Dr. Gonzalo Alvarez

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ᖃᐅᔨᒪᙱᑐᐃᓐᓇᕆᐊᖃᖅᑐᑎᑦ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᕈᕕᑦ - ᖃᐅᔨᓴᖅᑕᐅᒋᑦ,ᐃᓅᓕᓴᐅᑎᑐᕐᓂᐊᕋᕕᑦ ᖃᓂᒻᒪᓚᐅᖏᓂᕐᓂ

You may not know you have TB – get tested, get treated before you get sick
ᖃᐅᔨᒪᙱᑐᐃᓐᓇᕆᐊᖃᖅᑐᑎᑦ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᕈᕕᑦ - ᖃᐅᔨᓴᖅᑕᐅᒋᑦ, ᐃᓅᓕᓴᐅᑎᑐᕐᓂᐊᕋᕕᑦ ᖃᓂᒻᒪᓚᐅᖏᓂᕐᓂ

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Progress Report ᕙᓪᓕᐊᓂᖓᓄᑦ ᐅᓂᒃᑳᖅ
March 12, 2012 ᒫᑦᓯ 12, 2012

TAIMA TB Progress Report ᕙᓪᓕᐊᓂᖓᓄᑦ ᐅᓂᒃᑳᖅ – March 12th, 2012

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ᓇᓗᓇᐃᖅᑕᐅᔪᑦ

ᐅᓇ ᐅᓂᒃᑳᖅ ᑎᑎᕋᖅᑕᐅᔪᖅ ᐆᒧᖓ:

ᒐᓐᓵᓗ ᔨ. ᐊᓪᕕᐅᕆᔅ MD, MPH, FRCPC, ᖃᐅᔨᓴᖅᑎᐅᖃᑕᐅᔪᖅ ᐋᑐᕚ ᐋᓐᓂᐊᕐᕕᖓᑕ ᖃᐅᔨᓴᕐᕕᖓᓂ (OHRI), ᓯᓚᑦᑐᓴᕐᕕᒡᔪᐊᖓᓂ ᐋᑐᕚ ᐃᓕᓴᐃᔨᕐᔪᐊᒧᑦ ᐃᑲᔪᖅᑎ (U of O), ᐳᕙᓕᕆᔨ, ᐳᕙᓕᕆᕕᖕᒥ, ᐄᔭᒐᓕᕆᕕᐊᓂ, ᐋᑐᕚ ᐋᓐᓂᐊᕐᕕᖓᑕ

ᖁᔭᓐᓇᒦᖅᑕᕗᑦ ᐅᑯᐊ ᐃᑲᔪᓚᐅᕐᓂᖏᓐᓄᑦ ᑎᑎᕋᖅᑕᐅᑎᓪᓗᒍ ᑖᓐᓇ ᐅᓂᒃᑳᖅ: ᓘᒃᑖᖅ ᔨᐅᕈᑏᓐ ᐋᔅᐳᐊᓐ, ᓘᒃᑖᖅ ᒧᐊᕇᓐ ᐸᐃᑭ, ᑎᐊᐳᕋ ᕚᓐ ᑕᐃᒃ, ᓇᑖᓴ ᓯᑏᕙᓐ, ᓇᐃᐅᒥ ᑕᐃᕕᔅ ᐊᒻᒪ ᐃᓚᐃᓐ ᕋᓐᑐᓪ. ᖁᔭᓐᓇᒦᖅᑕᕗᑦ ᐅᑯᐊ ᐃᓄᐃᑦ
ᐃᑲᔪᓚᐅᕐᓂᖏᓐᓄᑦ ᐱᓕᕆᐊᕆᔭᒃᑎᓐᓄᑦ:

ᑐᑭᒧᐊᑎᑦᓯᔨᐅᓪᓗᑎᒃ ᑲᑎᒪᔨᕋᓛᑦ (ᐃᒃᓯᕙᐅᑕᐅᖃᑕᐅᔪᖅ *)
ᑕᐃᒪ ᐳᕙᓪᓗᒃ ᑐᑭᒧᐊᑎᑦᓯᔨᖓ (OHRI & U of O) ᒐᓐᓵᓗ ᔨ. ᐊᓪᕕᐅᕆᔅ *
ᑐᒡᓕᐊ ᐃᓱᐊᖅᓴᐃᔨᓄᑦ ᐊᖏᔪᖅᑳᑉ ᓄᓇᕗᒻᒥ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ (GN) ᒧᐊᕇᓐ ᐸᐃᑭ
ᕿᑭᖅᑖᓗᖕᒥ ᐊᐃᑦᑐᓘᑕᐅᔪᓐᓇᖅᑐᓄᑦ ᑐᑭᒧᐊᑎᑦᓯᔨ (GN) ᑲᐃᑦ ᑖᓕᖕ
ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᓘᒃᑕᖅ (GN) ᐸᑎ ᑕᒪᐃᔪ
ᐊᖏᔪᖅᑳᖅ ᐅᖁᒪᐃᓐᓂᕐᓂᐊᕐᕕᖕᒥ, ᐃᖃᓗᐃᑦ (GN) ᑯᕆᔅᑏᓐ ᕼᑦᓯᓴᓐ
ᑐᑭᒧᐊᑎᑦᑎᔨ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒨᖓᔪᓂᒃ ᓄᓇᕗᒻᒥ (GN) ᓵᓐᑎ ᒪᒃᑖᓄᑦ
ᑐᑭᒧᐊᑎᑦᑎᔨ ᐃᓅᓯᓕᕆᓂᕐᒧᑦ ᐃᓕᖅᑯᓯᓕᕆᓂᕐᒧᑦ ᐱᕙᓪᓕᐊᔪᓕᕆᓂᕐᒥᒃ (NTI) ᓇᑖᓐ ᐅᐱᑦ
ᐃᓱᐊᖅᓴᐃᔨᓄᑦ ᐊᖏᔪᖅᑳᖅ ᓄᓇᕗᒻᒥ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ (GN) ᔨᐅᕈᑏᓐ ᐊᔅᐳᐊᓐ*
ᓄᓇᕗᑦ ᑐᙵᕕᒃᑯᓐᓄᑦ ᖃᐅᔨᓴᕐᓂᕐᒧᑦ ᐅᖃᐅᔾᔨᒋᐊᖅᑎ (NTI) ᓯᐅᕋᓐ ᐃᐊᑦᒪᓐᔅ ᐸᑦᕕᓐ
ᐊᐃᑦᑐᓘᑕᐅᔪᓐᓇᖅᑐᓄᑦ ᖃᐅᔨᒪᔨᑕᖅ (GN) ᐃᓚᐃᓐ ᕋᓐᑐᓪ
ᐊᖏᔪᖅᑳᖑᓚᐅᖅᓯᒪᔪᖅ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᓄᓇᕗᒻᒥ (GN) ᐊᐃᓴᒃ ᓱᐳᓪ
ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᑐᑭᒧᐊᑎᑦᑎᔨ (GN) ᑎᐊᐳᕋ ᕚᓐ ᑕᐃᒃ

ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᓕᕆᔩᑦ
ᑐᑭᒧᐊᑎᑦᑎᔨ ᒐᓐᓵᓗ ᔨ. ᐊᓪᕕᐅᕆᔅ
ᐋᓐᓂᐊᓯᐅᖅᑎ ᖃᐅᔨᓴᕐᓂᕐᒧᑦ ᑐᑭᒧᐊᑎᑦᑎᔨ ᑎᐊᐳᕋ ᕚᓐ ᑕᐃᒃ
ᐋᓐᓂᐊᓯᐅᖅᑎ ᖃᐅᔨᓴᖅᑎ ᓇᑖᓴ ᓯᑏᕙᓐ
ᐋᓐᓂᐊᓯᐅᖅᑎ ᖃᐅᔨᓴᖅᑎ ᓇᐃᐅᒥ ᑕᐃᕕᔅ
TB ᐃᖅᑲᓇᐃᔭᖅᑎ ᐃᓕᓴᐱ ᒥᓯᕌᓛᖅ
TB ᐃᖅᑲᓇᐃᔭᖅᑎ ᐱᑕ ᑎ. ᐊᓐᓂᖕᒥᐅᖅ
TB ᐃᖅᑲᓇᐃᔭᖅᑎ ᓱᓯ ᐃᓱᓪᓗᑕᖅ

ᕿᑭᖅᑕᓂ ᐋᓐᓂᐊᕐᕕᒃ
ᐊᖏᔪᖅᑳᖅ, ᐊᐅᖏᖅᑕᐅᕕᖕᒥ ᓵᑦ ᓯᐊᑦᓄᕐ

ᐋᑐᕚ ᐋᓐᓂᐊᕐᕕᖓ ᖃᐅᔨᓴᕐᓂᕐᒧᑦ
ᐳᕙᓕᕆᔨ ᓵᓐ ᐃᐅᕋᓐ
ᐃᓱᒪᓕᕆᔨ ᓗᐃᔅ ᕙᐅᓪᐳᐊᕐ
ᐊᐅᑐᓘᑕᐅᔪᓐᓇᖅᑐᓕᕆᔨ ᐅᐃᓕᐊᒻ ᑎ. ᑲᒧᕋᓐ
ᖃᐅᔨᓴᕈᑎᒥᓂᕐᓂᒃ ᑲᑎᖅᓱᐃᔨ ᕋᓐᔩᑕ ᒪᓕᒃ
ᐊᐃᑦᑐᓘᑕᐅᔪᓐᓇᖅᑐᓕᕆᔨ ᕗᕌᓐᑯ ᒧᒧᓕ
ᐃᓕᓐᓂᐊᖅᑎᑦᓯᔨ ᑲᑐᕆᓐ ᒧᕈ

ᑲᑐᔾᔨᖃᑎᒌᑦ
ᐊᑐᕚ ᐊᓐᓂᐊᕐᕕᐊᓗᐊ ᖃᐅᔨᓴᕐᓂᕐᒧᑦ (OHRI) ᒐᓐᓵᓗ ᔨ. ᐊᓪᕕᐅᕆᔅ
ᑲᓇᑕᒥ ᓄᓇᖃᖅᑳᖅᓯᒪᔪᑦ ᐊᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᑐᔾᔨᖃᑎᒌᖏᑦ (NAHO) ᑲᑐᕆᓐ ᑭᐅᕆ
ᐃᓄᐃᑦ ᑕᐱᕇᑦ ᑲᓇᑕᒥ (ITK) ᓯᐅᓪᒪ ᕗᐊᑦ
ᓄᐳᕋᓐᔅᕗᐃᒃ ᐳᕙᓕᕆᓂᕐᒧᑦ ᑲᑐᔾᔨᖃᑎᒌᑦ (NBLA) ᕙᕗᕋ ᒪᑭᓇᓐ
ᓄᓇᕗᑦ ᑐᙵᕕᒃ ᑎᒥᖓ (NTI) ᓇᑖᓐ ᐅᐱᑦ
ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᑦ ᔨᐅᕈᑏᓐ ᐋᔅᐳᐊᓐ

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Acknowledgements

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ᐱᔾᔪᑎᐊ ᑖᒃᓱᒪ ᐅᓂᒃᑳᑉ
ᑖᓐᓇ ᐅᓂᒃᑳᖅ ᑕᑯᒃᓴᐅᑎᑦᓯᓂᐊᖅᐳᖅ ᑲᔪᓯᕙᓪᓕᐊᓯᒪᓂᖓᓂᒃ ᐱᓕᕆᐊᖑᔫᑉ ᐊᒻᒪᓗ ᑕᑯᒃᓴᐅᑎᑦᓯᓪᓗᓂ ᐃᓚᖏᓐᓂᒃ ᐱᓕᕆᐊᖑᓯᒪᔪᑦ. ᓇᓗᓇᐃᔭᐃᓯᒪᔪᑦ ᐸᐃᑉᐹᑦ ᓴᖅᑭᑕᐅᓂᐊᖅᐳᑦ ᐃᓚᒋᓪᓗᓂᒋᑦ ᑖᒃᓱᒪ ᐅᓂᒃᑳᑉ. ᑕᒪᒃᑯᐊ ᓇᓗᓇᐃᔭᓪᓚᕆᒃᓯᒪᔪᑦ ᐃᓚᓕᐅᑎᓯᒪᔾᔮᖏᒃᑐᑦ ᑖᒃᓱᒧᖓ ᐅᓂᒃᑳᒧᑦ ᑭᓯᐊᓂ ᐊᓯᖏᑎᒍᑦ ᓴᖅᑭᑕᐅᕙᓪᓕᐊᔪᒃᑯᑦ.

ᑮᓇᐅᔭᖃᖅᑎᑦᑎᓯᒪᔪᑦ
ᑖᓐᓇ ᐱᓕᕆᐊᖑᔪᖅ ᑮᓇᐅᔭᖃᖅᑎᑕᐅᓯᒪᔪᖅ ᑭᒃᑯᑐᐃᓐᓇᕐᓄᑦ ᐊᓐᓂᐊᖅᑐᓕᕆᔨᒃᑯᓐᓂ ᑲᓇᑕᒥ ᐃᓚᒋᓪᓗᓂᐅᒃ ᑲᓇᑕᒥ ᐳᕙᓕᕆᓂᕐᒧᑦ ᐱᓕᕆᐊᖑᔪᖅ II. ᑮᓇᐅᔭᖃᖅᑎᑕᐅᓂᖓ ᐊᐅᓚᔪᖅ ᕕᕗᐊᕆ 1, 2011-ᒥ ᒫᑦᓯ 31, 2012-ᒧᑦ. ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᑦ ᐊᖏᖅᓯᒪᔪᑦ ᑮᓇᐅᔭᖃᖅᑎᑦᓯᓂᐊᕐᓗᑎᒃ ᑮᓇᐅᔾᔭᒃᓵᖏᓐᓂᒃ ᐃᖅᑲᓇᐃᔭᖅᑎᖁᑎᒃᑕ ᐊᒻᒪᓗ ᑐᑭᒧᐊᑦᑎᑦᑎᔨᑦᑎᓐᓂᒃ ᒫᑦᓯ 1, 2012-ᒥᒃ ᑎᑭᓪᓗᒍ ᐊᒡᒌᓯ 31, 2012.

ᑐᙵᕕᒋᔭᐅᔪᑦ ᓈᒻᒪᒋᔭᐅᓂᖏᑦ
ᑐᙵᕕᒋᔭᐅᔪᑦ ᓈᒻᒪᒋᔭᐅᓚᐅᑐᑦ ᑖᒃᑯᓇᓐᖓᑦ ᐊᑐᕚ ᐋᓐᓂᐊᕐᕕᖓᑕ ᖃᐅᔨᓴᕐᓂᕐᒧᑦ ᑐᙵᕕᒋᔭᐅᔪᓄᑦ ᑲᑎᒪᔩᑦ ᐊᒻᒪ ᑭᒃᑯᑐᐃᓐᓇᕐᓄᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᓇᑕᒥ ᑐᙵᕕᒋᔭᐅᔪᓄᑦ ᑲᑎᒪᔩᑦ.

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The purpose of this document
This document is meant to give an overview of the progress of this project and highlight some of the main results. Detailed papers will be generated for several aspects of this report. These details will not be included within this document but in subsequent publications.

Funding source
The project was funded by the Public Health Agency of Canada as part of the National Lung Health Framework Phase II. The grant funding runs from February 1, 2011 to March 31, 2012. The Government of Nunavut has agreed to fund the salary of a TB champion and the TAIMA TB coordinator from April 1, 2012 to August 31, 2012.

Ethics Approval
Ethics approval was obtained from The Ottawa Hospital Research Ethics Board and The Public Health Agency of Canada Ethics Board.

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ᓇᐃᓈᖅᓯᒪᔪᖅ

ᑖᓐᓇ ᐅᓂᒃᑳᖅ ᑕᑯᒃᓴᐅᑎᑦᓯᕗᖅ ᐱ>ᓪᓕᐊᓂᕆᓯᒪᔭᖓᓂᒃ ᑕᐃᒪ ᐳᕙᓪᓗᒻᒧᑦ ᐱᓕᕆᐊᖑᔫᑉ ᐱᐊᓂᒡᕕᒃᓴᖃᖅᖢᓂ ᐅᑭᐊᒃᓵᖓᓂ 2012.

ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᖅ ᓄᑖᖑᔪᖅ ᐃᓄᖕᓄᑦ ᓴᖅᑭᔮᖅᑎᑕᐅᔪᖅ ᐱᒋᐊᓐᖓᖅᑕᐅᓯᒪᓪᓗᓂ ᐃᖃᓗᓐᓂ, ᓄᓇᕗᑦ ᐱᔾᔪᑎᒋᓪᓗᒋᑦ:
• ᐅᔾᔨᕈᓱᓕᖅᑎᑦᑎᕚᓪᓕᕋᓱᐊᕐᓂᖅ ᐳᕙᓪᓗᓐᓇᖅᑐᒥᒃ (TB)
• ᐊᖏᕐᕋᕆᔭᐅᔪᓂ ᖃᐅᔨᓴᕐᓂᕐᒥᒃ ᐊᑐᐃᓐᓇᐅᑎᑦᓯᓂᖅ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᕐᒪᖔᑕ ᐆᒻᒪᐅᖏᒃᑐᒥᒃ (LTBI) ᐃᓄᖕᓄᑦ
ᐊᖏᕐᕋᖃᖅᑐᓄᑦ ᐳᕙᓪᓗᓐᓇᖅᑐᓖᑦ ᖁᕝᕙᓯᖃᑦᑕᖅᓯᒪᒻᒪᕆᒃᑐᒥ
• ᐃᓅᓕᓴᐅᑎᑐᖅᑎᑦᓯᖃᑦᑕᕐᓂᖅ ᐃᓄᖕᓄᑦ ᐳᕙᓪᓗᓐᓇᖅᑐᕆᔭᖏᑦ ᐆᒻᒪᕈᑎᐃᓐᓇᕆᐊᖃᖅᑐᒋᔭᐅᔪᓄᑦ

ᖃᓄᖅ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᐱᓕᕆᔪᑦ ᑲᔪᓯᑎᑦᑎᓯᒪᕙᑦ?

ᓄᓇᓕᖕᓂ ᐃᓚᐅᑎᑦᓯᕙᒃᖢᑎᒃ ᐱᓕᕆᐊᓕᒫᖏᓐᓄᑦ ᐃᓚᒋᓪᓗᒋᑦ ᓴᖅᑭᑕᐅᕙᓪᓕᐊᓂᖓ, ᐃᓕᖓᓂᕆᓂᐊᖅᑕᖓ, ᐊᑐᓕᖅᑎᑕᐅᕙᓪᓕᐊᓂᐊᕐᓂᖏᑦ ᐊᒻᒪᓗ ᐱᓕᕆᐊᖑᔫᑉ ᑲᔪᓯᑎᑕᐅᓂᖓᓄᑦ. ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖅ ᐳᕙᓪᓗᓇᖅᑑᑉ ᒥᒃᓵᓄᑦ (ᐅᖃᐅᓯᖅ ᐊᒻᒪ 5 ᐳᕙᓪᓗᓐᓇᐅᑉ ᒥᒃᓴᓄᑦ ᓱᓕᔪᑦ) ᓴᖅᑭᑕᐅᓚᐅᖅᑐᑦ ᓄᓇᓕᖕᓂ ᐃᓄᖕᓄᑦ ᑭᒡᒐᑐᖅᑐᓄᑦ ᐊᒻᒪ ᓄᓇᓕᖕᓂ

ᐳᕙᓪᓗᓐᓇᓕᕆᔩᑦ ᕿᓱᒪᖃᕆᐊᖅᖢᑎᒃ ᑲᓇᑕᒥ ᐃᓄᐃᑦ ᖃᓄᐃᖃᑦᑕᖅᓯᒪᓂᖏᑦ ᐳᕙᓪᓗᖃᑦᑕᑎᓪᓗᒋᑦ. ᐃᓄᒃᑎᑑᓕᖅᑎᑕᐅᓯᒪᔪᑦ ᓄᓇᓕᖕᓂ ᐊᒻᒪ ᖃᐅᔨᓴᕐᓂᖃᖃᑦᑕᖅᖢᑎᒃ ᓄᓇᓕᖕᓂ. ᑐᓴᒐᒃᓴᓕᐊᖑᔪᑦ ᑕᕆᔭᒐᒃᓴᓕᐊᖑᓯᒪᔪᑦ ᑕᑯᒃᓴᐅᑎᑕᐅᓪᓗᑎᒃ ᖃᕆᑕᐅᔭᒃᑯᑦ (YouTube-ᑯᑦ) ᓄᓇᓕᓐᓂᒥᐅᑕᐅᔪᓄᑦ. ᑖᒃᑯᐊ YouTube-ᑯᑦ ᑕᑯᓐᓇᒐᒃᓴᓕᐊᖑᓯᒪᔪᑦ ᐊᒻᒪ ᐳᕙᓪᓗᓐᓇᐅᑉ ᒥᒃᓵᓄᑦ ᑐᓴᒐᒃᓴᓕᐊᖑᓯᒪᔪᑦ ᐃᓕᔭᐅᓯᒪᔪᑦ ᕿᓪᓕᖅᑐᓄᑦ ᐃᑲᔪᖅᑑᑎᒋᔭᐅᓂᐊᕐᒪᑕ ᐃᓄᐃᑦ ᐊᒥᖅᑳᖃᑎᒌᓐᓂᕆᓱᖓᑎᑐᑦ ᑐᓴᐅᒪᔭᒥᓂᒃ. ᑖᒃᑯᐊ ᕿᓪᓕᖅᑐᑦ ᑕᑯᔭᐅᑎᑕᐅᓚᐅᖅᑐᑦ ᐃᓚᐅᖃᑕᐅᔪᓄᑦ ᐊᖏᕐᕋᕆᔭᐅᔪᓂ ᐅᐸᒃᑕᐅᖃᑦᑕᓚᐅᖅᑐᓄᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᑎᓐᓄᑦ ᓇᖕᒥᓂᖅ ᐅᖃᐅᓯᕐᒥᒃ ᐊᑐᕈᒪᔭᖓᓂᒃ ᐊᑐᕈᓐᓇᖅᖢᑎᒃ (ᖃᓪᓗᓈᑎᑐᑦ ᐃᓄᒃᑎᑐᓪᓘᓐᓃᑦ). ᑕᐃᒫᒃ ᐋᖅᑭᒃᓯᒪᑎᓪᓗᒍ ᑐᓴᒐᒃᓴᖁᑎᕗᑦ ᑕᑯᒃᓴᐅᑎᒍᓐᓇᓚᐅᖅᑕᕗᑦ ᐊᒻᒪ ᐋᖅᑭᒋᐊᒃᑲᓐᓂᕋᒃᓴᐅᑎᒃᖢᒍ. ᖃᕆᑕᐅᔭᒃᑯᑦ ᐃᑭᐊᕐᕆᕕᓕᐅᓚᐅᖅᑐᒍᑦ ᐊᒻᒪ Facebook-ᑯᑦ ᐋᖅᑭᒃᓯᓯᒪᓪᓗᑕ ᐊᑐᖃᑦᑕᓚᐅᖅᑕᕗᑦ ᐱᓕᕆᐊᑦᑎᓐᓄᑦ.

ᐅᔾᔨᕈᓱᓕᖅᑎᑦᑎᕙᓪᓕᐊᓇᓱᐊᖅᑎᓪᓗᑕ, ᐅᓄᖅᓯᕚᓪᓕᓚᐅᖅᑐᑦ ᐃᓄᐃᑦ ᐅᖁᒪᐃᓐᓂᕐᓂᐊᕐᕕᖕᒧᑦ ᖃᐅᔨᓴᖅᑕᐅᔪᖅᑐᖅᑐᑦ ᐳᕙᓪᓗᓇᖅᑐᖃᓐᖏᑲᓗᐊᕐᒪᖔᑕ. 444 ᐃᓄᐃᑦ ᐳᕙᓪᓗᓐᓇᐅᑉ ᒥᒃᓵᓄᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓚᐅᖅᑐᑦ ᐊᖏᕐᕋᕆᔭᖏᓐᓂᒃ ᐃᓄᒃᑎᑑᕈᓐᓇᖅᑐᒧᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᖁᑎᑦᑎᓐᓄᑦ ᐊᒻᒪ ᐳᕙᓪᓗᓇᖅᑐᓕᕆᔨ ᐋᓐᓂᐊᓯᐅᖅᑎᒧᑦ ᐊᑐᖅᖢᑎᒃ YouTube-ᑯᑦ ᑕᕆᔮᒃᓴᓕᐊᖑᓯᒪᔪᒥᒃ ᒪᓕᒃᖢᑎᒃ 5-ᓂᒃ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᓱᓕᔪᓂᒃ. ᐊᕝᕙᕆᓗᐊᖅᑕᖏᑦ ᖃᐅᔨᓴᖅᑕᐅᔪᓐᓇᓚᐅᖏᒃᑐᑦ ᐱᔾᔪᑎᒋᓪᓗᒍ ᐃᓅᓕᓴᐅᑎᑐᖅᑎᑕᐅᖃᑦᑕᕇᖅᓯᒪᖕᒪᑕ, ᐃᓚᖏᑦ ᖃᐅᔨᓴᖅᑕᐅᓪᓗᑎᒃ ᐆᖕᒪᐅᖏᒃᑐᒥᒃ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᕐᒪᖔᑕ (LTBI). ᐊᕝᕙᕆᓗᐊᖅᑕᖏᑦ ᖃᐅᔨᓴᖅᑕᐅᔪᑦ ᓇᓗᓇᐃᖅᑕᐅᓚᐅᖅᑐᑦ LTBI-ᖃᕆᐊᖏᓐᓂᒃ ᐃᓅᓕᓴᐅᑎᑐᖁᔭᐅᓪᓗᑎᓪᓗ. ᒪᕐᕉᒃ ᓇᓗᓇᐃᖅᑕᐅᓚᐅᖅᑑᒃ ᐆᒻᒪᐅᔪᒥᒃ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᕆᐊᖏᑕ ᑖᒃᑯᓄᖓ ᐃᖅᑲᓇᐃᔭᖅᑎᐅᔪᓄᑦ ᐊᒻᒪᓗ ᒪᕐᕉᒃ ᐊᓯᖏᒃ ᓇᓗᓇᐃᖅᑕᐅᓚᐅᕆᓪᓗᑎᒃ ᑲᑎᓯᒪᖃᑦᑕᖅᓯᒪᔭᖏᑎᒍᑦ ᖃᐅᔨᓴᖅᑎᓪᓗᒋᑦ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ. ᑖᒃᑯᐊ ᓯᑕᒪᑦ ᐆᒻᒪᐅᔪᒥᒃ ᐳᕙᓪᓗᒃᑐᑦ ᓇᓗᓇᐃᖅᑕᐅᓴᕋᐃᓐᓂᖅᓴᐅᔪᓐᓇᓚᐅᖅᑐᑦ ᐱᓕᕆᐊᖑᔪᑎᒍᑦ ᐊᐃᒃᑐᓘᑎᓂᕆᔪᓐᓇᖅᑕᖓᓂᒃ ᓴᐳᔾᔨᓴᕋᐃᓐᓂᖅᓴᐅᔪᓐᓇᖅᓯᓪᓗᑎᒃ ᓄᓇᓕᖕᓂ. ᐊᖏᕐᕋᖃᕐᕕᒋᔭᐅᔪᑦ ᓇᓗᓇᐃᖅᑕᐅᔪᓐᓇᓚᐅᖅᑐᑦ ᐊᒃᑕᓇᖅᑐᒦᓐᓂᖅᓴᐅᔪᑦ ᐳᕙᓪᓗᓐᓇᖅᑐᑖᑐᐃᓐᓇᕆᐊᖏᑕ ᐊᑐᖅᑐᑕ ᓱᓕᔪᓂᒃ 82% (14/17) ᑖᒃᑯᓇᓐᖓᑦ ᐆᒻᒪᐅᔪᓂᒃ ᐳᕙᓪᓗᒃᑐᓂᒃ ᐃᖃᓗᓐᓂ ᐱᓗᐊᖅᑐᒥᒃ ᑖᒃᑯᐊ ᐱᖓᓲᔪᖅᑐᑦ ᑕᖅᑮᑦ ᐃᓗᐊᓂ ᐊᖏᕐᕋᕆᔭᐅᔪᓂᒃ ᐅᐸᒍᑎᖃᑦᑕᕐᓂᒃᑯᑦ ᓇᓗᓇᐃᖅᑕᐅᔪᓐᓇᖅᓯᓚᐅᖅᑐᑦ. ᓄᑖᖅ ᐊᐅᒃᑯᑦ ᖃᐅᔨᓴᐅᑎ ᐆᒻᒪᐅᖏᒃᑐᒥᒃ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᕆᐊᖃ ᐊᑐᖅᑕᐅᔪᓐᓇᕐᓂᖓ ᓇᓗᓇᐃᓚᐅᕐᒥᔪᖅ ᐃᖃᓗᓐᓂ.

TAIMA TB Progress Report ᕙᓪᓕᐊᓂᖓᓄᑦ ᐅᓂᒃᑳᖅ – March 12th, 2012

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Executive Summary

This report is an overview of the progress of the TAIMA TB project which will conclude in the fall of 2012.

TAIMA TB is a new public health campaign that was piloted in Iqaluit, Nunavut to:
• raise awareness about tuberculosis (TB)
• provide in home screening for latent TB infection (LTBI) for people who live in areas of the
community with a high incidence of TB
• provide treatment to individuals at high risk for the development of active TB

What did the TAIMA TB project accomplish?

Community involvement occurred at all levels including the introduction, design, implementation and delivery of the program. Educational TB messaging (a slogan and 5 TB facts) was developed by local Inuit representatives and local TB health care professionals with consideration of the historical Canadian Inuit TB context. Precise translation of the facts into the local dialect of Inuktitut was undertaken and tested in a community focus group. The messaging was then integrated into YouTube videos done by community members. The YouTube videos and TB messaging were then put on DVD as a vehicle to support the oral Inuit tradition for the sharing of information. The DVDs were shown to participants of the door to door program by community members (TB champions) in their language of choice (English or Inuktitut). This format allowed messaging to be delivered in a standardized and reproducible manner. A website and Facebook page were generated and used in the project.

During the general awareness campaign, there was an increase in the number of people who presented to public health to get tested for TB. Four hundred and forty four people received TB education in their homes delivered by an Inuktitut-speaking community member (TB champion) and a TB nurse using the YouTube videos based on the 5 TAIMA TB facts. One third were not eligible for screening because of previous TB treatment, the remaining two thirds were screened for latent TB infection (LTBI). Approximately one third of people screened were recommended LTBI treatment because of positive tests. Two participants were identified as active TB cases by the TAIMA TB team and another two cases were identified through contact tracing of those cases by the local TB program. These four active TB cases were identified earlier than under normal program conditions thus breaking the infectious cycle at an earlier point preventing further transmission within the community. Residential areas of high risk for TB were identified accurately using our approach as evidenced by the fact that 82% (14/17) of the active TB cases that occurred in Iqaluit prospectively during the six month door to door campaign occurred within the identified areas. A new blood test for the diagnosis of latent TB infection was shown to be feasible in Iqaluit.

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ᐳᕙᓪᓗᓐᓇᖅ ᓄᓇᕗᒻᒥ

ᓄᓇᕗᒻᒥ, ᐆᒻᒪᐅᔪᒥᒃ ᐳᕙᓪᓗᖃᑦᑕᕐᓂᖅ (TB) ᐃᓄᖕᓂ ᓱᓕ ᖁᕝᕙᓯᓐᓂᖅᐹᖑᔪᖅ ᑲᓇᑕᒥ. ᐆᒻᒪᐅᔪᒥᒃ ᐳᕙᓪᓗᓐᓂᖅ (TB) ᓇᓗᓇᐃᖅᑕᐅᒐᔪᒃᑐᖅ ᖁᐃᖅᓱᖃᑦᑕᕐᓂᒃᑯᑦ, ᓴᓗᒃᑐᓂᒃᑯᑦ, ᐅᓐᓄᒃᑯᑦ ᑭᐊᒃᑭᖅᑕᖃᑦᑕᕐᓂᒃᑯᑦ ᐊᒻᒪ ᐆᓇᖃᑦᑕᕐᓂᒃᑯᑦ. ᐃᒃᐱᒋᙱᓪᓗᒍ, ᑐᖁᔾᔪᑕᐅᔪᓐᓇᑐᖅ. ᐋᖅᑭᒃᑎᐊᖅᓯᒪᔪᒃᑯᑦ ᓇᒻᒪᓈᖅᓯᒪᔪᒃᑯᓪᓗ ᐱᐅᓯᕚᓪᓕᖅᑎᑕᐅᔪᓐᓇᑐᖅ ᐊᒻᒪ ᓄᓇᓕᖕᓂ ᐊᓂᒃᑕᐃᓕᑎᑕᐅᓪᓗᑎᒃ ᐊᐃᒃᑐᓗᐃᔪᓐᓃᖅᑎᑕᐅᕙᒃᑐᑦ. ᐳᕙᓪᓗᖃᑦᑕᖅᓯᒪᔪᑦ ᓄᓇᕗᒻᒥ 2010-ᖑᑎᓪᓗᒍ 304/100,000 ᓴᓂᐊᓂ 4.6/100,000 ᑲᓇᑕᓕᒫᒧᑦ ᑕᕝᕙᓂᒃᓴᐃᓐᓇᖅ ᐊᕐᕌᒍᒥ (ᑭᒃᑯᑐᐃᓐᓇᕐᓄᑦ ᐋᓐᓂᐊᖃᕐᓇᖏᑦᑐᓕᕆᔩᑦ ᑲᓇᑕᒥ) (PHAC), ᐳᕙᓪᓗᖃᑦᑕᕐᓂᖅ ᑲᓇᑕᒥ, 2012). ᐊᒻᒪᓗ, ᑲᓇᑕᒥ ᐃᓅᕙᒃᑐᑦ ᓄᓇᖃᖅᑳᖅᓯᒪᔪᓄᑦ ᐃᓄᖕᓄᑦ, ᐃᓄᐃᑦ ᖁᕝᕙᓯᓛᖑᕗᑦ ᐳᕙᓪᓗᖃᑦᑕᕐᓂᖏᑦ ᑲᓇᑕᓕᒫᒥ (ᓄᓇᖃᖅᑳᖅᓯᒪᔪᑦ-ᑲᓇᑕ, 2012)). ᒫᓐᓇᐸᓗᒃᑯ ᐊᐃᑦᑐᐃᓇᖅᑐᓂᒃ ᖃᐅᔨᓴᕐᓂᕐᒧᑦ ᐅᓂᒃᑳᓕᐊᕆᓯᒪᔭᖓ PHAC-ᑯᑦ (ᔪᓂ, 2010, ᐳᐊᕐᒐᐃᔅ & ᕼᐊᓐ, ᐊᐱᕆᖅᑳᓚᐅᖅᑐᑎᒃ ᐊᑐᖅᓯᒪᔪᑦ ᑐᑭᓯᒋᐊᕈᑎᓂᒃ), ᑕᑯᒃᓴᐅᑎᑦᑎᓯᒪᔪᑦ ᐅᓄᕐᓂᖏᓐᓂᒃ ᐆᒻᒪᐅᔪᒥᒃ ᐳᕙᓪᓗᖃᑦᑕᖅᓯᒪᔪᑦ ᐅᓄᖅᓯᕙᓪᓕᐊᓯᒪᓂᖏᑦ ᐊᕐᕌᒍᑦ ᑕᓪᓕᒪᑦ ᐊᓂᒍᖅᑐᓂ ᓄᓇᕗᒻᒥ. ᐅᓂᒃᑳᑎᒍᑦ ᖃᐅᔨᓯᒪᔪᑦ 71%-ᖏᑦ ᐆᒻᒪᐅᔪᒥᒃ ᐳᕙᓪᓗᑦᑐᕕᓃᑦ ᓄᓇᕗᒻᒦᖔᖅᓯᒪᓂᖏᑦ ᐊᑯᓐᓂᖓᓂ 2005 ᐊᒻᒪ 2010 ᒪᕐᕉᓐᓂᒃ ᓄᓇᓕᓐᓃᖔᖅᓯᒪᓂᖏᑦ, ᐃᖃᓗᓐᓂ ᑭᓐᖓᕐᓂᓗ. ᐊᒥᓲᓂᖅᓴᐃᑦ ᐳᕙᓪᓗᒃᑐᑦ (44%-ᖏᑦ) ᐃᖃᓗᓐᓃᖔᖅᓯᒪᔪᑦ. ᑕᒡᕙᓂᒃᓴᐃᓐᓇᖅ ᐅᓂᒃᑳᒥ, ᖃᐅᔨᓴᕈᑎᒥᓂᖏᑎᒍᑦ ᑕᑯᒃᓴᐅᑎᑕᐅᔪᑎᒍᑦ ᓇᓗᓇᐃᖅᓯᒪᔪᖅ ᐊᕝᕙᕆᓗᐊᖅᑕᖏᑦ ᐳᕙᓪᓗᖃᑦᑕᖅᓯᒪᔪᑦ ᐊᕐᕌᒍᓂ ᑕᓪᓕᒪᓂ ᐃᓄᖕᓃᖔᖅᓯᒪᔪᑦ ᐊᕐᕌᒍᓕᖕᓂ 15-34 ᐊᑯᓐᓂᖓᓂ. ᐃᓱᒪᒋᒋᐊᖅᑐᒍ ᖁᕝᕙᓯᓕᖅᐸᓪᓕᐊᓯᒪᓂᖏᑦ ᐳᕙᓪᓗᒃᑐᑦ ᓄᓇᕗᒻᒥ, ᑕᐃᒪ ᐳᕙᓪᓗᖕᒥ ᐱᓕᕆᐊᖑᔪᖅ ᓴᖅᑭᑕᐅᓚᐅᑐᖅ ᓄᓇᕗᒻᒥ ᐃᑲᔫᑕᐅᓂᐊᕐᓗᓂ ᒫᓐᓇ ᐊᑐᐃᓐᓇᐅᑎᑕᐅᕙᒃᑐᓂ ᐳᕙᓪᓗᒃᑐᓄᑦ ᐃᖃᓗᐃᑦ, ᓄᓇᕗᒻᒥ.

ᖃᓄᐃᑦᑑᓯᒪᓂᖓ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᒧᑦ ᐱᓕᕆᐊᖑᔪᖅ

ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᐱᓕᕆᐊᖑᔪᖅ ᓴᖅᑭᑕᐅᓯᒪᔪᖅ ᐅᔾᔨᕈᓱᓕᖅᑎᑦᓯᕚᓪᓕᕈᒪᓪᓗᑎᒃ ᐳᕙᓪᓗᓐᓇᖅᑐᒥᒃ ᐃᖃᓗᓐᓂ. ᐋᖅᑭᒃᓯᒪᓪᓗᓂᓗ ᖃᐅᔨᓴᕈᑕᐅᓯᓐᓈᖅᑐᖅ ᖃᐅᔨᓴᕐᓂᕐᒧᑦ ᐆᒻᒪᐅᖏᑦᑐᒥᒃ ᐳᕙᓪᓗᓐᓇᖅᑐᒧᑦ ᐊᒻᒪ ᐃᓄᓕᓴᐅᑎᑐᖅᑎᑦᓯᓂᒃᑯᑦ ᐊᖏᕐᕋᕆᔭᐅᔪᓄᑦ ᐳᓛᕆᐊᖃᑦᑕᖅᑐᑎᒃ ᐃᓕᓐᓂᐊᖅᑎᑦᑎᓂᒃᑯᑦ, ᖃᐅᔨᓴᕐᓂᒃᑯᓪᓗ ᐊᖏᕐᕋᖃᕐᕕᐅᔪᓂ ᐳᕙᓪᓗᖃᑦᑕᖅᑐᖅᑖᑐᐃᓐᓇᕆᐊᖃᕐᓂᖅᓴᐅᑎᓪᓗᒋᑦ. ᐅᒻᒪᐅᖏᑦᑐᖅ ᐳᕙᓪᓗᓇᑐᖅ ᐱᒋᐊᖃᑦᑕᕐᒪᑦ ᐆᒻᒪᐅᔪᒥᒃ ᐳᕙᓪᓗᒃᑐᓂᒃ. ᐃᓅᓕᓴᐅᑎᑐᕐᓂᖅ ᐆᒻᒪᐅᖏᑦᑐᒥᒃ ᐳᕙᓪᓗᓇᖅᑐᖃᖅᑐᓄᑦ ᐃᑲᔫᑎᖃᕈᓐᓇᕐᒪᑦ ᐃᓄᐃᑦ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᖅᑐᑦ ᐆᒻᒪᐅᖏᑦᑐᒥᒃ ᐆᒻᒪᕈᓐᖏᓂᖅᓴᐅᖃᑦᑕᕐᒪᑕ. ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᖅ ᐊᑐᓕᖅᑎᑦᑎᓯᒪᔪᖅ ᖃᐅᔨᓴᖅᑐᑎᒡᓗ ᐱᓕᕆᐊᖑᔪᒥᒃ ᐃᖃᓗᓐᓂ ᐱᐅᓯᕚᓪᓕᑎᑦᓯᔪᒪᓪᓗᑎᒃ ᒪᓐᓇ ᓴᐳᔾᔨᓇᓱᐊᕐᓂᖏᓐᓂᒃ ᐳᕙᓪᓗᓇᖅᑐᒥᒃ ᓄᓇᕗᒻᒥ. ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᖅ ᑐᑭᓕᐊᖑᓂᖓ ᑐᑭᖃᖅᐳᖅ ᓄᖅᑲᖅᑎᒍᒃ ᐳᕙᓪᓗᓐᓇᖅ ᐃᓄᒃᑎᑐᑦ.

ᐊᔾᔨᐅᙱᓐᓂᖏᑦ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᐱᓕᕆᐊᖑᔫᑉ ᐃᓚᖃᖅᐳᑦ:
• ᐋᖅᑭᒃᓯᒪᓂᖓ ᑐᕌᖓᓪᓚᕆᒃᑐᖅ ᐃᓄᖕᓄᑦ, ᓄᓇᓕᒃ ᐃᓚᐅᑎᑕᐅᓪᓚᕆᒃᑐᓂ ᐊᒻᒪ ᐋᖅᑭᒃᓱᖅᑕᐅᕙᓪᓕᐊᓂᖓ
ᓴᖅᑭᑕᐅᓂᖓᓗ ᐱᓕᕆᐊᖑᔫᑉ (ᐃᖅᑲᓇᐃᔭᖅᑎᓄᑦ);
• ᐅᔾᔨᕈᓱᓕᖅᑎᑦᑎᕚᓪᓕᕋᓱᐊᕐᓂᖅ ᐅᓪᓗᒥ ᐊᑐᖅᑕᐅᕙᓕᖅᑐᓄᑦ ᑐᓴᖅᑎᑦᑎᓂᕐᒧᑦ ᐃᓚᖃᖅᖢᑎᒃ ᐃᑭᐊᕐᕆᕕᖕᒥᒃ,
ᐊᒻᒪᓗ YouTube-ᑯᑦ ᑕᕐᕆᔭᒐᒃᓴᖅ ᐊᒻᒪ ᑐᑭᓯᒋᐊᒃᑲᓂᕐᕕᒃᓴᖅ Facebook-ᑯᑦ;
• ᓴᖅᑮᓂᖅ ᐊᑐᖅᑕᐅᔪᓐᓇᖅᑐᒥ ᓄᑖᒥᒃ ᖃᐅᔨᓴᕈᑎᒥᒃ ᐆᒻᒪᐅᖏᑦᑐᒥ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ (LTBI);
• ᖃᐅᔨᓴᖅᓵᓕᖃᑦᑕᕐᓂᖅ ᐃᓅᓕᓴᐅᑎᑐᖅᑎᑦᑎᓴᕋᐃᓐᓂᕐᓗ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᕐᕕᐅᒐᔪᒃᑐᒥ
• ᓄᓇᓕᖕᓂ ᐃᓚᐅᑎᑦᓯᓪᓚᕆᓐᓂᖅ ᐱᓕᕆᐊᖑᔪᒧᑦ
ᐱᓕᕆᐊᖑᔪᖅ ᒪᕐᕈᐃᓕᖅᑲᖓᔪᖅ. ᐱᓕᕆᐊᖑᓂᖓ 1 ᓄᓇᓕᖕᓂ ᐳᕙᓪᓗᓐᓇᖅᑑᑉ ᒥᒃᓵᓄᑦ ᐅᔾᔨᕈᓱᓕᖅᑎᑦᑎᕚᓪᓕᕋᓱᐊᕐᓂᖅ ᐱᒋᐊᕈᑎᖃᓚᐅᖅᑐᑦ ᑐᓴᒐᒃᓴᓕᐅᖅᖢᑎᒃ ᕿᑎᐊᓂ ᔮᓐᓄᐊᕆ ᑭᖑᓂᐊᒍᑦ ᐊᖏᕐᕋᕆᔭᐅᔪᓄᑦ ᐳᓚᕋᓕᖅᖢᑎᒃ. ᐱᓕᕆᐊᖑᓂᖓ 2 ᐳᓚᕋᓐᓂᒃᑯᑦ ᐃᓕᓐᓂᐊᖅᑎᑦᓯᓂᖅ, ᖃᐅᔨᓴᕐᓂᖅ ᐊᒻᒪ ᐃᓄᓕᓴᐅᑎᑐᖅᑎᑦᓯᓂᖅ ᐅᕙᓪᓗᒡᕕᐅᒐᔪᖃᑦᑕᖅᓯᒪᔪᒥ ᐊᒃᑕᓇᖅᑐᒦᓂᖅᓴᐅᔪᓄᑦ ᐳᕙᓪᓗᓐᓇᖅᑐᖅᑖᑐᐃᓐᓇᕆᐊᓕᖕᓂ.

TAIMA TB Progress Report ᕙᓪᓕᐊᓂᖓᓄᑦ ᐅᓂᒃᑳᖅ – March 12th, 2012

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Tuberculosis in Nunavut

In Nunavut, the incidence rate of active tuberculosis (TB) disease among the Inuit remains the highest
in Canada. Active TB disease is an airborne disease most commonly characterized by cough, weight loss, night sweats, and fever. If left untreated, it can result in serious morbidity and death. Timely and effective treatment results in improved patient outcomes, and limits exposure to the community thereby avoiding outbreaks. The incidence rate of active TB disease in Nunavut in 2010 was 304/100,000 compared to 4.6/100,000 for all of Canada during the same year (Public Health Agency of Canada (PHAC), Tuberculosis in Canada, 2012). Furthermore, among Canadian born Aboriginal people, Inuit have a disproportionately high rate of TB across Canada (First Nations- 22.2/100,000, Métis- 7.5/100,000 versus 198.6/100,000 among Inuit (PHAC, Tuberculosis in Canada, 2012)). In a recent field epidemiology report from PHAC (June 2010, Bourgeois & Han, permission obtained to use data) it was shown that the number of cases of active TB disease has shown an increasing trend over the past 5 years in Nunavut. The report found that71% of all of the active cases recorded in Nunavut between 2005 and 2010 came from two communities, Iqaluit and Cape Dorset. The majority of cases (44%) came from Iqaluit. In this same report, demographic data indicated that over half of the active cases recorded in the past 5 years are attributed to persons between the ages of 15-34 years of age. Given the increasing rate of active TB disease in Nunavut, the TAIMA TB program was developed to enhance certain aspects of the current public health TB program in Iqaluit, Nunavut.

Background of TAIMA TB project

The TAIMA TB project was developed to expand and increase awareness of TB in Iqaluit. It also set out to test a novel approach to latent TB infection screening and treatment through a door-to-door education, screening and treatment campaign in residential areas at high risk for TB. Latent TB infection can develop into active TB disease. Treatment of latent TB infection can significantly diminish the number of people who go on to have active TB disease. TAIMA TB implemented and evaluated this project in Iqaluit with a view to enhance the existing preventative efforts in the fight against tuberculosis (TB) in Nunavut. TAIMA TB is the translation of Stop TB in the local dialect of Inuktitut.

The unique features of the TAIMA TB project include:
• an approach specifically tailored to Inuit, with strong community engagement and active
participation from the community in the development and delivery of the program (TB champions);
• an awareness campaign using present day social media strategies including web based material, as
well as YouTube videos and a Facebook page;
• the introduction and determination of feasibility of a new diagnostic test for latent TB infection
(LTBI);
• a proactive approach to screening and treatment that targets residential areas where residents may
be at high risk for developing TB.
• strong community engagement at every level and stage of the program

The project had two phases. Phase 1 was an intensive community-wide TB awareness campaign which began with a press conference in mid-January and ended when the door to door campaign started. Phase 2 was a door to door education, screening, and treatment campaign targeting households in residential areas at high risk for TB. The education and screening portion

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ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖅ ᐊᒻᒪ ᖃᐅᔨᓴᕐᓂᖅ ᑲᒪᒋᔭᐅᓚᐅᑐᖅ ᑕᖅᑭᓄᑦ ᐱᖓᓲᔪᖅᑐᓄᑦ. ᐃᓅᓕᓴᐅᑎᑐᖅᑎᑦᓯᓂᖅ ᓱᓕ ᑲᔪᓯᔪᖅ ᐊᒻᒪᓗ ᐊᐅᓚᓂᖃᖅᐸᒃᖢᓂ ᑕᖅᑭᓄᑦ 9-ᓄᑦ ᖃᐅᔨᓴᖅᑕᐅᒋᐊᕐᕕᒋᓯᒪᔭᖓᑕ.

ᖃᓄᐃᓕᐅᕐᓂᐊᕐᓂᖏᑦ ᐱᓕᕆᐊᕆᓯᒪᔭᖏᑎᒍᑦ

ᐱᓕᕆᐊᖑᔪᒧᑦ ᑲᔪᓯᑎᑕᐅᑦᑎᐊᖃᑦᑕᓚᐅᖅᐳᑦ ᐊᑐᖅᖢᑎᒃ ᐊᔾᔨᒌᓐᖏᑦᑐᓂᒃ (ᑕᒪᒃᑮᓐᓂᒃ ᐊᑑᑎᖃᑦᑎᐊᖅᑐᓂᒃ ᐅᓄᕐᓂᖏᑎᒍᓪᓗ ᒪᓕᓚᐅᖅᑐᑦ) ᐃᒪᐃᓕᖓᓚᐅᖅᑐᑦ;

• ᐊᑑᑎᖃᑦᑎᐊᕐᓂᖓᓄᑦ ᓇᓗᓇᐃᒃᑯᑏᑦ: ᕿᒥᕐᕈᖃᑦᑕᖅᖢᑎᒃ ᐱᕙᓪᓕᐊᓂᖓᓂᒃ, ᐊᑐᓕᖅᑎᑕᐅᕙᓪᓕᐊᓂᖓᓂᒃ, ᐊᑐᐃᓐᓇᐅᓂᖓᓂᒃ ᐊᒻᒪᓗ ᓈᒻᒪᒋᔭᐅᓂᖏᓐᓂᒃ ᐊᕕᒃᑐᖅᑕᐅᓯᒪᓂᖓ ᐱᓕᕆᐊᖑᔫᑉ, ᖃᐅᔨᒪᓂᖏᑦ ᐊᒻᒪ
ᐅᔾᔨᕈᓱᓐᓂᖏᑦ ᑖᒃᑯᓂᖓ ᑕᓪᓕᒪᐅᔪᓂᒃ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᓱᓕᔫᔪᓂᒃ ᐊᑐᖃᑦᑕᓚᐅᖅᑐᑦ ᓄᓇᓕᖕᓂ ᑲᑎᑎᑦᓯᒐᐃᒐᒥᒃ,
ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᑲᑎᒪᓕᕋᐃᖕᒪᑕ ᐊᒻᒪᓗ ᑎᑎᕋᖅᓯᒪᔪᓂᒃ ᖃᐅᔨᓴᕐᓂᒃᑯᑦ
• ᐅᓄᕐᓂᖏᑎᒍᑦ ᓇᓗᓴᐃᒃᑯᑏᑦ: ᐊᒥᓲᓂᖏᑦ ᐃᓄᐃᑦ ᐳᕙᓪᓗᓐᓴᐅᑉ ᒥᒃᓵᓄᑦ ᐃᓕᓐᓂᐊᖅᑎᑕᐅᔪᑦ ᐊᖏᕐᕋᖏᓐᓂ ᐊᖏᕐᕋᖃᖅᑐᑦ ᐳᕙᓪᓗᖃᑦᑕᖅᑐᑦ ᖁᕝᕙᓯᖃᑦᑕᖅᓯᒪᓂᖏᑦ, ᐊᒥᓲᓂᖏᑦ ᐃᓄᐃᑦ ᖃᐅᔨᓴᖅᑕᐅᔪᑦ ᐊᒻᒪ ᐊᒥᓲᓂᖏᑦ
ᐃᓄᐃᑦ LTBI-ᒧᑦ ᐃᓅᓕᓴᐅᑎᑐᖁᔭᐅᔪᑦ, ᐊᒥᓲᓂᖏᑦ ᐳᕙᓪᓗᒃᑐᑦ ᖃᐅᔨᔭᐅᓚᐅᖅᑐᑦ, ᐊᑑᑎᖃᑦᑎᐊᕈᓐᓇᕐᓂᖓᓂᓪᓗ
IGRA.

ᐱᓕᕆᐊᖑᔪᒧᑦ ᑲᔪᓯᑎᑕᐅᓯᒪᔪᑦ

ᐱᓕᕆᐊᖑᓂᖓ 1 - ᐅᔾᔨᕈᓯᓕᖅᐹᓪᓕᑎᑦᑎᒐᓱᐊᕐᓂᖅ

ᔮᓐᓄᐊᕆ 13, 2011-ᒥ ᒪᐃ 24, 2011-ᒧᑦ (ᑕᖅᑮᑦ ᓯᑕᒪᑦ)

ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᐅᔾᔨᕈᓱᓕᖅᑎᑦᑎᕚᓪᓕᕋᓱᐊᕐᓂᖅ, ᑐᕌᒐᖃᓚᐅᑐᖅ ᐅᔾᔨᕈᓱᓕᖅᑎᑦᑎᕚᓪᓕᕈᒪᓪᓗᑎᒃ ᐳᕙᓪᓗᓐᓇᖅᑐᒥ ᐃᖃᓗᓐᓂᒃ ᐊᑐᖅᖢᑎᒃ ᐊᔾᔨᒌᓐᖏᒃᑐᓂᒃ ᓄᓇᓖᑦ ᖃᐅᔨᒪᓂᖏᑎᒍᓪᓗ ᐳᕙᓪᓗᓐᓇᐅᑉ ᒥᒃᓵᓄᑦ ᑕᒪᒃᑮᓐᓂ ᐃᓄᒃᑎᑐᑦ ᖃᓪᓗᓈᑎᑐᓪᓗ. ᐅᔾᔨᕈᓱᓕᖅᑎᑦᑎᕙᓪᓕᐊᓇᓱᐊᕐᓂᒃᑯᑦ ᑐᓴᒐᒃᓴᖃᖃᑦᑕᓚᐅᖅᑐᑦ ᐳᕙᓪᓗᓐᓇᖅᑑᑉ ᒥᒃᓵᓄᑦ ᑐᓴᕋᑦᓴᓂᒃ ᐅᖃᐅᓯᐅᖃᑦᑕᖅᓯᒪᔪᓂᒃ ᐃᓄᐃᑦ ᑲᑐᔾᔨᖃᑎᒌᓐᓂᕆᓲᖏᑎᒍᑦ ᖃᐅᔨᒪᔭᒥᓐᓂᒃ, ᐃᓄᐃᑦ ᐅᖃᐅᓯᖓᑎᒍᑦ (ᐃᓄᒃᑎᑐᑦ)
ᐃᓱᒪᒋᒋᐊᖅᑐᒋᑦ ᐳᕙᓪᓗᖃᑦᑕᖅᓯᒪᓂᖏᑦ ᐃᓄᐃᑦ ᑲᓇᑕᒥ.

ᓄᓇᓕᖕᓂ ᑲᑎᑎᑦᓯᖃᑦᑕᕐᓂᖅ
ᖃᐅᔨᒪᓂᖏᑦ ᑐᑭᓯᐅᒪᓂᖏᓪᓗ ᓄᓇᓕᐅᑉ ᐳᕙᓪᓗᓐᓇᖅᑑᑉ ᒥᒃᓵᓄᑦ ᖃᐅᔨᓴᖅᑕᐅᓚᐅᑐᖅ ᐊᔾᔨᒌᖏᑦᑐᓂᒃ ᑲᑎᑎᑦᑎᖃᑦᑕᕐᓂᒃᑯᑦ. ᑲᑎᑎᑦᓯᖃᑦᑕᕐᓂᒃᑯᑦ ᖃᐅᔨᓚᐅᕐᒥᔪᑦ ᐳᕙᓪᓗᓐᓇᖅᑐ ᓱᓕ ᐅᖃᐅᓯᐅᔪᒪᓗᐊᖃᑦᑕᖏᓐᓂᖓᓂᒃ ᐃᖃᓗᓐᓂ. ᐃᓄᐃᑦ ᐃᓱᒫᓗᖃᑦᑕᕐᒪᑕ ᓄᓇᖅᑲᑎᒥᓄᑦ ᖃᐅᔨᔭᐅᒍᑎᒃ ᐳᕙᓪᓗᓐᓂᖏᓐᓂᒃ ᐃᒃᐱᒋᔭᐅᒍᓐᓃᕐᓂᐊᖅᑐᒋᖃᑦᑕᕐᒪᑕ. ᑲᑎᒪᖃᑕᐅᔪᑦ ᐅᖃᖃᑦᑕᓚᐅᕐᒥᔪᑦ ᖃᓄᐃᑦᑕᐃᓕᕐᒧᑦ ᑐᓴᒐᒃᓴᓕᐊᖑᔪᑦ ᐃᓄᖕᓃᓐᖔᖔᖃᑦᑕᖅᐸᑕ ᐋᓐᓂᐊᖅᑐᓕᕆᔩᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᖏᓐᓂᐅᖏᑦᑐᖅ. ᖃᐅᔨᒪᓂᖏᑦ ᐅᔾᔨᕐᓇᓪᓚᕆᒃᑐᒥᒃ ᐅᖓᓯᒌᓐᓂᖃᓚᐅᕐᒥᔪᑦ ᐊᒥᓱᑦ ᑲᑎᒪᖃᑕᐅᔪᖅ ᖃᐅᔨᒪᓚᐅᖏᒻᒪᑕ ᐊᔾᔨᒌᙱᓐᓂᖏᑦ LTBI ᐊᒻᒪ ᐆᒻᒪᔪᒥᒃ ᐳᕙᓪᓗᓐᓂᖅ. ᑐᓴᒐᒃᓴᐅᖁᔭᐅᔪᖅ ᑖᒃᑯᓇᓐᖓᑦ ᑲᑎᒪᖃᑕᐅᔪᓂᒃ ᐱᒋᐊᖅᑎᑕᐅᓚᐅᕐᑐᖅ.

ᑐᓴᒐᑦᓴᓕᐊᖅ

ᑐᑭᓕᐊᖑᓂᖓ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᖃᐅᔨᒪᔭᐅᓕᖅᐹᓪᓕᖁᓪᓗᒍ ᓄᓇᓕᖕᓂ ᐃᒪᐃᓕᖓᔪᒥᒃ ᐅᖃᐅᓯᖃᓚᐅᖅᑐᑦ (ᑭᑉᐹᕆᑦᑐᖅ 1)

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of phase 2 took 6 months. The treatment portion of this phase is ongoing and will last 9 months from the end of screening.

Measures of Project Outcomes

Project achievements were measured using mixed methods (both qualitative and quantitative outcome measurements) as follows:

• Qualitative markers: review of the development, implementation, accessibility, and satisfaction of both phases of the project, knowledge and awareness of the 5 TB facts using community focus
groups, TAIMA TB team reflection meeting, and document analysis

• Quantitative markers: number of people who received TB education at home by the program in residential areas at high risk for TB, number of people screened and number of people who were recommended LTBI treatment, number of active TB cases detected, the precision of target
residential areas at high risk for TB disease in the detection of active TB disease and the feasibility
of the Interferon Gamma Release Assay (IGRA)

Project Achievements

PHASE 1 – GENERAL TB AWARENESS CAMPAIGN

January 13, 2011 – May 24, 2011 (4 months)

The TAIMA TB general awareness campaign, aimed to expand and increase awareness of TB in the community of Iqaluit through a multifaceted approach to empower community members with TB knowledge in both Inuktitut and English. The resulting awareness campaign produced key TB messages that were presented orally as per Inuit tradition for the sharing of information, in the local Inuit language (Inuktitut) with consideration of the historical context of TB among Canadian Inuit .

Community Focus Group

Knowledge and perception of tuberculosis in the community was explored through a focus group of community members. This focus group revealed that the stigma of TB is still quite present in Iqaluit. People are worried that the community will avoid them if they
have TB. Focus group members expressed a preference for
receiving information about health issues from other Inuit
rather than health care professionals. A significant knowledge
gap identified by focus group members was that many do not
know the difference between LTBI and active TB disease. Key project messaging was also piloted in this community focus group.

Messaging

The translation of TB knowledge to address gaps in knowledge in the community took the form of a slogan (Box 1)

Quotes from community focus group:

“It is better if health messages come from Inuit
rather than health care professionals”

“It is easier for Inuit to relate to other Inuit”

BOX 1: TAIMA TB Slogan

You may not know you have TB – get
tested, get treated before you get sick

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ᑭᑉᐹᕆᑦᑐᖅ 1: ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᑐᓴᕋᑦᓴᖅ
ᖃᐅᔨᒪᙱᑐᐃᓐᓇᕆᐊᖃᖅᑐᑎᑦ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᕈᕕᑦ - ᖃᐅᔨᓴᖅᑕᐅᒋᑦ, ᐃᓅᓕᓴᐅᑎᑐᕐᓂᐊᕋᕕᑦ
ᖃᓂᒻᒪᓚᐅᖏᓂᕐᓂ

ᐊᒻᒪᓗ ᑕᓪᓕᒪ ᑐᓴᒐᒃᓴᐅᖁᔭᐅᔪᑦ ᐳᕙᓪᓗᓐᓇᐅᑉ ᒥᒃᓵᓄᑦ (ᑭᑉᐹᕆᑦᑐᖅ 2). ᐅᖃᐅᓯᖓ ᑐᓴᒐᒃᓴᖓᓗ ᕿᑎᐊᓃᑎᑕᐅᓕᖅᖢᓂ ᑐᑭᓯᒃᑲᓐᓂᕈᑎᒃᓴᐅᔪᓂ ᐊᑐᐃᓐᓇᐅᑎᑕᐅᔪᑦ ᓄᓇᓕᖕᓂ. ᑖᒃᑯᐊ ᑕᓪᓕᒪᑦ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᓱᓕᔫᔪᑦ ᒪᓕᓚᐅᖅᑐᑦ ᓯᒪᕐᔪᐊᒥ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᑐᔾᔨᖃᑎᒌᒃᑯᑦ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᓱᓕᔪᖁᑎᖏᑦ. ᑖᒃᑯᐊ ᓱᓕᔪᑦᐃᓕᔭᐅᓚᐅᖅᑐᑦ ᐃᓄᒃᑎᑐᑦ ᐊᒻᒪᓗ ᖃᓄᐃᑦᑑᖃᑦᑕᖅᓯᒪᓂᖏᑕ ᐃᓗᓕᖏᑦ ᑖᒃᑯᓂᖓ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᖅ ᑐᑭᒧᐊᑦᑎᑦᓯᔨᐅᓪᓗᑎ ᑲᑎᒪᔨᕋᓛᖏᓐᓄᑦ. ᐃᓄᒃᑎᑑᓕᐊᕆᔭᐅᓪᓗᑎᒃ ᑲᑐᔾᔨᖃᑎᖃᖅᖢᑎᒃ ᓄᓇᕗᑦ ᑐᙵᕕᒃ ᑎᒥᖓᓐᓂᒃ (NTI).
ᓱᓕᔪᑦ ᐱᒋᐊᕈᑕᐅᓚᐅᖅᑐᑦ ᓄᓇᓕᖕᓂ ᑲᑎᒪᑎᑕᐅᔪᓄᑦ ᐊᒻᒪᓗ ᐅᖃᐅᓯᕆᔭᐅᔪᑦ ᐃᓚᓕᐅᔾᔭᐅᓪᓗᑎᒃ ᐱᓕᕆᐊᖑᔪᒧᑦ. ᑖᒃᑯᐊ ᓱᓕᔪᑦ ᑐᓴᒐᒃᓴᓕᐊᖑᓕᖅᖢᑎᒃ ᓄᓇᓕᖕᓄᑦ ᐊᑐᖅᖢᒋᑦ ᖃᕆᑕᐅᔭᒃᑯᑦ Facebook, YouTube-ᑯᓪᓗ ᑕᕐᕆᔮᒃᓴᐃᑦ, ᑖᓐᓇ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᖅ ᑐᙵᕕᒃᑯᑦ ᐃᑭᐊᕐᕆᕕᐊᒍᑦ, ᐊᒻᒪ ᓄᓇᓕᖕᓂ ᑲᑎᑎᑦᓯᓂᒃᑯᑦ.
ᐱᓕᕆᐊᖑᓂᖏᑦ ᑖᒃᑯᐊ ᑕᓪᓕᒪᑦ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᓱᓕᔪᑦ ᕿᒥᕐᕈᔭᐅᓚᐅᖅᑐᑦ ᓄᓇᓕᖕᓂ ᑲᑎᒪᑎᑦᓯᓂᒃᑯᑦ ᐱᓕᕆᐊᖑᔪᒧᑦ ᐃᓚᐅᖃᑕᐅᔪᓂᒃ. ᐊᒥᓲᓂᖅᓴᐃᑦ ᐃᓚᐅᖃᑕᐅᔪᑦ ᐃᖅᑲᐅᒪᔪᓐᓇᖃᑦᑕᓚᐅᖏᑦᑐᑦ ᓱᓕᔪᖁᑎᑦᑎᓐᓂᒃ ᑭᓯᐊᓂ ᐃᓚᖏᓐᓂᒃ ᐃᖅᑲᐅᒪᒐᓗᐊᖅᖢᑎᒃ. ᓱᓕᔪᖁᑎᕗᑦ ᐃᖅᑲᐅᒪᔭᒐᓕᐊᕆᓚᐅᖏᑕᕗᑦ ᑭᓯᐊᓂ ᐃᓗᓕᖏᑦ ᐱᓕᕆᐊᕆᓂᖅᓴᕆᓪᓗᒋᑦ ᐊᒻᒪᓗ ᐊᔾᔨᒌᖑᔫᒥᔪᒥᒃ ᑐᓴᒐᒃᓴᓕᐅᕈᑎᒋᓪᓗᒋᑦ ᐅᖃᖃᑎᖃᕐᓂᐊᑎᓪᓗᑕ ᓄᓇᖃᖅᑐᓂᒃ ᐅᖃᖃᑎᒌᓐᓂᕐᒧᓪᓗ ᐱᒋᐊᕈᑎᒋᕙᒃᑐᒋᑦ.

ᑭᑉᐹᕆᑦᑐᖅ 2: 5 ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᐅᑉ ᓱᓕᔪᖁᑎᖏᑦ
1. ᐳᕙᓪᓗᓐᓇᖅ ᐱᓕᕆᐊᖑᕙᒃᑐᖅ ᓄᓇᕗᒻᒥ ᐊᒻᒪ ᒪᒥᑎᒐᑦᓴᐅᓪᓗᓂ.

2. ᐃᓄᐃᑦ ᐳᕙᓪᓗᒃᑐᑦ ᐋᓐᓂᐊᕈᓐᓇᖅᐳᑦ ᖁᐃᖅᓱᐃᓇᕐᓗᑎᒃ, ᓴᓗᒃᑎᓪᓗᑎᒃ, ᐅᓐᓄᐊᒃᑯᑦ ᑭᐊᒃᑭᑕᕐᓗᑎᒃ
ᐅᕝᕙᓘᓐᓃᑦ ᐆᓇᖃᑦᑕᕐᓗᑎᒃ.
3. ᐊᓯᓐᓂᒃ ᐊᐃᑦᑐᐃᔪᓐᓇᖅᐳᑎᒃ ᐳᕙᓪᓗᑯᕕᑦ ᐱᔾᔪᑎᒋᓪᓗᒍ ᐳᕙᓪᓗᓐᓇᖅ ᐊᓂᕐᓂᒃᑯᑦ ᐊᐃᑦᑐᓘᑕᐅᕙᖕᒪᑦ

4. ᖃᓂᒋᔭᓐᓂᒃ ᐳᕙᓪᓗᑦᑐᖃᖅᐸᑦ, ᐊᐃᑦᑐᖅᑕᐅᔪᓐᓇᖅᐳᑎᑦ ᐳᕙᓪᓗᓐᓇᖅᑐᒥᒃ ᐆᒻᒪᐅᖏᑦᑐᒥᒃ
ᐳᕙᓪᓗᓐᓇᖅᑐᑖᕐᓗᑎᑦ.
5. ᐃᓄᐃᑦ ᐆᒻᒪᐅᖏᑦᑐᒥᒃ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᖅᐸᑕ ᐊᐃᑦᑑᑎᒋᔪᓐᓇᖏᑕᖓ ᑭᓯᐊᓂ
ᐃᓅᓕᓴᐅᑎᑐᕈᑎᒋᒋᐊᖃᖅᑕᖓ ᓄᓇᕗᒻᒥ ᓴᐳᔾᔭᐅᓯᒪᖁᓪᓗᒍ ᐳᕙᓪᓗᓐᓇᖅᑐᕆᔭᖓ ᐆᒻᒪᕈᖁᓇᒍ.

ᑐᓴᐅᑎᓕᕆᔨᓂᒃ ᐃᓚᐅᑎᑦᓯᓂᖅ
ᖃᐅᔨᓴᕐᓂᖅ ᐱᓕᕆᐊᖑᔪᒧᑦ ᑕᑯᒃᓴᐅᑎᑕᐅᓚᐅᕐᑐᖅ ᓄᓇᓕᖕᓂ, ᐊᕕᒃᑐᖅᓯᒪᓂᐅᔪᒥ ᐊᒻᒪᓗ ᑲᓇᑕᒥ ᑐᓴᒐᒃᓴᑎᒍ. ᑐᓴᒐᒃᓴᓕᐅᖅᑏᑦ ᐊᑐᖅᑕᐅᒻᒪᕆᓚᐅᖅᑐᑦ ᓄᓇᓕᖕᓂ ᐳᕙᓪᓗᓐᓇᐅᑉ ᒥᒃᓵᓄᑦ ᑐᓴᖅᑎᑦᓯᒍᑕᐅᓪᓗᓂ. ᓈᓚᐅᑏᑦ, ᐱᓗᐊᖅᑐᒥᒃ,
ᐱᒻᒪᕆᐅᒻᒪᑦ ᑐᓴᐅᒪᑎᑦᓯᓂᕐᒧᑦ ᐅᑭᐅᖅᑕᖅᑐᒥ ᓄᓇᓕᐅᔪᓄᑦ. ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᐱᓕᕆᔪᑦ ᐊᑐᖃᑦᑕᒻᒪᕆᓚᐳᖅᑐᑦ

ᑐᓴᒐᒃᓴᓕᐅᖅᑎᓂᒃ, ᐃᓚᒋᓪᓗᒋᑦ ᓈᓚᐅᑏᑦ, ᐅᖃᓕᒫᒐᐃᑦ, ᑏᕖ ᐊᒻᒪ ᖃᕆᑕᐅᔭᖅ, ᑐᓴᖅᑎᑦᓯᒍᑕᐅᓪᓗᑎᒃ ᓄᓇᓕᐅᔪᒥᒃ. ᑐᓴᒐᒃᓴᓕᐅᖅᑎᓂᒃ ᐃᓚᐅᑎᑦᓯᒋᐊᐊᓯᓚᐅᖅᑐᑦ ᔮᓐᓄᐊᕆ 13, 2011-ᒥ, ᑐᓴᒐᒃᓴᓕᕆᔩᑦ ᑐᓴᖅᑎᑕᐅᑎᓪᓗᒋᑦ ᓯᕗᓕᖅᑏᑦ ᐊᔾᔨᒌᖏᒃᑐᑦ ᓄᓇᓕᖕᓂ ᑐᓴᒐᒃᓴᓕᐊᖏᓐᓄᑦ. ᓕᐅᓇ ᐊᒡᓘᒃᑲᖅ (ᒐᕙᒪᑐᖃᒃᑯᓐᓄᑦ ᒥᓂᔅᑕᐅᔪᖅ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᑎᒪᔨᕐᔪᐊᖑᖃᑕᐅᓪᓗᓂ ᓄᓇᕗᒻᒧᑦ), ᑳᑎ ᑕᐅᑐᙱ (ᐊᖏᔪᖅᑳᖓ ᓄᓇᕗᑦ ᑐᙵᕕᒃᑯᑦ) ᐊᒻᒪ ᓘᒃᑖᖅ ᔨ.ᔨ. ᐊᓪᕕᐅᕆᔅ (ᑐᑭᒧᐊᑎᑦᑎᔨ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ) ᐅᖃᖃᑎᖃᓚᐅᖅᑐᑦ ᓄᓇᓕᖕᓂ, ᐊᕕᒃᑐᖅᓯᒪᓂᐅᔪᒥ ᐊᒻᒪ ᑲᓇᑕᒥ ᑐᓴᒐᒃᓴᓕᐅᖅᑎᓄᑦ ᓴᖅᑮᓪᓗᑎᒃ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᐱᓕᕆᐊᕆᓂᐊᖅᑕᖓᓂᒃ.

YouTube-ᑯᑦ ᑕᕆᔭᒐᒃᓴᓕᐅᕐᓂᖅ

ᓄᓇᖃᖅᑐᑦ ᑕᕆᔮᒃᓴᓕᐅᖁᔭᐅᓚᐅᖅᑐᑦ ᐃᓄᒃᑎᑐᑦ/ᖃᓪᓗᓈᑎᑐᑦ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᐅᑉ ᓱᓕᔪᖁᑎᖏᓐᓂᒃ. ᑖᒃᑯᐊ YouTube-ᑯᑦ ᑕᕐᕆᔭᒐᒃᓴᓕᐊᖑᔪᑦ ᐱᔾᔪᑎᖃᖅᓯᒪᔪᑦ ᐃᑲᔪᖅᑐᐃᔾᔪᑕᐅᓂᐊᕐᓗᑎᒃ ᐊᒻᒪ ᐊᑐᖅᑕᐅᓂᐊᕐᓗᑎᒃ ᐃᓄᐃᑦ ᐅᖃᐅᓯᕐᒥᒍᑦ ᐊᒥᖅᑳᖃᑎᒌᓲᖑᓂᖏᑦ ᖃᐅᔨᒪᔭᒥᓂᒃ. ᑕᕐᕆᔮᑦ ᓴᓇᔭᐅᓯᒪᔪᑦ ᑕᑯᒃᓴᐅᑎᑦᓯᓪᓗᑎᒡᓗ ᓄᓇᓕᓐᓂᒥᐅᑕᐅᔪᓄᑦ. ᑕᕐᕆᔮᒃᓴᓕᐊᖑᓯᒪᔪᑦ ᓱᓕᔪᓂᒃ ᐃᓗᓕᓖᑦ ᓴᖅᑭᑕᐅᓚᐅᖅᑐᑦ ᓄᓇᓕᖕᓄᑦ ᑕᕝᕙᓂ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᓕᕆᔩᑦ

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and 5 key messages about TB (Box2). The slogan and messages then became the centerpiece of information provided to the community.
The 5 TAIMA TB facts were based on the
World Health Organization TB facts. The facts
were put into the Inuit cultural and historical
context by the TAIMA TB steering committee.
They were translated into the local language by our partner Nunavut Tunngavik Inc (NTI).
The facts were piloted at the community focus group and comments were integrated into the final product. The facts were then communicated to the community using Facebook, YouTube videos, the TAIMA TB NTI website, and a community gathering.
Uptake of the 5 TB facts in the community was evaluated through a focus group of project participants. Most participant focus group members could not recall the
facts by memory but
retained key concepts that
resonated with them. The
facts were not meant for
memorizing but more for the
concepts and also to
standardize the messaging as a check list to discuss with community members and to have a conversation
starter.

Media Engagement

The research project received local, territorial and national media attention. The media was a key channel for disseminating TB knowledge to the community. Radio, in particular, is an important source of information in Arctic communities. The TAIMA TB project took advantage of many forms of news media, including radio, newspaper, TV and internet, to get the message to the community. Media engagement began on January 13, 2011 with a press conference with several levels of leadership in the community. The Honorable Leona Aglukkaq (Federal Health Minister and Member of Parliament, Nunavut), the Honorable Tagak Curley (Territorial Minister of Health and Social Services), Cathy Towtongie (President of Nunavut Tunngavik (NTI)) and Dr. G.G. Alvarez (PI and Director of TAIMA TB) spoke to the local, territorial and national media to introduce the TAIMA TB research project.

YouTube Video Challenge

Community members were asked to develop videos in Inuktitut/English about TAIMA TB facts.
YouTube videos were intended to support and use the oral Inuit tradition for information sharing. The
videos are made by and feature local
community members. The videos
about the facts were then
presented to the community at the
TAIMA TB

BOX 2: 5 TAIMA TB Facts

1. TB is treated here in Nunavut and is curable.

2. People who are sick with active TB disease can have chronic
cough, weight loss, night sweats or fever.

3. You can infect other people if you have active TB disease in your lungs because TB spreads through the air.

4. If you are close with someone who has active TB disease, you can become infected with TB germs and develop sleeping TB infection.

5. People with sleeping TB infection are not contagious but should be treated with medication in Nunavut to prevent getting sick with active disease.

Quote from participant focus group:

“Because they use actual people not actors that have experienced this. I
think that is important to get stuff across when you see someone you
know than just a video clip that is done by an advertisement.”

Quote from Participant Focus Group:

“I know this is one of the five facts—I cannot remember how it was worded, but it was something about the fact that it is totally curable. I think that is one thing that I learned from Taima TB. It is a condition that can be treated and effectively cleared if you get treatment; it is not a death sentence.”

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ᓂᕆᕕᔾᔪᐊᑎᑦᓯᑎᓪᓗᒋᑦ. ᑕᕐᕆᔮᒃᓴᐃᑦ ᐊᑐᖅᑕᐅᓚᐅᕐᒥᔪᑦ ᐊᖏᕐᕋᕆᔭᐅᔪᓂᒃ ᐳᓚᕋᓐᓂᖃᖅᑎᓪᓗᒋᑦ ᐱᓕᕆᐊᖑᔪᖅ 2 ᑲᒪᒋᔭᐅᓕᖅᑎᓪᓗᒍ ᐊᑐᖅᖢᑎᒃ ᐋᖅᑭᒋᐊᕐᕕᖃᕈᓐᓇᖅᑐᒥᒃ ᐊᒻᒪᓗ ᐊᔾᔨᒌᒃᓴᐃᓐᓇᕐᒥᒃ ᑐᓴᒐᒃᓴᖁᑎᖓᓂᒃ. ᐱᓕᕆᐊᖓ 2 ᑲᒪᒋᔭᐅᓕᖅᑎᓪᓗᒍ, ᑲᑎᒪᑎᑦᓯᖃᑦᑕᓚᐅᕐᒥᔪᑦ ᐅᖃᐅᓯᖃᖅᖢᑎᒃ ᑕᕐᕆᔮᒃᓴᓂᒃ. ᐃᒻᒪᕆᐅᒋᔭᐅᓚᐅᑐᖅ ᐃᓚᐅᑎᑕᐅᓯᒪᓂᖏᑦ ᓄᓇᓖᑦ ᑕᕐᕆᔮᓕᐅᖅᑎᓪᓗᒋᑦ.

Facebook-ᑯᑦ ᑕᑯᒃᓴᐅᑎᑕᐅᔪᖅ
ᑲᑎᒪᓂᖃᖅᑎᓪᓗᒋᑦ ᑭᖑᓂᐊᒍᑦ ᐃᓕᓐᓂᐊᑎᑦᓯᓂᕆᓚᐅᖅᑕᖓᑕ ᖃᐅᔨᓴᕐᓂᕆᓚᐅᖅᑕᖓᑕᓗ ᐱᓕᕆᐊᖑᓂᖓ 2, ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᐅᑉ ᐃᖅᑲᓇᐃᔭᖅᑎᖏᑦ ᐊᑐᒃᑲᓐᓂᕈᓐᓇᖅᑐᒋᓚᐅᖅᑐᑦ ᑖᒃᓱᒥᖓ ᑐᓴᐅᑎᐅᔪᒥᒃ. ᑕᒪᓐᓇ Facebook-ᑯᑦ ᑐᓴᒐᒃᓴᖃᖅᑎᑦᓯᓂᖅ ᐱᐅᒋᔭᐅᖃᑦᑕᓚᐅᑐᖅ ᑲᑎᒪᖃᑕᐅᔪᓄᑦ. ᑖᒃᑯᐊ ᑲᑎᒪᖃᑕᐅᔪᑦ ᐊᐳᕈᑕᐅᖃᑦᑕᓚᐅᕐᒥᔪᖅ Facebook-ᒥᒃ ᐊᑐᖅᑐᓄᑦ ᑭᓇᐅᓂᖓᓂᒃ ᖃᐅᔨᒪᔭᐅᖏᒧᑦ ᐊᐅᓚᑦᓯᔪᖅ ᑐᓴᒐᒃᓴᖃᕐᕕᖕᒥ ᐱᖃᑎᑖᕆᔭᐅᔪᒪᕙᓚᐅᖏᒻᒪᑕ ᖃᐅᔨᒪᖏᓂᕐᒥᓄᑦ ᐊᐅᓚᑦᓯᔨᒥᒃ. ᐃᓚᖏᑦ ᐊᐳᕈᑕᐅᕙᓚᐅᖅᑐᑦ Facebook-ᒥ ᐱᔭᕆᐊᑐᓂᖓ ᓇᓗᓇᐃᖅᓯᓇᓱᐊᖅᖢᓂ ᑭᒃᑯᓐᓂ ᐊᑐᖅᑕᐅᓂᖓ ᐊᒻᒪᓗ ᐊᒃᑐᐃᓂᕆᔭᖓ.

ᐃᑭᐊᖅᑭᕕᐊ (http://www.tunngavik.com/taimatb/)
ᐃᑭᐊᖅᑭᕕᐊ ᓴᖅᑭᑕᐅᓚᐅᑐᖅ ᑲᑐᔾᔨᖃᑎᑦᑎᓐᓄᑦ, ᑐᙵᕕᒃᑯᓐᓄᑦ, ᐊᑐᖅᑕᐅᓚᐅᖅᑐᓂᓗ ᑐᑭᓯᒋᐊᒃᑲᓂᕐᕕᐅᔪᓐᓇᖅᑐᓂ ᓄᓇᖃᖅᑐᓄᑦ ᐊᒻᒪ ᑭᒃᑯᑐᐃᓐᓇᕐᓄᑦ ᐱᓕᕆᐊᕆᔭᑦᑎᓐᓂᒃ. ᐃᑭᐊᖅᑭᕕᒃ ᐃᓚᖃᖅᑐᖅ Facebook-ᒥᒃ ᐊᒻᒪ YouTube-ᑯᑦ

ᑕᕐᕆᔭᕐᕕᒃᓴᓂᒃ, 5 ᐳᕙᓪᓗᓐᓇᐅᑉ ᒥᒃᓵᓄᑦ ᓱᓕᔪᖁᑎᕗᑦ, ᐊᐱᖅᑯᑕᐅᒐᔪᑦᑐᑦ ᐳᕙᓪᓗᓐᓇᐅᑉ ᒥᒃᓵᓄᑦ ᐊᒻᒪᓗ ᐱᒻᒪᕆᐅᒋᔭᕗᑦ ᑐᑭᓯᒋᐊᒃᑲᓂᕐᕕᒃᓴᐃᑦ ᐳᕙᓪᓗᓐᓇᐅᑉ ᒥᒃᓵᓄᑦ ᐃᓚᖃᖅᑐᑎᒃ ᑭᒃᑯᑐᐃᓐᓇᕐᓄᑦ ᐋᓐᓂᐊᖅᑐᓕᕆᔨᔾᑦ ᑲᓇᑕᒥ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᐃᑭᐊᖅᑭᕕᐊ, ᓯᒪᕐᔪᐊᒥ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᑲᑐᔾᔨᖃᑎᒌᑦ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᐃᑭᐊᖅᑭᕕᐊ ᐊᒻᒪᓗ ᑲᑐᔾᔨᖃᑎᒋᔭᑦᑕ
ᐃᑭᐊᖅᑭᕕᖏᑦ.

ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᓕᕆᔩᑦ ᐃᓄᒃᓯᐅᑎᓂᒃ ᓂᕆᕕᔾᔪᐊᑎᑦᓯᓂᖓ
ᖃᓂᒋᔮᓂ 150 ᐃᓄᐃᑦ ᓂᕆᕕᔾᔪᐊᕆᐊᖅᑐᓚᐅᖅᑐᑦ ᓄᓇᓕᖕᓂ ᓂᕆᕕᔾᔪᐊᑎᑦᓯᖃᑎᖃᖅᑎᓪᓗᑕ ᑲᑐᔾᔨᖃᑎᒋᔭᑦᑎᓐᓂᒃ, ᓄᓇᕗᑦ ᑐᙵᕕᒃᑯᓐᓂ. ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᓕᕆᔩᑦ ᐱᓕᕆᐊᖓᓗ ᓴᖅᑭᑕᐅᓚᐅᖅᑐᑦ. ᑖᒃᑯᐊ YouTube-ᑯᑦ ᑕᕐᕆᔭᒐᒃᓴᐃᑦ ᓴᓇᔭᐅᓚᐅᖅᑐᑦ ᓄᓇᖃᖅᑐᓄᑦ. ᓵᓚᒃᓴᖅᑐᑦ YouTube-ᑯᑦ ᑕᕐᕆᔭᒐᒃᓴᓕᐊᖑᔪᓄᑦ ᑐᓂᕐᕈᓯᐊᖅᑎᑕᐅᓪᓗᑎᒃ.

ᐅᔾᔨᕈᓱᓕᖅᑎᑦᑎᕙᓪᓕᐊᓇᓱᐊᕐᓂᐅᑉ ᐱᓕᕆᐊᖑᓕᕐᓂᖓ ᐃᓄᖕᓄᑦ

ᓴᖅᑭᑕᐅᕙᓪᓕᐊᑎᓪᓗᒍ (ᑐᓴᒐᒃᓴᓕᕆᔩᑦ ᐃᓚᐅᑎᓪᓗᒋᑦ) ᐊᒻᒪ ᐊᑐᓕᖅᑎᑕᐅᕙᓪᓕᐊᓂᖓ ᐅᔾᔨᕈᓱᓕᖅᑎᑦᑎᕙᓪᓕᐊᓂᐅᑉ, LTBI-ᒧᑦ ᖃᐅᔨᓴᖅᑕᐅᔪᒪᔪᑦ ᐅᓄᖅᓯᕚᓪᓕᖅᓯᒪᔪᑦ. ᐃᓗᐊᓂ ᖃᐅᔨᓴᕐᓂᕆᔭᑦᑕ, LTBI-ᒧᑦ ᖃᐅᔨᓴᖅᑕᐅᔪᑦ ᓇᖕᒥᓂᖅ ᐅᖁᒪᐃᓐᓂᕐᓂᐊᕕᓕᐊᖃᑦᑕᓚᐅᖅᑐᑦ “ᐃᓯᕐᔫᒥᑐᐃᓐᓇᖅᑐᑎᒃ” ᖃᐅᔨᓴᖅᑕᐅᔪᒪᓂᕐᒧᑦ LTBI-ᖃᓐᖏᒃᑲᓗᐊᕐᒪᖔᑕ. ᐃᓯᕐᔫᒥᑐᐃᓐᓇᖅᑐᑎᒃ ᖃᐅᔨᓴᖅᑕᐅᔭᖅᑐᖅᑐᑦ ᐅᓄᖅᓯᕚᓪᓕᖅᓯᒪᓚᐅᑐᑦ 25-ᓂᒃ ᑕᖅᑭᑕᒫᑦ ᐊᕐᕌᒍᐃᑦ ᓯᑕᒪᑦ ᐃᓗᐊᓂ ᑖᓐᓇ ᓴᖅᑭᑕᐅᓚᐅᖅᑎᓐᓇᒍ ᐅᔾᔨᕈᓱᓕᖅᑎᑦᑎᕚᓪᓕᕋᓱᐊᕐᓂᖅ ᑕᒫᓃᒐᔪᓕᓚᐅᖅᑐᑦ 50 ᑕᖅᑭᑕᒫᑦ ᐅᔾᔨᕈᓱᓕᖅᐹᓪᓕᖅᑎᑦᑎᓇᓱᐊᖅᓯᒪᓕᖅᑎᓪᓗᑕ. ᐱᓕᕆᐊᖑᓂᓕᒫᖓᓂ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᖅ, ᐃᖃᓗᓐᓂ ᐅᖁᒪᐃᓐᓂᕐᓂᐊᕐᕕᐅᑉ ᐳᕙᓪᓗᓐᓇᖅᑐᓕᕆᔨᖏᑦ ᐱᓕᕆᓂᖏᑦ ᑲᔪᓯᓐᓇᖅᑐᑦ ᖃᐅᔨᓴᖃᑦᑕᖅᑐᑎᒃ ᑲᑎᖃᑦᑕᖅᓯᒪᔭᖏᓐᓂᒃ ᖃᐅᔨᓇᓱᐊᕐᓂᒃᑯᑦ, ᐃᖅᑲᓇᐃᔭᕐᕕᖏᓐᓂᒃ ᖃᐅᔨᓴᕐᓂᒃᑯᑦ, ᐃᓱᕐᔫᒥᑐᐃᓐᓇᖅᑐᓂᒃ ᖃᐅᔨᓴᕐᓂᖅ, ᐊᒻᒪᓗ ᐃᓕᓐᓂᐊᕆᐊᓛᓕᓵᖅᑐᓂᒃ ᖃᐅᔨᓴᕐᓂᒃᑯᑦ ᐃᓚᖃᖅᑎᑕᐅᓪᓗᑎᒃ ᐳᕙᓪᓗᓐᓇᖅᑐᒧᑦ ᑐᑭᓯᐅᒪᔾᔪᑎᒃᓴᐃᑦ ᐃᓕᓐᓂᐊᕐᕕᐊᓗᖕᒥ ᓯᓚᕐᔪᐊᒥ ᐳᕙᓪᓗᓐᓇᐅᑉ ᐅᓪᓗᖓᓂ. ᐃᓄᐃᑦ ᐃᓯᕐᔫᒥᑐᐃᓐᓇᖃᑦᑕᓚᐅᖅᑐᑦ ᐅᖁᒪᐃᓐᓂᕐᓂᐊᕐᕕᖕᒧᑦ ᐊᐱᕆᔭᐅᖃᑦᑕᓚᐅᖏᑦᑐᑦ ᖃᓄᐃᒻᒪᑦ ᖃᐅᔨᓴᖅᑕᐅᔪᒪᓕᕐᒪᖔᑕ. ᐊᐃᕙᐅᑕᐅᔪᓐᓇᕐᒥᔪᖅ ᐅᓄᖅᓯᕚᓪᓕᖅᓯᒪᓂᖏᑦ ᐳᕙᓪᓗᒃᑐᑦ ᓄᓇᓕᖕᒥ ᐅᓄᖅᓯᒋᐊᕈᑕᐅᓯᒪᑐᐃᓐᓇᕆᐊᓕᒃ ᐃᓱᕐᔫᒥᑐᐃᓐᓇᖅᑐᑎᒃ ᖃᐅᔨᓴᖅᑕᐅᔭᖅᑐᖅᑐᓄᑦ ᓇᓗᓇᐃᖅᑕᐅᓯᒪᓂᖏᒃᑲᓗᐊᕈᑎᒃ ᑲᑎᓯᔪᓂᐅᓂᖏᓐᓂᒃ ᐳᕙᓪᓗᑦᑐᒥᒃ. ᖃᐅᔨᓴᕐᓂᖃᖅᑎᓪᓗᑕ ᐅᓄᖏᓂᖅᓴᐅᔮᓕᖔᖅᓯᒪᔪᑦ ᐳᕙᓪᓗᖃᖅᑕᖅᑐᑦ. ᑕᒪᓐᓇ ᐅᓄᖅᓯᒋᐊᖅᓯᒪᓂᖏᑦ ᖃᐅᔨᓴᖅᑕᐅᔪᑦ LTBI-ᒧᑦ ᑐᑭᓕᐊᖑᔪᓐᓇᕐᒥᔪᖅ ᐊᖏᖅᑕᐅᓯᒪᓂᖅᓴᐅᓕᕆᐊᖏᓐᓂᒃ ᐅᓅᓕᓴᐅᑎᑐᖅᑎᑕᐅᖃᑦᑕᖅᑐᑦ ᓱᓕ ᑐᑭᓯᓇᓪᓚᕆᓐᖏᑦᑐᖅ.

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Inuit feast celebration evening. The videos were used during the door to door campaign in phase 2 of the project using the reproducible and standardized messaging. During phase 2 of the project, a second focus group of project participants discussed the videos. They felt that the community involvement in the filming of the videos was important.

Facebook page
During a reflection meeting after the education and screening portion of phase 2, the TAIMATB team expressed that more could have been done with this medium. There was a positive response to the Facebook page from the participant focus group. The focus group noted that one of the challenges with the Facebook page was that they did not know the
person who was administering the page and
some did not want to accept the friend
request/invitation because of this. Other
Facebook challenges included difficulties in
identifying the end user and measuring the
impact on the target group.

Website

(http://www.tunngavik.com/taimatb/)
The website was hosted by our partner, NTI, and was used as an information hub to inform
community members and the public at large of our activities. The website included Facebook and YouTube links, 5 TB facts, frequently asked questions about TB and important links to TB information including the Public Health Agency of Canada TB website, the World Health Organization TB website and links to our partner websites.

TAIMA TB Inuit feast celebration evening
Approximately 150 community members attended the community feast hosted by our partner, NTI.
The TAIMA TB team and project were introduced. The YouTube videos created by community members were screened. Winners of the YouTube challenge were awarded prizes.

Uptake of awareness campaign in the general population

During the introduction (media engagement) and implementation of this general awareness
campaign, an increase in passive LTBI screening was observed. In the context of our research project, passive LTBI screening refers to an individual that comes on their own to the public health clinic as a “walk in” to be tested for LTBI. The number of walk-ins increased from an average of 25 per month over the four years prior to TAIMA TB’s general awareness campaign to an average of 50 people per month during the general awareness campaign (p<0.0002) (Figure 1). Throughout the TAIMA TB campaign, the Iqaluit Public Health TB team continued with their regular program of in-clinic testing for contact tracing, employment screening, walk-in testing, and pre-school screening including a TB information session for the local high school on World TB day. Individuals who were coming into the public health clinic as “walk ins” were not asked what triggered their decision to ask for testing. It could be argued that an increase in active TB cases in the community would also result in an increase in people spontaneously walking in for testing even if they had not been identified as contacts. In fact, the number of diagnosed active cases actually decreased during this period. Whether this increased level of passive LTBI screening for TB translates into increased levels of acceptance and treatment completion remains to be seen.

Quotes from the participant focus group:

“I think Facebook is a real good way to get out there because there
are so many people who use Facebook. It is a great
communication tool to get something across. It is very important.”

“It is really good too because they do daily updates and let you
know what is going on, what projects are next and I think it is an excellent way to go.”

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ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖅ ᖃᐅᔨᓴᕐᓂᕐᓗ: ᒪᐃ 24, 2011-ᒥ ᓄᕕᐱᕆ 30, 2011-ᒧᑦ (6 ᑕᖅᑮᑦ)
ᐃᓅᓕᓴᐅᑎᑐᖅᑎᑦᓯᓂᖅ: ᑎᓯᐱᕆ 1, 2011-ᒥ ᐊᒡᒌᓯ 31, 2012-ᒧᑦ (9 ᑕᖅᑮᑦ)

ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᐳᓚᕋᓐᓂᖅ ᑐᕌᒐᖃᓚᐅᑐᖅ ᐅᔾᔨᕈᓱᓕᖅᑎᑦᑎᕚᓪᓕᕋᓱᐊᕐᓂᕐᒥᒃ ᐊᕿᕐᕋᕆᔭᐅᔪᓂᒃ ᐃᓕᓐᓂᐊᖅᑎᑦᓯᓂᒃᑯᑦ ᐃᖃᓗᓐᓂ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᕐᕕᐅᒐᔪᖃᑦᑕᖅᑐᒥ. ᐊᖏᕐᕋᕆᔭᐅᔪᑦ ᐳᓛᕆᐊᖅᑕᐅᖃᑦᑕᓚᐅᖅᑐᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᒧᑦ

ᐋᓐᓂᐊᓯᐅᖅᑎᒧᓪᓗ. ᐅᖃᖃᑎᒌᓚᐅᖅᑎᓪᓗᒋᑦ, ᐃᓚᐅᖃᑕᐅᔪᑦ ᖃᐅᔨᓴᖅᑕᐅᖃᑦᑕᓚᐅᖅᑐᑦ ᐆᒻᒪᐅᖏᑦᑐᒥᒃ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᕐᒪᖔᑕ (LTBI). ᖃᐅᔨᓴᖅᑕᐅᖃᑦᑕᓚᐅᖅᑐᑦ ᐅᕕᓂᖓᒍᑦ ᕿᓐᖑᓵᖅᑕᐅᓪᓗᑎᒃ (TST) ᐊᒻᒪ ᐊᐅᖏᖅᑕᐅᓂᒃᑯᑦ (IGRA). ᐊᑐᖅᑕᐅᓲᒥᒃ LTBI-ᒧᑦ ᐆᒻᒪᕈᑎᑎᑦᑕᐃᓕᓂᖅ ᐊᑐᖅᑕᐅᖁᔭᐅᕙᓚᐅᕐᑐᖅ ᐃᓚᐅᖃᑕᐅᔪᓄᑦ.

ᐳᕙᓪᓗᓐᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ

ᐳᕙᓪᓗᓐᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᑕᐅᓚᐅᖅᑐᑦ ᐃᒃᐱᒍᓱᑦᑎᐊᕈᒪᓪᓗᑎᒃ ᐃᓕᖅᑯᓯᕆᔭᐅᔪᒥᒃ ᓴᐳᔾᔨᓯᒪᔪᒪᓂᕐᒧᑦ ᐳᕙᓪᓗᓐᓇᖅᑐᒥᒃ ᐃᖃᓗᓐᓂ. ᐳᕙᓪᓗᓐᓇᖅᑐᓂᕆᓂᕐᒧᑦ ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᓄᓇᓕᓐᓃᓐᖓᖅᓯᒪᔪᑦ ᐃᖅᑲᓇᐃᔭᕈᒪᓯᒪᔪᓄᑦ ᐳᕙᓪᓗᓐᓇᖅᑑᑉ ᐱᔾᔪᑎᐊᓄᑦ ᐊᒻᒪ ᐃᓚᐅᓪᓚᑖᕐᓗᑎᒃ ᐱᓕᕆᐊᖑᓂᖓ 2 ᑲᒪᒋᔭᐅᑎᓪᓗᒍ. ᐃᖅᑲᓇᐃᔭᖅᑏᑦ ᐱᓕᕆᐊᒃᓴᖃᓚᐅᖅᑐᑦ ᐃᓚᐅᖃᑕᐅᓂᐊᖅᑐᓂᒃ ᖃᐅᔨᓴᖅᐸᒃᖢᑎᒃ ᐸᓚᕋᓐᓂᒃᑯᑦ ᐊᖏᕐᕋᕆᔭᐅᔪᓂ. ᐃᓕᓐᓂᐊᖅᑎᑕᐅᓚᐅᕐᒥᔪᑦ ᐋᓐᓂᐊᓯᐅᖅᑐᒧᑦ ᐳᕙᓪᓗᓐᓇᖅᑑᑉ ᒥᒃᓴᓄᑦ ᐊᒻᒪᓗ ᖃᓄᖅ ᐊᖏᕐᕋᕆᔭᐅᔪᒥ ᐃᓅᓕᓴᐅᑎᑐᖅᑎᑕᐅᔪᓐᓇᕐᒪᖔᑕ ᐆᒻᒪᐅᖏᑦᑐᒥᒃ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᖅᑐᑦ (LTBI) ᖃᐅᔨᒪᔭᐅᓲᖑᒻᒥᔪᖅ ᐃᓅᓕᓴᐅᑎᑐᖅᑐᒥᒃ ᑕᐅᑐᒃᖢᑎᒃ ᓴᐳᔾᔨᓯᒪᔪᑦ (DOPT). ᐃᓗᐅᑦᑐᑦ ᐃᓕᓐᓂᐊᕈᑎᒃᓴᐃᑦ ᐳᕙᓪᓗᓐᓇᖅᑐᓕᕆᔨᓄᑦ ᓴᖅᑭᑕᐅᖃᑕᐅᓚᐅᖅᑐᑦ ᐱᓕᕆᐊᖃᖅᑎᓪᓗᒋᑦ.

ᐊᖏᕐᕋᕆᔭᐅᔪᒥ ᐃᓕᓐᓂᐊᑎᑦᓯᓂᖅ/ᐅᔾᔨᕈᓱᓕᖅᑎᑦᓯᓂᖅ
ᑖᒃᑯᐊ YouTube-ᑯᑦ ᑕᕐᕆᔮᒃᓴᐃᑦ ᓴᓇᔭᐅᓚᐅᖅᑐᑦ ᓄᓇᓕᓐᓂᒥᐅᑕᓄᑦ ᐱᓕᕆᐊᖑᓂᖓ 1 ᑲᒪᒋᔭᐅᑎᓪᓗᒍ ᐊᒻᒪᓗ ᐅᓂᒃᑳᕈᑕᐅᓪᓗᑎᒃ ᑖᒃᑯᐊ 5 ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᓱᓕᔪᖁᑎᕗᑦ ᓴᖅᑭᑕᐅᕙᒃᑐᑎᒃ ᐃᓛᒃᑯᑦ ᐊᖏᕐᕋᕆᔭᐅᔪᓄᑦ ᐳᓛᕆᐊᕋᐃᖕᒪᑕ ᑕᕐᕆᔭᐅᑎᕋᓚᒃᑯᑦ ᑕᑯᓐᓇᖅᑎᑕᐅᕙᓚᐅᖅᑐᑦ. ᐅᖃᖃᑎᒌᒃᐸᒃᖢᑎᒃ ᐊᐱᖅᑯᑎᖃᖅᑐᖃᖅᐊᓪᓗ ᐳᕙᓪᓗᓐᓇᐅᑉ ᒥᒃᓴᓄᑦ ᐱᓕᕆᐊᖑᖃᑦᑕᓚᐅᖅᑐᑦ ᐃᓄᒃᑎᑐᑦ ᖃᓪᓗᓐᓈᑎᑐᓪᓘᓐᓃᑦ, ᐃᒃᐱᒋᑦᑎᐊᕋᓱᐊᖅᖢᒋᑦ ᐃᓕᖅᑯᓯᖏᑦ ᐊᒻᒪᓗ ᐋᓐᓂᐊᕕᒻᒦᖔᖅᑐᖃᕆᐊᑐᓇᓂ. 444 ᐃᓄᐃᑦ ᖃᐅᔨᓴᖅᑕᐅᓚᐅᖅᑐᑦ ᐅᔾᔨᕈᓱᓕᖅᐹᓪᓕᖅᑎᑦᑕᐅᓪᓗᑎᒃ ᐳᕙᓪᓗᓐᓇᐅᑉ ᒥᒃᓵᓄᑦ ᐊᖏᕐᕋᕆᔭᖏᓐᓂ ᐃᖅᑲᓇᐃᔭᖅᑎᑎᓐᓄᑦ ᐋᓐᓂᐊᓯᐅᖅᑎᒧᓪᓗ. ᑲᑎᒪᑎᑦᓯᖃᑦᑕᑎᓪᓗᒋᑦ, ᐊᖏᕐᕋᕆᔭᐅᔪᓄᑦ ᐅᐸᒃᑕᐅᖃᑦᑕᓚᐅᖅᑐᑦ ᐅᖃᖃᑦᑕᓚᕐᒪᑕ ᐊᑲᐅᒋᔭᐅᓪᓗᓂ ᑕᕐᕆᔮᒃᓴᖅ ᓄᓇᓕᓐᓃᖔᖅᓯᒪᓂᖓᓂ ᐃᒻᒪ ᓄᓇᖃᖅᑐᑦ (ᐳᕙᓪᓗᓐᓇᖅᑐᓕᕆᔩᑦ) ᐃᓚᐅᖃᑕᐅᓪᓗᑎᒃ ᑐᓴᖅᑎᑦᓯᓂᒃᑯᑦ ᐊᖏᕐᕋᕆᔭᐅᔪᓂ ᓇᖕᒥᓂᖅ ᐊᑲᐅᒋᔭᒥᓂᒃ ᐅᖃᐅᓯᕐᒥᒃ ᐊᑐᕐᓗᑎᒃ (ᐃᓄᒃᑎᑐᑦ ᖃᓪᓗᓐᓈᑎᑐᓪᓘᓐᓃᑦ).

ᐊᖏᕐᕋᕆᔭᐅᔪᓂ ᖃᐅᔨᓴᕐᓂᖅ

ᓱᕗᓂᐊᓂ ᐊᖏᕐᕋᕆᔭᐅᔪᓄᑦ ᐳᓚᕋᓚᐅᖅᑎᓐᓇᒋᑦ, ᖃᓄᖅᑑᖃᑎᒌᓚᐅᖅᑐᒍᑦ ᐊᑲᐅᓂᖅᐹᒃᑯᑦ ᑐᓴᒐᒃᓴᖁᑎᕗᑦ ᓯᐊᒻᒪᕈᒪᓪᓗᒍ ᐃᖃᓗᓐᓂ. ᑭᒃᑯᓐᓂᓪᓚᕆᒃ ᑐᓴᖅᑎᑦᑎᒐᓱᐊᕐᓂᐊᕐᓂᕆᔭᕗᑦ ᐊᖏᔫᓚᐅᑐᖅ ᐊᑐᑦᑎᐊᕈᒪᓪᓗᒋᑦ ᑐᓴᕆᐊᕈᑎᒃᓴᕗᑦ. ᐱᓕᕆᐊᕆᒍᒪᓗᐊᓚᐅᕋᑦᑎᒍ ᐳᕙᓪᓗᖃᑦᑕᕐᕕᐅᒐᔪᓐᓂ ᐊᑑᑎᖃᑦᑎᐊᖁᓪᓗᒋᑦ ᑖᒃᑯᓇᓐᖓᑦ ᐳᕙᓪᓗᓐᓇᐅᑉ ᒥᒃᓴᓄᑦ ᐅᔾᔨᕈᓱᓐᓂᖅᓴᐅᓗᑎᒃ, ᖃᐅᔨᓴᖅᑕᐅᓗᑎᒃ ᐊᒻᒪ ᐃᓅᓕᓴᐅᑎᑐᖅᑎᑕᐅᓗᑎᒃ. ᓇᓗᓇᐃᖅᓯᒍᑎᒋᓚᐅᖅᑕᕗᑦ

ᐳᕙᓪᓗᒡᕕᐅᒐᓱᔪᖃᑦᑕᖅᓯᒪᓂᖓ ᓄᓇᓕᐅᔫᑉ ᒪᓕᒃᖢᒋᑦ ᑎᑎᕋᖅᑕᐅᖃᑦᑕᖅᓯᒪᔪᑦ ᐊᕐᕌᒍᓂ ᑕᓪᓕᒪᓂ. ᐊᖏᕐᕋᖁᖅᑐᑦ ᓯᑕᒪᑦ ᐊᒥᓲᓂᖅᓴᐃᓪᓘᓐᓃᑦ ᐃᓪᓗᒥᐅᖃᑎᒌᑦ ᐊᕐᕌᒍᐃᑦ ᑕᓪᓕᒪᑦ ᐃᓗᐊᓂ ᐊᑕᐅᓯᕐᒥᓪᓘᓐᓃᑦ ᐳᕙᓪᓗᑦᑐᖃᕐᕕᐅᓯᒪᔪᒥ ᐊᑦᑕᓇᖅᑐᒦᓐᓂᖅᓴᐅᒻᒪᑕ ᐳᕙᓪᓗᓕᕆᐊᖏᑕ. ᑕᒪᒃᑯᐊ ᓇᓗᓇᐃᕋᓱᐊᖅᖢᑎᒃ ᐳᕙᓪᓗᖃᑦᑕᖅᓯᒪᔪᑦ ᐃᖃᓗᐃᑦ ᓄᓇᓕᖓᑕ ᓄᓇᓐᖑᐊᑎᒍᑦ ᐊᑐᓚᐅᖅᑐᒍᑦ. ᑕᒪᒃᑯᑎᒎᓇ ᑕᓪᓕᒪᓂᒃ ᐊᖏᕐᕋᖃᕐᕕᐅᔪᓂ ᒪᓕᒃᖢᑎᒃ ᐋᖅᑭᒃᓯᓚᐅᖅᑐᑦ. ᐊᖏᕐᕋᖃᕐᕕᐅᔪᑦ ᐳᕙᓪᓗᕕᐅᒐᔪᖃᑦᑕᖅᓯᒪᔪᒥ ᓇᓗᓇᐃᔭᖅᑕᐅᓚᐅᖅᑐᑦ ᓱᓕᔪᖁᑎᕗᑦ ᐊᑐᖅᑐᒋᑦ ᑖᒃᑯᐊ 82% (14/17) ᐳᕙᓪᓗᖃᑦᑕᖅᓯᒪᔪᑦ ᐃᖃᓗᓐᓂ ᐃᓗᐊᓂ ᑖᒃᑯᐊ ᑕᖅᑮᑦ ᐱᖓᓲᔪᖅᑐᑦ ᐳᕙᓚᖃᑦᑕᑎᓪᓗᑕ ᓇᓗᓇᐃᖅᓯᒪᔭᑦᑎᓐᓂ.

600 ᐊᖏᕐᕋᕆᔭᐅᔪᑦ ᐳᕙᓪᓗᒡᕕᐅᒐᔪᖃᑦᑕᖅᓯᒪᔪᒥ ᐃᓚᐅᖃᑕᐅᖁᔭᐅᓚᐅᖅᑐᑦ ᐱᓕᕆᐊᑦᑎᓐᓄᑦ. ᐃᖅᑲᓇᐃᔭᖅᑎᕗᑦ ᐱᓕᕆᖃᑦᑕᓚᐅᖅᑐᑦ ᓇᒡᒐᔭᐅᒥ ᑕᓪᓕᒥᕐᒧᑦ ᐃᖅᑲᓇᐃᔭᕐᓇᐅᑎᓪᓗᒍ ᐊᒻᒪ ᐊᒡᕙᓪᓗᐊᐸᓗᖏᑦ ᐊᑕᐅᓯᕐᒥᒃ

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PHASE 2 – DOOR TO DOOR CAMPAIGN

Education and Screening: May 24, 2011 to November 30, 2011 (6 months)
Treatment: December 1, 2011 to August 31, 2012 (9 months)

The TAIMA TB door to door campaign aimed to build on the general awareness campaign by using door to door education in residential areas of Iqaluit at high risk for TB. Homes were visited by a TB Champion and a TB nurse. Following TB awareness discussions, participants were offered testing for latent TB infection (LTBI). Screening was done using a tuberculin skin test (TST) and a new diagnostic blood test (IGRA). Standard LTBI preventative treatment was recommended to eligible participants.

TB Champions
TB champions were hired to provide a culturally sensitive approach to TB prevention in Iqaluit. The TB champions are community members who have decided to champion the TB cause and participate directly in the program delivery of phase 2. TB champions were responsible for the initial recruitment of participants in the door to door campaign. They were also trained by the nursing staff from the TAIMA TB program in general TB education and how to deliver home treatment for latent TB infection (LTBI) also known as directly observed prophylactic therapy (DOPT). A full training manual for TB champions was produced as part of the program.

In Home Education/Awareness

The YouTube videos produced by community members in phase 1 and a Powerpoint presentation
of the 5 TB facts were presented in each household visited using a portable DVD player. Discussion and questions surrounding TB were done in Inuktitut and/or English in the home to ensure a more personalized, culturally sensitive approach and to reduce the need for contact with the health system. Four hundred and forty four persons in the residential areas at high risk for TB were provided TB awareness in their home by a TB champion and TB nurse. During the participant focus group, home visit participants expressed that the DVDs worked well because they actively incorporated the community in videos and had community members (TB Champions) participate in the delivery of the messaging in the home in the language they prefer(Inuktitut or English).

In Home Screening

Prior to starting our door to door campaign, we set out to determine the most efficient way to
deploy our campaign across Iqaluit. The precision in determining who the target group was going to be was paramount in obtaining an efficient use of our resources. We wanted to target residential areas that would most benefit from TB awareness, screening and treatment. Our strategy to identify residential areas at high risk for TB was accomplished by using local data of the geographical location of active TB cases in the previous 5 years. We postulated that populations living in an area where there had been 4 or more households in the past 5 years with at least one diagnosed case of active TB disease may be at high risk for TB. To identify these areas we plotted the active TB cases on a map of Iqaluit. We then used Google maps to draw geographical points around the areas that had 4 or more households with at least one diagnosed case of active TB in the previous 5 years. We identified five residential areas that fit this criteria. The residential areas of high risk for TB were identified accurately using our approach as evidenced by the fact that 82% (14/17) of the active TB cases that occurred in Iqaluit prospectively during the six month door to door campaign occurred within the identified areas

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ᐃᓚᐅᖃᑕᐅᕕᐅᓪᓗᑎᒃ (ᑭᖑᓂᐊᒍᑦ ᐃᓛᒃᑯᑦ ᐊᖏᕐᕋᕆᔭᐅᔪᑦ ᐱᖓᓱᖅᑎᖅᖢᑎᒃ ᐅᐸᒃᑕᐅᑲᓐᓂᖃᑦᑕᓚᐅᖅᑐᑦ). ᐊᕝᕙᓪᓗᐊᖏᑦ ᑖᒃᑯᐊ ᐊᖏᓚᐅᖅᑐᑦ ᐃᓚᐅᖃᑕᐅᔪᓐᓇᖅᑐᑎᒃ ᐊᑎᓕᐅᖅᖢᑎᒡᓗ ᐊᖏᖅᓯᒪᒍᑎᖏᓐᓂᒃ. ᐃᓚᐅᖃᑕᐅᔪᑦ ᐊᖏᕐᕋᖏᑦ
ᐃᖅᑲᓇᐃᔭᖅᑎᑎᓐᓄᑦ ᐅᐸᒃᑕᐅᔪᑦ 6%-ᒋᓚᐅᖅᑕᖏᑦ ᐊᖏᕐᕋᕆᔭᐅᔪᑦ ᐃᖃᓗᓐᓂ ᐅᕝᕙᓘᓐᓃᑦ 7%-ᖏᑦ ᐃᓄᒋᐊᓐᓂᖓᑕ ᐃᖃᓗᐃᑦ.

300 ᐃᓄᐃᑦ ᖃᐅᔨᓴᖅᑕᐅᓚᐅᖅᑐᑦ ᐆᒻᒪᐅᖏᑦᑐᒥᒃ ᐳᕙᓪᓗᓐᓇᖅᑐᖃᕐᒪᖔᑕ ᐊᖏᕐᕋᕆᔭᖏᓐᓂᒃ ᑖᒃᑯᓄᖓ ᐃᖅᑲᓇᐃᔭᖅᑎᑎᓐᓄᑦ. ᐊᕝᕙᕆᓗᐊᖅᑕᖏᑦ ᐃᓚᐅᖃᑕᐅᔪᑦ ᐊᑐᐃᓐᓇᐅᑎᑦᓯᕕᐅᓚᐅᖅᑐᑦ ᑐᑭᓯᐅᒪᒃᑲᓐᓂᕈᑎᒃᓴᓂᒃ ᖃᐅᔨᓴᖅᑕᐅᔪᓐᓇᓚᐅᖏᒻᒪᑕ ᐃᓅᓕᓴᐅᑎᑐᖃᑦᑕᕇᖅᓯᒪᔪᑦ ᐊᒻᒪ ᐳᕙᓪᓗᓚᐅᖅᓯᒪᔪᑦ. ᐊᕝᕙᕆᓗᐊᖅᑕᖏᑦ ᐃᓅᓕᓴᐅᑎᑐᖁᔭᐅᓚᐅᖅᑐᑦ LTBI-ᖃᕐᓂᖏᓐᓄᑦ. ᓱᓕ ᑐᑭᓯᓇᖏᑦᑐᖅ ᑖᒃᑯᐊ LTBI-ᒧᑦ ᐃᓅᓕᓴᐅᑎᑐᖅᑐᑦ ᐅᓄᖅᓯᔮᓪᓕᖅᓯᒪᓂᖏᑦ ᐃᓅᓕᓴᐅᑎᑐᕐᓂᖏᓐᓄᓪᓗ ᐱᐊᓂᒃᓯᓚᐅᖅᑐᑦ.

ᒪᕐᕉᒃ ᐃᓅᒃ ᓇᓗᓇᐃᖅᑕᐅᓚᐅᖅᑑᒃ ᐳᕙᓪᓗᒋᐊᖏᓐᓂᒃ ᑖᒃᑯᓄᖓ ᐃᖅᑲᓇᐃᔭᖅᑎᖁᑎᑦᑎᓐᓄᑦ ᐊᒻᒪ ᐊᓯᖏᒃ ᒪᕐᕉᒃ ᓇᓗᓇᐃᖅᑕᐅᓪᓗᑎᒃ ᑲᑎᖃᑦᑕᖅᓯᒪᔭᖏᓐᓂᒃ ᖃᐅᔨᓴᕐᓂᒃᑯᑦ. ᑖᒃᑯᐊ 4 ᐳᕙᓪᓗᖅᑐᑦ ᓇᓗᓇᐃᖅᑕᐅᓴᕋᐃᓐᓂᖅᓴᐅᔪᓐᓇᓚᐅᖅᑐᑦ ᐊᑦᑐᓗᐃᓗᐊᖏᓐᓂᖏᓐᓂᒃ ᓄᓇᓕᖕᓂ.

ᐊᐅᖏᖅᓯᓂᒃᑯᑦ ᓇᓗᓇᐃᖅᓯᔪᓐᓇᖃᑦᑕᓚᐅᖅᑐᒍᑦ LTBI ᒪᓕᒃᖢᒋᑦ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᓕᕆᓂᕆᔭᕗᑦ ᐃᖃᓗᓐᓂ. ᐊᐅᖏᖅᑕᐅᕕᒃ ᐃᖃᓗᓐᓂ ᐱᓕᕆᐊᒃᓴᖃᓗᐊᖃᑦᑕᕐᓂᖓ ᐃᓱᒪᒋᒋᐊᓚᐅᖅᑕᐅᕗᑦ. ᐊᐅᖏᖅᑕᐅᔪᑦ,

ᐊᐅᓪᓚᖅᑎᑕᐅᖃᑦᑕᓚᐅᖅᑐᑦ ᐋᑐᕚᒧᑦ ᖃᐅᔨᓴᖅᑕᐅᔭᖅᑐᖅᖢᑎᒃ. ᑖᑯᓇᓐᖓᑦ QFT-IGRA-ᒧᑦ ᐊᐅᖏᖅᑕᐅᔾᔪᑎᓂᒃ 96%-ᖏᑦ ᑐᑭᓯᒐᒃᓴᐅᓕᖃᑦᑕᓚᐅᖅᑐᑦ ᐱᓇᓱᐊᕈᓯᕐᒥ ᐊᐅᖏᖅᑕᐅᓚᐅᖅᑎᓪᓗᒋᑦ ᐊᒻᒪ ᐅᓪᓗᐃᑦ ᐱᖓᓲᒐᔪᓚᐅᖅᑐᑦ ᐅᖃᐅᔾᔭᓂᕆᔭᖓ ᐱᓕᕆᐊᖑᔫᑉ (ᑲᑎᑦᑐᒋᑦ ᐅᓪᓗᐃᑦ 10). ᐊᒃᓱᕈᓐᓇᖃᑦᑕᓚᐅᕐᒥᔪᖅ ᐊᐅᓪᓚᖅᑎᓵᕆᐊᖃᖅᑐᒋᑦ ᐊᐅᖏᖅᑕᐅᔾᔪᑎᕕᓃᑦ ᐊᑐᕚᒧᑦ. ᑕᒪᓐᓇ ᐊᐅᖏᖅᓯᖃᑦᑕᓂᒃᑯᑦ ᐳᕙᓪᓗᓐᓇᓕᕆᓂᕐᒧᑦ ᓄᓇᓕᖕᓂ ᕿᒥᕐᕈᔭᐅᕙᓪᓕᐊᔪᖅ.

ᐃᓅᓕᓴᐅᑎᑐᕐᓂᖅ LTBI-ᒧᑦ

ᐱᓕᕆᐊᖑᓂᖓ 2 ᐊᑐᖅᑕᐅᓕᖅᑎᓪᓗᒍ, ᐊᑐᖅᑕᐅᒐᔪᑦᑐᑦ LTBI-ᒧᑦ ᓴᐳᒻᒥᔾᔪᑎᒃᓴᐃᑦ ᐊᑐᖅᑕᐅᖁᔭᐅᓚᐅᖅᑐᑦ ᐃᓚᐅᖃᑕᐅᔪᓕᒫᓄᑦ ᐃᓅᓕᓴᐅᑎᑐᓚᐅᖅᓯᒪᓐᖏᑦᑐᓄᑦ LTBI-ᒧᑦ. ᐃᓅᓕᓴᐅᑎᑐᖅᑎᑦᓯᒐᔪᒻᒪᑕ ᑕᖅᑭᓄᑦ 9-ᓄᑦ LTBI-ᖃᖅᑐᓄᑦ, ᓱᓕ ᒫᓐᓇ ᐃᓅᓕᓴᐅᑎᑐᖅᑎᑦᓯᖃᑦᑕᖅᑐᒍᑦ. ᐊᑐᐃᓐᓇᐅᓂᐊᖅᑐᑦ ᖃᓄᐃᑦᑐᓪᓚᕆᐅᓂᖏᑦ ᐃᓅᓕᓴᐅᑎᑐᖅᑎᑦᑎᓂᕗᑦ ᐊᓂᒍᖅᐸᑦ ᐅᑭᐊᖅᓵᖓᓂ 2012.

ᐅᖃᐅᓯᒃᓴᐃᑦ

ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᖅ ᑭᒡᒐᖅᑐᐃᕗᖅ ᓄᑖᒥ ᐳᕙᓪᓗᓐᓇᖅᑐᒥᒃ ᐅᓇᑕᕈᑎᒃᓴᑎᓐᓂᒃ. ᐃᓗᐃᑦᑑᓗᒍ ᐸᕙᓪᓗᓐᓇᖅᑐᓕᕆᓂᖅ ᐊᔾᔨᒌᖏᑦᑑᒻᒪᑕ. ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᓕᕆᔪᑦ ᓄᓇᓕᖕᓂ ᐃᓕᓐᓂᐊᖅᑎᑦᓯᖃᑦᑕᓚᐅᖅᐳᑦ, ᖃᐅᔨᓴᕐᓂᖅ ᐃᓅᓕᓴᐅᑎᑐᖅᑎᑦᓯᓂᕐᓗ ᐱᔭᕆᐊᖃᖅᑐᓂᒃ. ᐊᔾᔨᒌᖏᑦᑐᓂᒃ ᐳᕙᓪᓗᓐᓂᕐᒧᑦ ᐊᐅᓚᑦᓯᔾᔪᑕᐅᔪᓐᓇᖅᑐᓂᒃ ᓯᕗᓂᑦᑎᓐᓂ ᐋᖅᑮᒍᑕᐅᓂᐊᕐᒥᔪᖅ. ᐊᒥᓱᓂᒃ ᐱᐊᓂᒃᓯᓯᒪᓕᕋᓗᐊᖅᑎᓪᓗᑕ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᓕᕆᓂᒃᑯᑦ, ᑲᔪᓯᑦᑎᐊᖁᓪᓗᒍ ᐱᓕᕆᐊᕆᓚᐅᖅᑕᕗᑦ ᐃᓚᓕᐅᔾᔭᐅᔪᓐᓇᑐᖅ ᓄᓇᓕᓐᓂ ᐳᕙᓪᓗᓐᓇᖅᑐᓕᕆᓂᕐᒧᑦ ᑭᓯᐊᓂ ᐱᓕᕆᐊᖑᒃᑲᓐᓂᕆᐊᓕᒃ ᐅᖃᖃᑎᒌᒍᑕᐅᓗᓂ ᐊᑐᐊᒐᓕᐅᖅᑎᐅᔪᓄᑦ.

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Six hundred dwellings in the residential areas at high risk for TB were approached to participate in
the project. The team worked from Monday to Friday during working hours and was able to make contact with a least one resident in half of them (after going to each dwelling a maximum of three times). Half of these agreed to participate and signed consent forms. Participating homes in the 4 residential areas at high risk for TB that our team visited made up 6% of the dwellings in Iqaluit or 7% of the population of Iqaluit.

Three hundred people or two thirds of those offered awareness were actively screened for LTBI in
their homes by the TAIMA TB team. One third of participants who were provided TB awareness were not eligible for LTBI screening because they had either received treatment for LTBI or active TB disease in the past. One third of those screened were recommended for treatment for LTBI. Whether the recommendation for LTBI treatment translates in increased levels of acceptance and treatment completion remains to be seen.

Two participants were identified as active TB cases by the TAIMA TB team and another two cases
were identified through contact tracing of those cases by the local TB program. These 4 active TB cases were identified earlier than under normal program conditions thus breaking the infectious cycle at an earlier point preventing further transmission within the community.

The Quantiferon TB Gold In-Tube (Cellestis) Interferon Gamma Release Assay (QFT-IGRA) blood
test for the diagnosis of LTBI was feasible under TAIMA TB program conditions in Iqaluit. A protocol was developed that took into account the already stretched human resource capacity in the laboratory in Iqaluit. Blood was drawn, incubated and spun in Iqaluit and the testing done in Ottawa. Of all the QFT-IGRA tests done 96% yielded an interpretable result however the turnaround time between the blood drawn and the result being received by the nurse was on average 7 days and for the result to be given to the patient was on average another 3 days(10 days total). Challenges to a faster turnaround time included the extra day required to fly samples to Ottawa and the batching of samples. The manner in which QFT-IGRA testing will contribute to the local TB program is under evaluation.

Treatment for LTBI

During phase 2, standard LTBI preventative treatment was recommended to all participants who had untreated LTBI identified in the screening portion of the project. Given that standard LTBI treatment is 9 months, the treatment portion of the project is ongoing. Results will be available upon treatment completion in the fall of 2012.

Final Remarks

TAIMA TB represents a new approach in the fight against TB. A comprehensive TB strategy has
many facets. The TAIMA TB program focused on community-based education, certain aspects of screening and treatment to eligible participants. It will take further application of a variety of TB control strategies to control TB in the future. Although much has been accomplished with the TAIMA TB project, the manner in which successful features of this project can be integrated into the local TB program still requires further work and discussion with territorial TB policy makers.

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ᖃᓄᐃᓕᐅᕐᓂᐊᓕᕐᓂᖏᑦ

ᑲᔪᓰᓐᓇᕐᓂᖓ ᐱᓕᕆᐊᖑᔫᑉ
ᐱᔾᔪᑎᒋᓪᓗᒍ LTBI-ᒧᑦ ᐄᖅᑲᕆᐊᖃᖃᑦᑕᕐᓂᖏᑦ ᑕᖅᑭᓄᑦ 9-ᓄᑦ ᑐᑭᓯᓇᖅᓯᓂᖅᓴᐅᓂᐊᖅᑐᖅ ᐅᑭᐊᒃᓵᖓᓂ 2012 ᑖᒃᑯᐊ ᐱᐊᓂᓚᐅᖅᑎᓪᓗᒋᑦ ᐄᖅᑲᕐᓂᕆᔭᖏᑦ. ᒐᕙᒪᒃᑯᑦ ᓄᓇᕗᒻᒥ ᐊᖏᖅᓯᒪᔪᑦ ᑮᓇᐅᔾᔭᒃᓵᖏᑦ ᐃᖅᑲᓇᐃᔭᖅᑎᑦᑕ ᐊᒻᒪ ᑐᑭᒧᐊᑦᑎᓯᔨᑎᓐᓄᑦ ᐊᑭᓕᖅᓱᖅᑕᐅᓂᐊᕐᒪᑕ ᐄᐳᕈ 1, 2012-ᒥᒃ ᐊᒡᒌᓯ 31, 2012-ᒧᑦ. ᖃᐅᔨᓴᕐᓂᕐᒧᑦ ᐅᓂᒃᑳᓕᐅᖅᐸᓪᓕᐊᖃᑦᑕᓂᐊᖅᑐᒍᑦ ᐱᓕᕆᐊᕆᔭᑦᑎᓐᓄᑦ.

ᒪᕐᕉᒃ ᓄᑖᒃ ᖃᐅᔨᓴᕈᑕᐅᔫᒃ ᐳᕙᓪᓗᓐᓇᕐᒧᑦ ᓄᓇᕗᒻᒥ ᑮᓇᐅᔭᖃᖅᑎᑕᐅᓯᒪᔪᑦ CIHR-ᑯᓐᓂ

ᐱᓕᕆᔨᕗᑦ ᑐᓂᔭᐅᓯᒪᔪᑦ ᒪᕐᕉᓐᓂᒃ ᑮᓇᐅᔭᓂᒃ ᑖᒃᑯᓇᓐᖓᑦ ᑲᓇᑕᒥ ᐋᓐᓂᐊᖅᑐᓕᕆᓂᕐᒧᑦ ᖃᐅᔨᓴᖅᑏᑦ (CIHR) ᑲᔪᓰᓐᓇᖁᓪᓗᒍ ᐳᕙᓪᓗᓐᓇᖅᑐᓕᕆᓂᖅ ᓄᓇᕗᒻᒥ. ᓯᕗᓪᓕᖅ ᑕᐃᒪ ᐳᕙᓪᓗᓐᓇᖅ ᐅᔾᔨᕈᓱᓕᖅᑎᑦᑎᕚᓪᓕᕈᑎᒃᓴᖏᑦ (ᐊᖏᕐᕋᕆᔭᖏᓐᓅᖃᑦᑕᓂᕆᔭᖏᐅᖏᑦᑐᖅ), ᐊᓯᖏᒃ ᒪᕐᕉᒃ ᓄᓇᓖᑦ ᐅᓄᖅᓯᕚᓪᓕᖅᓯᒪᓂᖏᑦ ᐳᕙᓪᓗᖃᑦᑕᖅᑐᑦ ᓄᓇᕗᒻᒥ ($100,000.00 CIHR, PI Dr. G.G. Alvarez). ᑭᖑᓪᓕᖅ ᓴᖅᑮᔾᔪᑕᐅᔪᖅ ᐊᐅᖏᖅᑕᐅᖃᑦᑕᓂᒃᑯᑦ ᕿᑭᖅᑕᓂ ᐊᓐᓂᐊᕐᕕᐊᓗᐊᓂ ($350,000.00 CIHR ($150,000.00 ᐃᖃᓗᓐᓄᑦ). ᑕᒪᓐᓇ ᖃᐅᔨᓴᕐᓂᖅ ᑲᑐᔾᔭᐅᔪᖅ ᒪᒋᐅᓪ ᓯᓚᑦᑐᓴᕐᕕᒡᔪᐊᖓᓂ ᐊᒻᒪ ᐊᑐᕚ ᓯᓚᑦᑐᓴᕐᕕᒡᔪᐊᖓᓂ, (Co PIs Drs. M. Pai and G.G. Alvarez). ᖃᐅᔨᓴᕐᓂᕐᒧᑦ ᑲᑐᔾᔨᖃᑎᒋᔭᐅᒻᒥᔪᑦ ᓄᓇᕗᑦ ᒐᕙᒪᒃᑯᑦ, ᓂᐅᕕᓚᐅᖅᑐᑎᒃ Gene Xpert-ᖑᓂᕋᖅᑕᐅᔪᒥᒃ ᐋᖅᑭᒃᑕᐅᓯᒪᓕᖅᑐᓂ ᕿᑭᖅᑕᓂ ᐋᓐᓂᕐᐊᕕᐊᓗᖕᒥ.

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Next steps

Ongoing part of project

Due to the fact that treatment of LTBI takes 9 months to complete we expect to have further results in the
fall of 2012 in regards to acceptance and completion of treatment. The Government of Nunavut has agreed to
fund the salary of a TB champion and the TAIMA TB coordinator from April 1, 2012 to August 31, 2012. Scientific papers will follow on various aspects of the project.

Two new studies regarding TB in Nunavut have been funded by the CIHR

Our group has received two grants from the Canadian Institute of Health Research (CIHR) to
continue TB related work in Nunavut. The first one is a knowledge translation grant to expand the TAIMA TB awareness campaign (not the door to door campaign), to two other communities that have increased rates of TB in Nunavut ($100,000.00 CIHR, PI Dr.G.G. Alvarez).The second grant is for the introduction of a state of the art novel rapid molecular assay to improve the diagnostic capacity of TB in the laboratory at the Qikiqtani General Hospital ($350,000.00 CIHR, ($150,000.00 for Iqaluit). This is a joint study between McGill University and the University of Ottawa, (Co PIs Drs. M. Pai and G.G. Alvarez). One of the study partners, the Government of Nunavut, has purchased the Gene Xpert machine which has now been installed at the Qikiqtani General Hospital.

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FIGURE 1: Passive LTBI Screening in Iqaluit Prior to and During the TAIMA TB Awareness Campaign

*Testing was done for all the walk ins by Iqaluit Public Health and not the TAIMA TB team during the TAIMA TB general awareness campaign. The general awareness campaign took place before the door to door campaign.

0

10

20

30

40

50

60

Before campaign (2007-2010) During campaign (2011)

The average number of passive LTBI screening per month before (41 consecutive months from 2007-2011) and during the TAIMA TB general awareness campaign
(4 consecutive months in 2011)

P < 0.0002

Passive LTBI screening = TST done OR CXR/sputum done

Average # of passive LTBI screened

General
Awareness

Campaign*