

Standards of Care

Service	Standard of Care	Peel Standard of Care	Associated Risks
Daily Supportive Care	All active TB cases receive daily, in-person supportive care throughout treatment, including the use of DOT	Only respiratory (infectious) and high-risk cases offered DOT. Approximately 75% of cases offered DOT. Standard DOT is only 3 days/week with only highest-risk clients receiving DOT 5 days/week.	Inability to monitor all clients with DOT increases the risk of medication errors and inconsistent treatment, which can lead to increased individual morbidity and mortality through side effects, insufficient treatment leading to risk of reactivation and development of drug resistance.
Contact Screening	It is recommended that >90% of close contacts of infectious TB cases complete screening*	Less than 50% of close contacts complete TB screening.	Inability to provide screening for all contacts leads to the potential for undetected cases, putting individuals at higher risk of progression to active disease and the community at increased risk of exposure.
LTBI Treatment	It is recommended at least 80% treatment completion rate in LTBI cases that start treatment*	Even prior to the pandemic less than 40% of Peel clients diagnosed with LTBI started treatment and only 50% completed treatment. Approximately 32% of LTBI clients started treatment during the pandemic, but Peel has been unable to determine accurate treatment completion due to staffing constraints.	Low rates of LTBI treatment uptake and high rates of incomplete treatment increases risk of progression to active TB disease and potentially leads to higher rates of acquired drug resistance.

* Prior to 8th edition released in 2022 there was no defined target outlined in the Canadian TB Standards. Target indicators reflect Central Ontario TB Network indicator targets.