

## TUBERCULOSIS AND CITIZENSHIP AND IMMIGRATION CANADA

Citizenship and Immigration Canada (CIC) requires all individuals applying for permanent residency and certain individuals applying for temporary residency to undergo an immigration medical examination (IME) before arrival. This examination includes a chest x-ray for applicants >11 years of age. The objective of this IME is to **detect active TB in immigrants prior to arrival** in Canada to ensure that they are treated and are no longer infectious on arrival. This screening program does not aim to detect or treat latent tuberculosis infections (LTBI).

Chest x-rays are examined by a local radiologist in the country of origin. CIC, in consultation with Canadian TB specialists, assesses chest x-rays for characteristics of active TB disease or “inactive” infection. CIC identifies “old healed” or “inactive”<sup>1</sup> pulmonary TB as follows:

- a. history of treated active TB and/or
- b. abnormal chest x-ray suggestive of TB and
  - i) two chest x-rays taken at an interval of three months apart with stable appearance and three negative sputum smears and cultures; or
  - ii) two chest x-rays taken at an interval of six months apart with stable appearance.

Applicants identified as having *inactive pulmonary TB* are permitted to enter Canada but are placed under medical surveillance and referred to provincial/territorial public health authorities to report for post-landing surveillance within 30 days of arrival.

### Post-landing surveillance

CIC’s Medical Surveillance Program is designed to refer applicants with previously treated TB or inactive pulmonary TB to Canadian provincial or territorial public health authorities as soon as possible upon their arrival in Canada.

Immigrants requiring medical surveillance receive a Medical Surveillance Undertaking Form (IMM 0535B) and an information handout with instructions on how to contact provincial/ territorial public health authorities upon arrival in Canada. *They must report to, or be contacted by, a public health authority within 30 days of entry.*

This is a passive surveillance system and actual implementation varies among the different provinces and territories Provincial/territorial public health authorities report to the CIC Medical Surveillance Program as to whether the immigrant has been compliant with the requirement for medical surveillance<sup>2</sup>.

**Compliance is defined as keeping the first appointment with the clinician or being assessed by a specialist designated by public health.**

Compliance with surveillance varies by province/territory, averaging ~70%. In Manitoba compliance is 83%.

Participation in the Medical Surveillance Program is a formal “condition of landing.” While there is currently no enforcement of participation, CIC will not process any further immigration applications

<sup>1</sup> "Old healed" or "inactive" TB refers to an upper lung zone fibro-nodular scar. Such scars carry an increased risk of reactivation TB.

<sup>2</sup> The surveillance could be up to three years but it depends on the clinical status of the person and the physician’s decision (the physician can decide that the person doesn’t need further investigation or follow up).

from an immigrant under the Medical Surveillance Program (e.g. to extend a visa or apply to become a citizen) until they have met the program requirement.

**In Manitoba immigrants are eligible for health care funding on the day of landing in the province.**

## **Clinical Assessment**

During the initial assessment of these individuals:

- Assess for signs and symptoms of active TB. If these are present, chest x-ray, sputum smears and cultures should be performed as deemed appropriate.
- If no evidence of active TB, testing for LTBI, unless previously known to be positive, should be performed. Those identified as having LTBI should be considered for treatment.
  - Those who have completed an adequate and well-documented course of LTBI treatment can be discharged from surveillance.
  - The need for and duration of follow-up for those not completing LTBI treatment is unclear. In general, such people should be advised of the potential risk of reactivation and told to return for evaluation if symptoms arise<sup>3</sup>.
  - Persons who are discharged from follow-up should be advised to seek medical attention promptly if symptoms develop that are suggestive of TB disease and to tell their health care provider about their history of medical surveillance for TB as a result of their IME.

## **Manitoba CIC Program**

1. CIC forwards the relevant information to Manitoba Health, Healthy Living and Seniors (MHLS).
2. For immigrants living in or near Winnipeg, MHLS sends information directly to the Respiratory Outpatient Department (Adult or Pediatric) Clinic at the Health Sciences Centre and the Clinic sends an appointment to the client. The Clinic informs MHLS when the client has had the initial appointment or if the client has not complied.
3. In the rest of the province, public health staff are asked by MHLS to both contact the client and, if necessary, arrange for a primary care physician for the client. The physician is asked to inform MHLS when the client has had the initial appointment or if the client has not complied.

The CIC requests new medical surveillance for immigrants every time they change their status (purpose of stay) in Canada. There are two situations where there is some flexibility in the process:

1. Live-in Caregiver Program – persons entering as part of this program do not routinely need to repeat the medical surveillance if they apply for permanent residence from within Canada
2. When individuals initiate the immigration process within Canada (including the IME), CIC will not routinely re-issue the In-Canada notification letter if they have information that the individual has complied within the last 12 months.

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<sup>3</sup> See chapter 6 of the Canadian TB Standards and Manitoba TB Protocol.

## TB Current Process Immigration Workflow

