

Table 4. Proposed TB program performance indicators specific to Inuit communities. Dark green indicates nationally relevant indicator; light green indicates locally relevant indicator; no colour indicates lower priority indicator.

Domain	Indicator group	Priority	Potential Indicator	Additional Stratification (beyond age & sex)	Rationale	Extra Notes
Incidence and Inequalities	Higher-Risk Groups - Enhanced			Stratify by geography, ethnicity, beneficiary of benefits vs self-defined, status vs non-status		Challenges: High-risk can be locally defined; Questions too vague on national form information; Health providers don't ask the questions; incarceration within the last two years, recent infection, recent converter High-Risk Group Enhanced- Primary infection may provide this information- if there is a recent converter → more important than a contact; indicators that reflect epidemiology for prediction; Prediction indicators being tested in Nunavik- Smear positive vs probable (clinical) case vs bacteriological positive smear negative; It's good to have groups to review probable cases for consensus; Public Health case can be different than clinical case
	Health care-acquired		Couldn't define how to report			
	Inequalities		Not understood by the group what this might mean			
Lab Reporting	ADDED - Laboratory				Lab should create indicators regarding quality, time, accountability and reporting;	
	Timely Lab Arrival				Important regionally but not required at the national level	Challenges: Issue in remote communities, logistics; pathway evaluation
	Timely Smear				Not necessary at a national level since labs should be doing internally	
	Timely NAAT				Should be performed regionally	Challenges: Samples go to National lab due to limited resources (takes a long time); Requires communities to have GeneXpert;
	Timely Culture				Important at a regional level; Each lab should be responsible; Not specific to TB	
	Culture-confirmation					Should report back on quality of the sputum (is it truly negative or an issue with the sample?)- An issue regarding clinical vs lab confirmed case; Not only for pulmonary cases

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Lab Reporting (continued)	ADDED- Turn-around-time for Genotyping					
	Timely Species Identification				Should be done as part of lab process	
	DST					
	Timely DST (Culture)		"Lab performance-time of sample reception to the lab"?		Anything with time should be lab process;	
	Culture-during treatment				Assesses treatment outcome	
	Timely Report Back				Should be standard	
	Diagnostic Delay				Difficult to measure since can be subjective; Not a priority	
Case Management and Treatment	Early Diagnosis-Smear positive				Always reported; More related to incidence	
	Early Diagnosis-symptoms-to-treatment				Not practical since treatment can be delayed due to many reasons (e.g., patient unable to get to clinic or unable to attain medications)	
	Recommended Treatment Initiation				Not a priority	
	Sputum Culture Conversion				Important at a clinic level but not at a programmatic level	
	Treatment Completion		Treatment adherence percent in a time-frame whether or not they are cured; Should also include cure and culture;		Need to consider adherence	
	Lost-to-follow up			Left- treatment; Transfer out of province	Relevant at the community level; Already within reporting	
	Left-treatment		Potential indicator by FNIHB	Transfer out of country	Should be a sub-indicator of lost-to follow-up; Need to account for missing cases	
	TB Deaths			Age and sex		

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Case Management and Treatment (continued)	Drug-Resistant Treatment Initiation				Combine with other DST indicators	
	Drug-Resistant Treatment Outcome			Treatment		
	HIV - Treatment				Less relevant for Inuit communities	
	DOT			Enhanced vs standard DOT		Confirmed cases are DOT but DOT needs to be defined;
	Underserved populations				Difficult to define (e.g. ethnicity, self-identification); lots of social risk factors	
Contacts (Definition standardization needed)	Contacts - LTBI Treatment Recommended (offered)					
	Contacts – Timely LTBI Treatment Initiation		PHN indicator selected; Need to define LTBI and timeframe;	LTBI (old vs new)		Cascade: Proportion offered treatment, proportion that accept, proportion that start, proportion that complete;
	DOPT					Note: Not sure
	Contacts - Timely LTBI Treatment Completion					
	Contacts - LTBI - Reactivation				Not relevant nationally	
	Contacts - LTBI - Decline Treatment F/up					
Screening and Follow up	People with Suspected TB				Difficult to define; Not applicable for the Inuit population	
	People Living with HIV				Not relevant for the Inuit population but theoretically important	
	People with Impaired Immunity				No evidence for people to be treated >1 for LTBI in a lifetime;	Issue with PHN indicator as has no denominator
	IRCC Referrals - Examination Initiation				Important for occupational screening	

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Other programmatic	BCG - Community				Relevant at a regional level; Should be under vaccine coverage	
	BCG - Administered				Considered under vaccine coverage rules	
	BCG - Eligible					
	BCG - Adverse Reactions					
	Outbreaks - New				Relevant for epidemiology; Not required as a performance indicator;	Challenge: How is outbreak defined- What is a cluster vs outbreak; Needs to be explored further
	Outbreaks - Ongoing					
	New Outbreak - Active Cases					
	Ongoing Outbreak - Active Cases					
	CTBRS Reporting - Completeness				Surveillance performance indicator	
	Report Publication		Indicator described by Australia;		Indicator of the surveillance program; A jurisdictional report could state what each region is doing which could help hold programs accountable	
Determinants	Nutrition		Percentage of population without undernutrition		Food security is important for Inuit community	
	ADDED- Addictions and Psychiatric comorbidities		Indicator to measure tobacco cessation; Indicator to measure alcohol abuse program in place or effectiveness			
	ADDED- Access to care					
	ADDED- Education				Education impacts both mental wellness and poverty	
	ADDED- Wellness indicator		Indicator to measure social and emotional well being (details to be determined)			Challenge: Mental wellness is defined differently in different sources of data

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Determinants (continued)	ADDED- Poverty		Indicator to measure income distribution		Reducing poverty should be a priority	
	ADDED- Traditional livelihood					
	ADDED- Safety and Security					
	ADDED- Early childhood development					
	ADDED- Mortality post treatment					
	EXTRA NOTES	Challenges: Ability to change these determinants; Defining important indicators; Availability of data; Note: Need to understand community differences Inuit framework already in place; Should be pursued for Inuit purposes- Not National; Social determinants are risk factors for TB and should be collected on the TB form				