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**For Information**

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**REPORT TITLE:**     **Strengthening the Tuberculosis Program in Peel**

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**OBJECTIVE**

To provide an overview of Peel Public Health’s Tuberculosis program services and to highlight current resourcing challenges prior to the submission of a budget request.

**REPORT HIGHLIGHTS**

- Tuberculosis (TB) presents a public health burden in Peel Region, with incidence rates twice that of Ontario. Cases are expected to increase as Peel’s population increases.
  - Residents experiencing this life-threatening disease are often the most vulnerable in Peel.
  - High rates of TB require additional resources to meet our mandate and to offer a comprehensive program.
  - Increased funding will provide community protection and better care for TB clients.
  - Low levels of client contact screening completion, poor uptake of preventative therapy, and inadequate treatment support increases the risk of disease progression and poor outcomes. This increases the risk of TB exposure and transmission within the community.
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**DISCUSSION**

**1. Background**

Tuberculosis (TB) is an infectious disease, caused by Mycobacterium tuberculosis, which is spread through the air from person to person. It is preventable and curable. An individual with active TB disease of the lungs or airways can potentially spread TB to others through coughing, sneezing, or even talking. TB can also spread to other parts of the body such as the brain and spinal cord, causing significant suffering for those impacted.

Individuals exposed to TB may acquire Latent TB Infection (LTBI), meaning the bacterium remains dormant and does not cause symptoms or make the person infectious. Among individuals who become infected, approximately 5 per cent will develop active TB disease within two years, and another 5 per cent at some later date.

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### **2. Tuberculosis in Peel**

Peel's incidence rates of active TB disease have consistently been two times higher than the province. One driver of these higher rates is Peel's significant newcomer population (52 per cent newcomers). Many of these individuals may have been exposed to TB in countries where TB is less controlled and therefore more common.

In 2022, Peel Public Health managed 164 confirmed cases of TB, the highest number to date, and their associated contacts. The number of cases is expected to rise as Peel's population increases. Additionally, there has been an increase in pediatric cases, case fatality, and drug-resistant strains of TB (see Appendix I for more health data related to TB).

### **3. Health Equity**

Tuberculosis is a disease of inequity that primarily impacts vulnerable populations. Many clients face socioeconomic challenges that increase their risk of developing active TB disease and present barriers to treatment success. Many experience unemployment and unstable housing, language barriers and stigma, may be adjusting to recent immigration, and often do not have health coverage or access to primary healthcare.

### **4. Mandate**

TB is a disease of public health significance under the *Health Protection and Promotion Act*, R.S.O. 1990, c. H.7. Public health organizations are mandated by the Ontario Public Health Standards (OPHS) to minimize the risk of TB through early detection and treatment of persons who have active TB disease and the investigation of their contacts. This includes:

- Identification and assessment of those who have been exposed to TB.
- Referral of eligible children for prophylactic treatment.
- Timely detection and referral of active cases through immigration medical surveillance.
- Identification and management of individuals with Latent Tuberculosis Infection and ensuring treatment is provided free of charge.

Public Health Nurses and Health Outreach Workers provide care to TB clients throughout the duration of their illness. Antibiotic treatment for active TB disease can last between 6 months and 2 years. Public health supports clients through daily supportive care using directly observed therapy and medication management, disease education, monitoring medication side effects, providing psychosocial support, and connecting clients with community supports to reduce barriers to treatment success. Public Health Nurses work in collaboration with the Brampton Civic Hospital TB Clinic to support TB clients.

### **5. Current Gaps in Tuberculosis Management and Treatment in Peel**

Resourcing challenges are preventing the TB program from offering a comprehensive program. The following areas represent gaps in the program. See Appendix II for more details.

#### **a. Directly Observed Therapy**

Directly Observed Therapy (DOT) is the most effective strategy to ensure people are successful in treatment. Clients are observed taking their medications, monitored for

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side-effects, assessed for barriers to treatment completion, referred to appropriate health and social supports, and provided emotional support during treatment. Currently, the TB program does not have sufficient resources to offer a comprehensive DOT program.

### **b. Contact Screening**

Identification and screening of contacts of infectious TB is essential to identifying secondary cases, identifying cases of Latent Tuberculosis Infection, and reducing ongoing transmission within the community. TB screening rates for close contacts in Peel Region is poor. Inadequate access to primary care practitioners to complete TB screening is a significant barrier to screening completion, with many Peel cases and contacts without health insurance or a regular primary care practitioner.

### **c. Latent Tuberculosis Infection (LTBI) Treatment**

Half of all active TB cases worldwide, and most cases in Peel, are the result of progression from inactive LTBI to active TB disease. Managing and treating those with LTBI is crucial to controlling TB and minimizing risk to individuals and the population. Additional front-line staff resources are needed to provide optimal and comprehensive care for those with LTBI.

## **6. Resourcing Challenges**

Current and historic staffing levels for Peel's TB program are low when compared with similar TB programs in York Region Public Health and Toronto Public Health. Peel's Public Health Nurses and Health Outreach Workers manage significantly higher caseloads than in York and Toronto. Adequate resourcing allows these programs to provide a level of service to residents exceeding that of Peel. Both York Region Public Health and Toronto Public Health routinely provide TB skin tests to facilitate contact screening completion, and both programs can deliver daily DOT to all active TB cases (Appendix III).

## **7. Proposed Direction**

Peel Public Health's TB program will continue to face challenges in the future as the Region anticipates rapid population growth, particularly via immigration from countries in which TB is common. Peel's population is expected to grow rapidly by approximately 20 per cent to 1.7 million by 2031. This estimate is expected to increase once new population growth projections are available.

The TB program will be requesting additional staff in the 2024 Budget to better meet standards of care and to offer Peel residents services that provide their best chance for a healthy life. Increasing front-line staff resources will enable more clients to get DOT, more contacts to be screened, and to meet the standards of treatment to prevent transmission in the community.

## **Bill 112 Risks and Implications**

Recent changes resulting from Bill 112 have increased challenges with recruitment and retention of employees at a time when there are shortages of health human resources. Community and health system partnerships are also negatively impacted by the pending dissolution of the Region of Peel.

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### **CONCLUSION**

TB impacts vulnerable populations, with Peel rates twice that of Ontario. New permanent and temporary front-line staff are required to provide the right level of care and support to Peel residents suffering from TB and to prevent disease spread in the community.

### **APPENDICES**

Appendix I – Epidemiology of Tuberculosis in Peel and Ontario

Appendix II – Standards of Care

Appendix III – Comparison with Neighboring Health Units

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