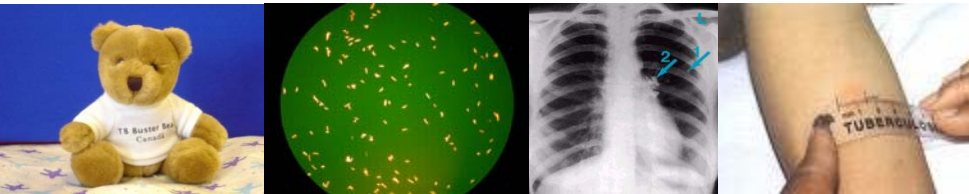
# Collaborators:

FNIH: S. Jacobs, A. Warman, R. Richardson,  
W. Yacoub

AH&W: G. Verma, D. Whittaker, S. Cockburn

PLPH: G. Tyrrell

TB PE RU: A. Lau, J. Boffa, D. Kunimoto, J. Manfreda,  
R. Long



# Thank You !!

- **To the Alberta Community Health Nurses for their**
  - performance of the school screening program
  - diligence in data checking
  - hard work in assisting clients complete their IGRAs
- **To the lab and clinic sites for your assistance with IGRAs**
- **To TB Control staff for cross match work**

