**THE MINISTER OF HEALTH OF THE REPUBLIC OF LITHUANIA**

**ORDER**

**ON APPROVAL OF THE DESCRIPTION OF THE PROCEDURE FOR THE IDENTIFICATION OF PERSONS WITH TUBERCULOSIS AND CASE MANAGEMENT**

23 June 2016

No. V-837

Vilnius

In compliance with Article 25 Paragraph 7 (4) of the Law on Prevention and Control of Communicable Diseases in Humans of the Republic of Lithuania, and in order to ensure the improvement of the quality and availability of the tuberculosis prevention, diagnostic and treatment services:

1. I hereby approve the ‘Description of the procedure for the identification of persons with tuberculosis and case management’ (attached thereto).

2. I hereby delegate the Vice-Minister in the field of activity to supervise the execution of the order.

The Minister of Health Juras Požėla

**CHAPTER II**

**PROCEDURE FOR TUBERCULOSIS SCREENING OF PERSONS FROM RISK GROUPS**

8.2. A pulmonologist, pediatric pulmonologist must:

8.2.1. Upon diagnosing a tuberculosis case, inform NPHC by completing the Form No. 058-089-151/a, and participate in the epidemiological study of the case in order to identify all exposed persons. Latent tuberculosis cases shall not be reported;

8.2.2. Inform persons with open tuberculosis that they have to notify the exposed persons of the necessity to immediately but no later than within 1 month to come to the PHCI for tuberculosis screening

10.1.1. on the case of an open tuberculosis: to conduct the epidemiological study of the case in order to identify all exposed persons; and

10.1.2. on other cases of tuberculosis: to conduct the epidemiological study of the case, if the diagnosed person attends an educational institution or his / her work is related to any technological stage of any food production and realization area, as well as the areas of health care, teaching and education of children, production and sales of toys;

10.2. Draw up (harmonize) the list of the exposed persons who need to be examined for tuberculosis. The list must include the full name of the person, the nature of the contact, the notes on the information provided on the mandatory screening for tuberculosis, the prescribed tuberculosis screening method, the fact and the results of the screening;

10.3 Inform the persons included in the list referred to in Item 10.2 of the Description about the contact they encountered, the potential danger to their health, as well as about the need to have their health examined and to apply to the PHCI for tuberculosis screening tests immediately but no later than within 1 month;

10.4. Identify the exposed persons within enterprises and teams and recommend them to visit the PHCI for tuberculosis screening tests immediately but no later than within 1 month, as well as to make suggestions and provide recommendations

10.6. Upon receipt of the information from the PHCI about the persons who failed to come to have their health examined, to take measures (contact by phone, go to the place of residence or work place of the person in question, etc.) to urge the person to visit the PHCI for tuberculosis screening tests as soon as possible. Persons who refuse to be screened for tuberculosis must confirm their refusal in writing;

*/Translation from the Lithuanian language/*

*/Coat of Arms of the Republic of Lithuania/*

**THE MINISTER OF HEALTH OF THE REPUBLIC OF LITHUANIA**

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1. I hereby approve the ‘Description of the procedure for the identification of persons with tuberculosis and case management’ (attached thereto).

2. I hereby delegate the Vice-Minister in the field of activity to supervise the execution of the order.

The Minister of Health Juras Požėla

APPROVED

by Order No. V-837

of the Minister of Health

of the Republic of Lithuania

as of 23 June 2016

**DESCRIPTION OF THE PROCEDURE FOR THE IDENTIFICATION OF PERSONS WITH TUBERCULOSIS AND CASE MANAGEMENT**

**CHAPTER I**

**GENERAL PROVISIONS**

Groups of persons at risk for developing tuberculosis disease (hereafter, the ‘risk groups’) are as follows:

3.1. Persons who have a close contact with a person with open tuberculosis: family members staying together or other persons present in the same premises (in the room, apartment or private house, etc.) or persons in shared working and studying environments (hereinafter, the ‘exposed persons’);

. Persons in places of imprisonment;

3.5. Persons living in closed collective dwellings (nursing and care institutions, temporary accommodation for the homeless, etc.);

3.6. Persons whose health condition increases the risk of developing tuberculosis:

3.6.1. Persons who have had tuberculosis and are diagnosed with latent tuberculosis (in the presence of a positive tuberculin skin test or serological test result for tuberculosis; without clinical and radiological symptoms of the disease; Mycobacteria tuberculosis are not detected);

3.6.2. Persons with oncological diseases;

3.6.3. Persons after gastric or intestinal resection;

3.6.4. Diabetes mellitus patients;

3.6.5. Persons with chronic renal failure;

3.6.6. Persons having a 10 percent lower body mass index compared to the norm;

3.6.7. Persons treated with corticosteroids and / or immunosuppressive medications (including those after bone marrow transplantation or organ transplantation);

3.6.8. Persons who are to be treated, are undergoing the treatment and have had the treatment (for 6 months after the treatment) with tumour necrosis factor inhibitors;

3.7. Persons coming from the countries with a high incidence of tuberculosis (more than 50 cases per 100 000 inhabitants);

3.8. Children of risk groups, as defined by Order no. 399 ‘On performance of tuberculin skin tests and approval of the statistical report form No. 9 ‘Statistical Report on Performance of Tuberculin Skin Tests’ of the Minister of Health of the Republic of Lithuania as of August 6, 2002 (hereinafter, ‘Order No. 399’);

2

3.9. Employees who have undergone a health check concerning tuberculosis before starting to work and annually afterwards, as defined by Ruling No. 544 ‘On approval of the list of jobs and areas of activities, the employees of which are allowed to work only after pre-testing and subsequent periodic testing for communicable diseases, and the health examination procedure of these employees’ of the Government of the Republic of Lithuania as of May 7, 1999.

4. Persons of risk groups shall be tested for tuberculosis as follows:

4.1. Persons specified in Item 3.1 of the Description must be tested for tuberculosis immediately but not later than within 1 month after the detection of the case (diagnosis of tuberculosis);

4.2. Persons listed in Items 3.2 to 3.7 of the Description, who have applied to a personal health care institution (hereinafter, ‘PHCI’), must be tested periodically at least once a year;

4.3. Persons referred to in Item 3.7 of the Description must be tested for tuberculosis annually for 5 years following their arrival to the country;

4.4. Persons specified in Item 3.9 of the Description must be tested for tuberculosis annually.

5. The specialists of PHCI and the National Public Health Center under the Ministry of Health (hereinafter, ‘NPHC) who carry out epidemiological surveillance and control shall collect from the patients with open tuberculosis detailed information about the circumstances of contracting the disease and the exposed persons.

**CHAPTER II**

**PROCEDURE FOR TUBERCULOSIS SCREENING OF PERSONS FROM RISK GROUPS**

8. The steps of the PHCI specialists in organizing and conducting the tuberculosis screening of the persons from risk groups shall be as follows:

8.1. A general practitioner must:

8.1.1. Prescribe a chest x-ray (2 views):

8.1.1.1. Where the chest x-ray shows any pathological changes, the person shall be sent to a pulmonologist for a consultation;

8.1.1.2. Where the chest x-ray shows no pathological changes, the date of the next examination shall be set, which shall not be later than after 1 year.

8.1.2. Prescribe a tuberculin skin test for children:

8.1.2.1. Where the tuberculin skin test shows a positive result, a child shall be sent to a paediatric pulmonologist for a consultation;

8.1.2.2. Where the tuberculin skin test shows a negative result, the date for conducting the next tuberculin skin test shall be set, which shall not be later than after 1 year.

8.1.3. Where a person arrives with complaints of a cough of an unexplained origin with or without sputum continuing 2 to 3 weeks, increased body temperature and / or night sweats, to urgently send such person to a pulmonologist or a paediatric pulmonologist for consultation;

3

8.1.4. Provide information to the specialists of NPHC about the tuberculosis screening facts and results of the persons exposed to tuberculosis patients and, upon diagnosing a tuberculosis case, to inform the NPHC by completing the ‘Report on the Detected (Suspected) Case’ health statistics recording form (Form No. 058-089-151/a, approved by Order No. 515 of the Minister of Health of the Republic of Lithuania ‘On the procedure for the accounting of activities and accountability of health care institutions’ as of 29 November, 1999) (hereinafter, ‘Form No. 058-089-151/a’);

8.1.5. Organize the tuberculin skin test administration for children (before starting the school and for those from risk groups in accordance with Order No. 399, and submit the tuberculin skin test performance report to the NPHC;

.2. A pulmonologist, pediatric pulmonologist must:

8.2.1. Upon diagnosing a tuberculosis case, inform NPHC by completing the Form No. 058-089-151/a, and participate in the epidemiological study of the case in order to identify all exposed persons. Latent tuberculosis cases shall not be reported;

8.2.2. Inform persons with open tuberculosis that they have to notify the exposed persons of the necessity to immediately but no later than within 1 month to come to the PHCI for tuberculosis screening;

8.2.3. Prescribe for the exposed persons arriving to the PHCI the following:

8.2.3.1. Chest x-ray (two views) for adults;

8.2.3.2. Tuberculin skin test for children.

8.2.4. Conduct / prescribe HIV testing for the persons diagnosed with tuberculosis for the first time, relapse of tuberculosis, discontinued treatment and unsuccessful treatment cases, drug-resistant tuberculosis or multidrug-resistant tuberculosis or in case of epidemiological indications;

8.2.5. Provide information about the tuberculosis screening facts and results of the persons exposed to tuberculosis patients, to the specialists of NPHC involved in the epidemiological study;

8.2.6. Submit the tuberculin skin test performance report to the NPHC in accordance with the procedure established by legal acts;

10. The specialist of NPHC must:

10.1. Upon receipt of the Form No. 058-089-151/a notification:

10.1.1. on the case of an open tuberculosis: to conduct the epidemiological study of the case in order to identify all exposed persons; and

10.1.2. on other cases of tuberculosis: to conduct the epidemiological study of the case, if the diagnosed person attends an educational institution, or his / her work is related to any technological stage of any food production and realization area, as well as the areas of health care, teaching and education of children, production and sales of toys;

10.2. Draw up (harmonize) the list of the exposed persons who need to be examined for tuberculosis. The list must include the full name of the person, the nature of the contact, the notes on the information provided on

4

the mandatory screening for tuberculosis, the prescribed tuberculosis screening method, the fact and the results of the screening;

10.3 Inform the persons included in the list referred to in Item 10.2 of the Description about the contact they encountered, the potential danger to their health, as well as about the need to have their health examined and to apply to the PHCI for tuberculosis screening tests immediately but no later than within 1 month;

10.4. Identify the exposed persons within enterprises and teams and recommend them to visit the PHCI for tuberculosis screening tests immediately but no later than within 1 month, as well as to make suggestions and provide recommendations;

10.5. Cooperate with the interested institutions in connection with the organization and application of the general measures of impact (training, consultations, etc.);

10.6. Upon receipt of the information from the PHCI about the persons who failed to come to have their health examined, to take measures (contact by phone, go to the place of residence or work place of the person in question, etc.) to urge the person to visit the PHCI for tuberculosis screening tests as soon as possible. Persons who refuse to be screened for tuberculosis must confirm their refusal in writing;