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Building Nunavut Together
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Nunavut

Chief Public Health Officer's Biennial Report: Tuberculosis

March 2026

Prepared by:
The Office of the Chief Public Health Officer
Department of Health
Government of Nunavut

Message from the Chief Public Health Officer

Welcome to the Chief Public Health Officer's Biennial Report. This year's report focuses on tuberculosis (TB), a preventable, treatable, and curable disease. Although there are indications we are making progress towards TB elimination in Nunavut, TB continues to affect Nunavummiut, their families, and communities.

Across the territory, the overall rate of active TB is slowly declining. The Qikiqtaaluk region has seen a meaningful decrease in active TB, while the Kivalliq region has experienced an increase that requires attention. Most active TB cases occur among Inuit adults, particularly men aged 15 to 54, and is commonly detected through contact tracing or when individuals seek care for symptoms. Encouragingly, treatment completion remains high for both active TB and TB infection, helping individuals recover and reducing the risk of further transmission in the community.

TB infection, which is sometimes called "sleeping TB", is most often identified through screening. Current approaches are working well for children, who have the highest detection rates, but it is likely that some infections among adults and youth remain undetected. Continued and expanded screening efforts are essential to prevent future outbreaks and support long-term TB elimination.

This report provides an overview of TB in Nunavut, including historical context, current epidemiology, and the structure and core functions of the Nunavut Tuberculosis Program. It highlights progress made through enhanced screening, improved diagnostic capacity, and strengthened outbreak response. At the same time, it underscores that sustainable, day-to-day TB prevention and care are critical to reducing transmission.

TB in Nunavut cannot be understood without acknowledging the broader social determinants that shape health including, housing and food security. Addressing TB requires a whole-of-government and whole-of-society approach that supports Inuit-led solutions and advances equity, reconciliation, and community wellbeing.

Partnerships remain central to progress. Collaboration with Inuit organizations, community leaders, federal partners, researchers, and frontline health workers continues to strengthen TB prevention and care. Together, we are building a strong foundation for sustained action toward TB elimination.

By working alongside communities and building on what is already working well, we can continue moving toward a future where TB no longer impacts the health and wellbeing of Nunavummiut.

Sincerely,

Dr. Ekua Agyemang
Chief Public Health Officer
Government of Nunavut, Department of Health

Executive Summary

This biennial report of the Chief Public Health Officer provides an overview of the status of TB in Nunavut and outlines key public health considerations to support TB prevention, care, and control across the territory. Prepared in accordance with Nunavut's *Public Health Act*, the report draws on surveillance data, program information, and community and partner insights to inform decision-making and strengthen public health action.

TB continues to have a disproportionate impact on communities in Nunavut. While TB is preventable, treatable, and curable, it remains a persistent public health concern shaped by historical, social, and environmental factors. The report describes the historical context of TB in the territory, current epidemiology of active TB disease and TB infection, and recent trends observed through surveillance and outbreak response activities.

The report highlights the structure and core functions of Nunavut's Tuberculosis Program, including screening, diagnosis, treatment, contact tracing, and follow-up. It outlines progress achieved through enhanced screening initiatives and outbreak management, while emphasizing that outbreak response alone is insufficient to eliminate TB. Sustained, day-to-day TB prevention and care are essential to reducing transmission and preventing future flare-ups.

Key social determinants contributing to TB risk in Nunavut are examined, including overcrowded housing, food insecurity and broader systemic and historical inequities. These determinants underscore the need for a whole-of-government and whole-of-society approach that extends beyond the health sector to address underlying causes of TB. The report identifies priority areas for strengthening the TB program, including early detection and preventive treatment, culturally safe and trauma-informed care, ongoing education for health professionals and the public, community engagement and community-led initiatives, and improved infrastructure and logistical capacity to support timely diagnosis and treatment in remote settings.

Partnerships are highlighted as central to progress toward TB elimination. Collaboration with Inuit organizations, community leaders, federal partners, researchers, and non-governmental organizations has been instrumental in advancing TB prevention and control efforts to date. Continued commitment, coordination, and shared accountability will be critical to achieving long-term reductions in TB and improving health outcomes for Nunavummiut.

Introduction

The Chief Public Health Officer's biennial report is a requirement of Nunavut's *Public Health Act* and provides an overview on the health of Nunavummiut. This year's report focuses on TB, an ongoing public health challenge in Nunavut that has had significant past and present impacts on individuals, families, and communities.

TB is a treatable and curable infectious disease, which is caused by the bacteria *Mycobacterium tuberculosis*. TB can present in two forms:

- **TB infection** is the state when the bacteria have entered the body, usually through the lungs, but stay inactive. While people with TB infection do not have symptoms and are not infectious, they remain at risk of developing active TB disease later in their life. TB infection is also known as latent TB infection or "sleeping TB".
- **Active TB disease** is the state when TB bacteria are actively spreading inside the body, making the person sick. It normally starts in the lungs but can also spread to other parts of the body. TB symptoms may include a cough lasting over 2-3 weeks, coughing up blood, night sweats, chest pain, weakness or tiredness, and weight loss. TB spreads from person-to-person through the air when someone with active TB coughs, sneezes, sings or talks.

Both TB infection and active TB disease can be treated with antibiotics. If left untreated, TB infection can develop into active TB. If active TB is left untreated, it not only becomes progressively more infectious but also can lead to more severe forms of illness, requiring hospitalization and even causing death.

This report aligns with the national commitment made by the Government of Canada and Inuit Tapiriit Kanatami (ITK) in 2018 to eliminate TB by 2030 across Inuit Nunangat[1] and the *Nunavut Tuberculosis Elimination Action Plan 2020-2023* led by the Nunavut Tunngavik Incorporated.[2] This report is timely considering the *Government of Canada's Tuberculosis Response (2025): Working Towards Tuberculosis Elimination,* which lays the foundation for continued collaboration towards TB elimination.[3]

The report is structured as follows: it begins with a brief history of TB in Nunavut, followed by a description of the Nunavut TB program, information about persons affected by active TB disease and TB infections, a summary of the most recent community-wide screening for TB, an overview of the social determinants of TB, and it ends with a way forward highlighting areas for further improvement in TB care, control, and prevention through partnership. Throughout the report and whenever available, contextual factors of Nunavut are highlighted and discussed in relation to the health outcomes of TB and its public health management in Nunavut.

A Brief History of TB in Nunavut

TB in the North has a long history. A dramatic increase in TB resulted from contact with European settlers and explorers, some of whom were infected in with TB. By the early 1900s, TB was a major health problem in Canada and was a leading cause of death, so much so that "in 1926, one in every 14 deaths in Canada was caused by TB." [4] TB reached peak levels in the Canadian Arctic between the 1940s and 1960s when one in every three Inuit was infected with TB, the highest recorded TB rate in the world.[5]

The first organized control measure of TB was the establishment of over 100 special TB units in hospitals and sanatoria across southern Canada.[6] Before antimicrobial treatment became available, these units provided isolation, rest, fresh air, and a nutritious diet. TB patients were identified through mass screening using chest x-ray. The medical ship, C. D. Howe, equipped with x-ray units, made annual summer trips to Inuit settlements in the eastern arctic to screen for TB and transported patients to the south for recovery. Many Inuit taking the long, and often involuntary, trip south for recovery from TB experienced years-long separation from their families and culture. One in every seven Inuk ended up spending time in a sanitorium. Although many eventually returned home, a significant number never did. This has had a profound and traumatic impact on many Nunavummiut.

It is worth noting that this TB control measure took place during significant societal changes in the Inuit traditional way of life, such as the forced or coerced relocation from living on the land to permanent settlements and the introduction of residential schools. Permanent settlements also led to the establishment of community nursing centres in the north which played a role in TB control for decades to come.

Starting in the late 1940s, antimicrobial treatment of TB gradually became available in Canada. Consequently, the duration of hospital stays got shorter and national rates of TB started to decline. For Inuit, hospitalization in the south was still required to receive antibiotic treatment, which became available in northern hospitals in the 1970s.[5]

Three TB control measures were put in place beginning in the 1960s:

1) routine BCG (Bacille Calmette-Guérin) vaccination to prevent severe forms of TB among infants and young children;
2) mass screening for TB disease initially using x-rays in community nursing stations and later the bacteriological testing of sputum, supervised treatment with antibiotics of TB patients in hospitals and the assessment of their contacts in the community; and
3) mass screening for TB infection using the tuberculin skin test, and antibiotic treatment of persons with TB infection in the community.

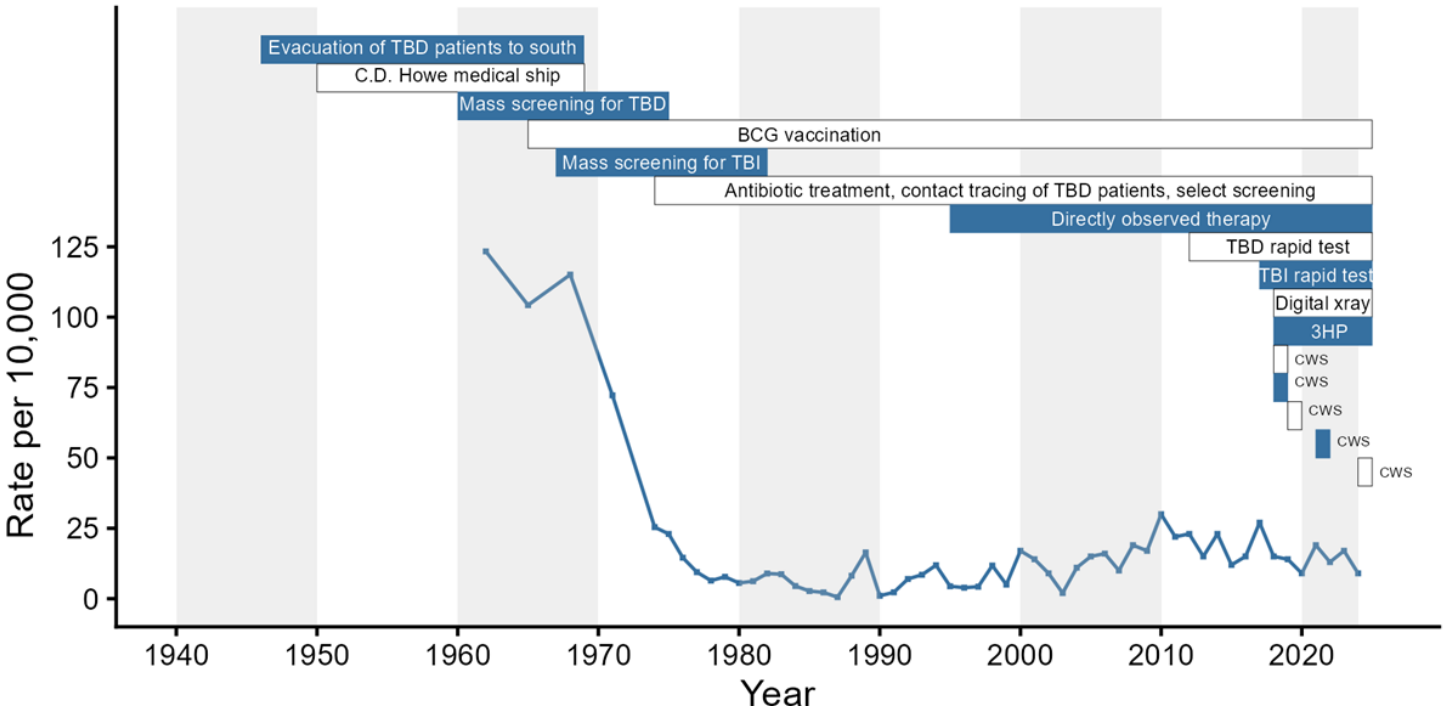
These control measures contributed to the fastest rate of decline ever recorded for TB; a 90% decrease in incidence rate over 15 years.[7] As the rate of TB declined, mass screening for TB disease and TB infection was discontinued by early 1980s, only retaining a baseline, mostly reactive, TB control program.

Since the 1980s, the TB rate has slowly increased, and Nunavut has experienced periodic TB outbreaks in one or two communities at a time. At a minimum, efforts to contain TB spread may have included contact tracing and the treatment of persons with TB disease. Focused or intermittent screening, such as school screening,

depended on the availability of health care staff. Since 2018, TB control was intensified in several outbreak communities by screening almost all community members. Important advancements have been made in the diagnosis and treatment of TB in Nunavut. These include the availability of digital x-ray equipment in all community health centres, rapid diagnostic testing for TB disease (a sputum [or phlegm] test) and rapid diagnostic testing for TB infection (a blood test) at the regional labs in Iqaluit and Rankin Inlet.[8,9] A new treatment option of a short-course, 12-dose antibiotic for TB infection (3HP regimen) was rolled out in 2018.[10]

The history of TB in the north highlights the need to adjust TB control efforts to align with the TB incidence level, Inuit cultural values and realities such as the northern health care system and living conditions. Mass screening was warranted and effective when the incidence was as high as it was in the 1940s-1960s. Currently the TB incidence in Nunavut is not as high as before but there are periodic outbreaks and a large pool of untreated TB infections from those previous TB outbreaks. To prevent TB flareups growing into outbreaks and to eventually eliminate TB, present-day TB control efforts need to be both effective and sustainable over several decades. Scaling back TB control efforts can only realistically be possible with the improvement of social determinants of health in Nunavut, as has been demonstrated by history of TB in other developed parts of the world.

Figure 1: TB disease notification rate with a timeline of key TB control efforts from 1946 to 2024.[5,8–17] TBD: Tuberculosis Disease, BCG: Bacillus Calmette-Guérin, TBI: Tuberculosis Infection, 3HP: a short-course treatment for TBI, CWS: Community-Wide Screening



TB Care in Nunavut

The Department of Health (Health) has a Nunavut Tuberculosis Program (the TB program) which is responsible for providing guidance and coordination in TB prevention, surveillance, knowledge mobilization, care and control in the territory. This work, led by the Office of the Chief Public Health Officer, is supported by various teams in the department and is informed by Inuit Societal Values, Nunavut's *Public Health Act,* Communicable Disease Regulations, the Canadian Tuberculosis Standards, priorities identified through partnership with Nunavut Tunngavik Incorporated (NTI), and the best available evidence.

The efforts to eliminate TB in Nunavut is complemented by the contributions of many partners including, but not limited to, hamlets, Inuit organizations, the federal government and researchers. Key public health actions undertaken during 2020-2023 were informed and supported by the *Nunavut Tuberculosis Elimination Action Plan 2020-2023*, which was created through a collaborative process led by NTI in partnership with the GN (see section on Community-wide screening for details).

TB management in Nunavut includes:

- Screening and care for individuals with active TB and TB infections
- Contact investigation and outbreak investigations
- BCG vaccination program
- Routine TB school screening program
- Time-limited public health interventions such as focused or community-wide screenings
- Data collection, analysis and sharing of TB data (surveillance) to inform policy and interventions
- Program monitoring and evaluation
- Updating guidance in TB prevention, care and control to reflect current best practice and realities in Nunavut
- Providing culturally relevant and community-based education on TB to the public
- Providing training on TB to healthcare providers
- Supporting research on TB
- Improving diagnostic capacity

The TB program in Nunavut is not without its challenges. An ongoing challenge is maintaining continuity and consistency in TB prevention, care and control in the context of staff turnover and periods of staff shortages within communities. Many Health staff in communities are transient and are not from Nunavut. Consequently, familiarity with TB management in Nunavut can vary. As well, building trust with individuals and communities can be a challenge with transient frontline health staff. Specifically for TB, given the historical colonial practices that characterized TB care in the past, distrust in the health care, stigma, and fear are ongoing challenges that can hinder individuals from seeking timely health care.

Therefore, onboarding and ongoing training, including cultural safety training, for staff at all levels is essential to ensure Health staff are well prepared to work in the areas of TB prevention, care and control in Nunavut.

Additionally, there are logistical challenges linked to improving diagnostic capacity of TB within the territory. For example, a blood test for TB infection must be processed in a laboratory within 8 to 32 hours after collection. Such testing is therefore mostly impractical for communities that have flights only once or twice a week.

The management of TB can place heavy demands and burdens on individuals, their families, communities as well as for the health system. The mandatory isolation for individuals with infectious TB disease, routine tests, daily TB medications prescribed over 4 to 18 months, and hospitalizations for advanced care are essential in ensuring full cure from TB. Further, some individuals could already be facing other pressing challenges in life when diagnosed with TB. Challenges including overcrowded housing, food insecurity, and addiction may delay seeking health care when individuals experience TB symptoms or make it difficult for individuals to adhere to isolation or daily TB treatment. Non-adherence can lead to serious consequences: individuals can develop severe forms of TB, will recover more slowly, or may even develop drug-resistant TB. The risk of further TB spread also becomes severe.

To support and motivate individuals to continue TB treatment, two types of social support are built into TB care as incentives and enablers. Incentives are rewards to encourage individuals to adhere to treatment; examples include certificates or vouchers for local stores, cellphone minutes, craft items or toys, household or personal care items. Enablers are items that can reduce barriers to treatment completion; examples include taxi or gas vouchers, picking up laboratory samples from an individual's home, directly observing TB medication at home with a healthy snack and drink, and helping individuals access other services such as food/housing assistance. It is complex and resource intensive for public health teams alone to organize social support for individuals diagnosed with TB. To this end, social support programs developed through partnerships such as the NTI food hamper program, are essential to ensure individuals can recover fully from TB.

Active TB Disease in Nunavut

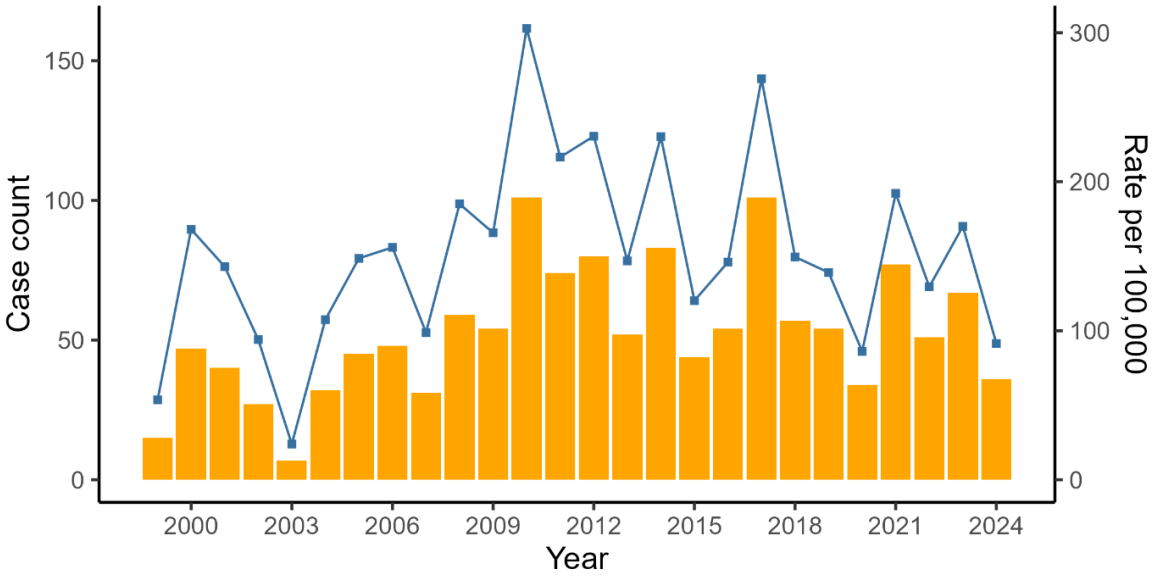
The ongoing collection, analysis and interpretation of TB data is critical to guide the program, policies and services. This section provides a summary of TB time trends in Nunavut, for persons diagnosed with and treated for active TB disease.

Key Highlights

- The overall territorial rate of active TB shows a slow decline.
- The rate of active TB shows a decline in the Qikiqtaaluk region whilst the rate shows an increase in the Kivalliq region.
- Adult males have a higher rate of active TB than adult females or children. Most of the cases are among the 15-54 age group.
- The vast majority of TB is diagnosed among Inuit.
- TB in lungs is the most common type of TB.
- Most of the cases are diagnosed through contact tracing and when individuals with TB symptoms seek medical care.
- Treatment completion is high among active TB cases.

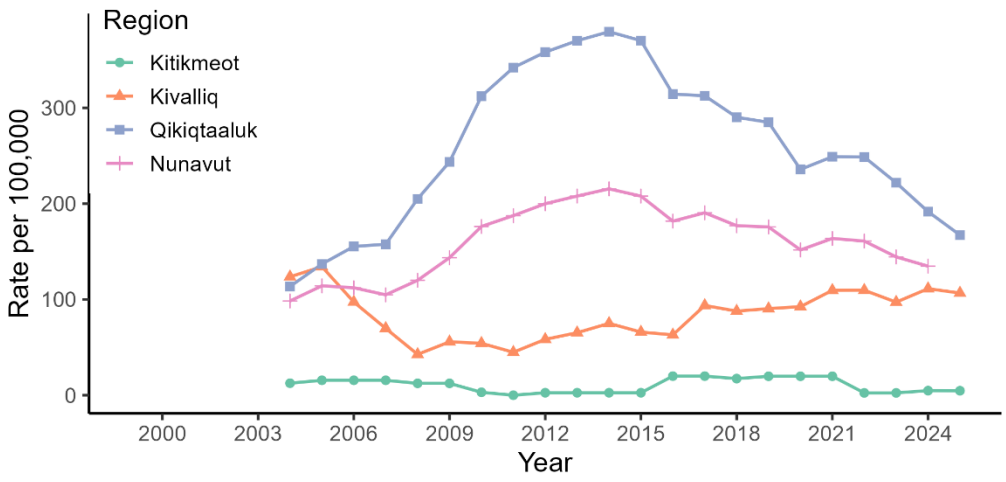
Since 1999, the number of active TB cases has varied from fewer than 10 cases to over 100 cases in a year. Rates, rather than active TB case counts, are more comparable between different years or populations. Here, the rate refers to the annual number of new active TB cases per 100,000 population (Figure 2). The territorial rate of active TB between 1999 and 2024 was anywhere between 24 to 303 cases per 100,000 population. In some years, one or two communities experienced major outbreaks. An outbreak in one community leads to a sudden increase of the territorial rate. For instance, the outbreak in 2017 increased the case count from the previous year almost by 50% and the rate by 80%.

Figure 2: Active TB cases (in orange columns) and rate (in the blue line) in Nunavut, 1999-2024.



	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Count	15	47	40	27	7	32	45	48	31	59	54	101	74	80	52	83	44	54	101	57	54	34	77	51	67	36
Rate	54	168	143	94	24	107	149	156	99	185	166	303	216	231	147	230	120	146	269	150	139	86	192	129	170	91

Figure 3: The 5-year running average of active TB rate in Nunavut and the three regions

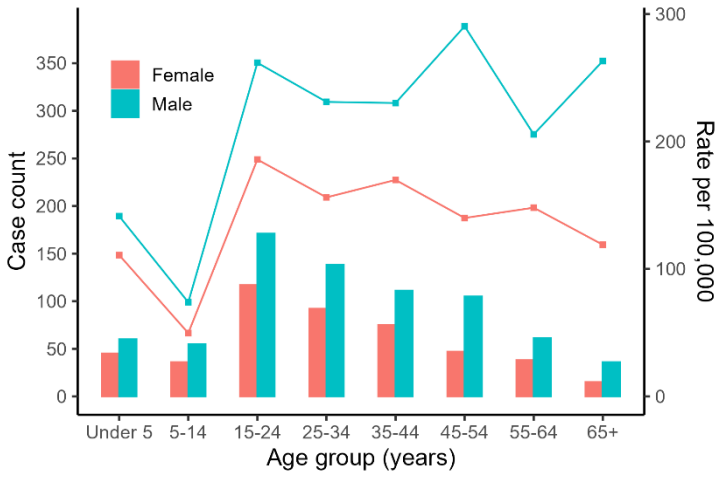


Despite rate fluctuations from year to year, the overall territorial active TB rate shows a slow decline since 2015 (Figure 3). Most of the active TB cases (80%) are from the Qikiqtaaluk region. The rate of the Qikiqtaaluk region has been consistently higher than the other two regions but shows a decline since 2015. In contrast, the rate of the Kivalliq region shows a slow increase. The rate of the Kitikmeot region has been the lowest throughout.

Close to 85% of Nunavut's population are Inuit and nearly 99% of active TB cases are diagnosed among Inuit. Although TB can affect any part of the body, the most common type of TB in Nunavut is pulmonary TB (92%), affecting the lungs.

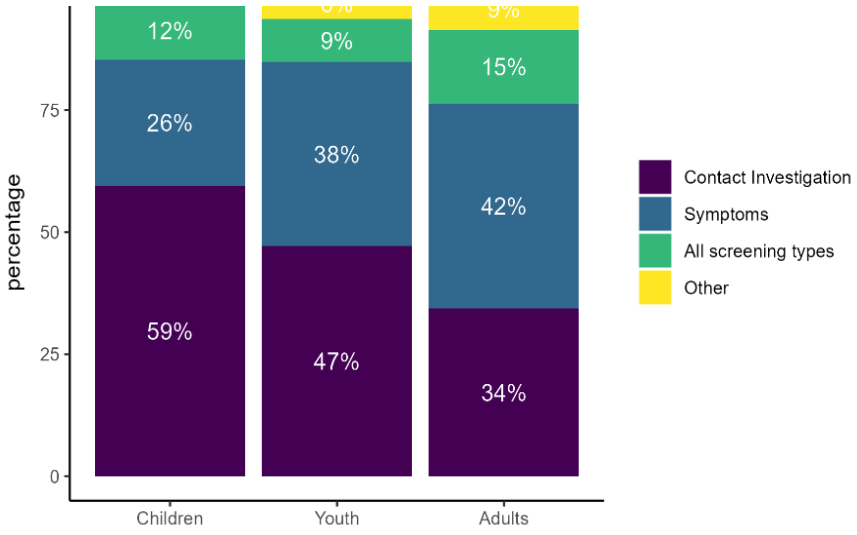
Figure 4 shows the number of active TB cases and rates from 2005 and 2024 by sex and by age groups. Active TB is diagnosed across all age groups. Most of the cases (70%) are reported in the 15-54 age group (median age is 30 years). Most of the active TB cases (60%) are males and more males than females are reported in all age groups. The highest rate of active TB is among males in the 45-54 age group. The next highest rates are among males in the 15-44 and 65+ age groups. The rates are very similar between males and females among children. Overall, adult males have a higher rate of active TB than adult females or children. This trend has not changed much in the last 5 years.

Figure 4: Active TB cases (in columns) and rate (in lines) by age group and sex in Nunavut, 2005-2024



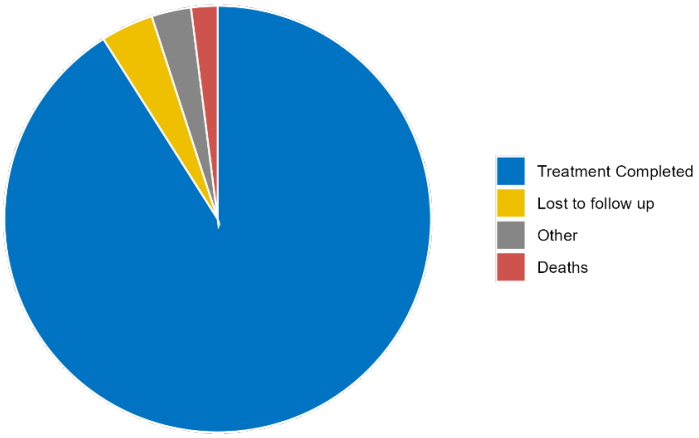
Overall, the primary method of active TB case detection among children and youth is by routine testing of people who have had close contact with an active TB case. In contrast, most cases among adults (42%) are identified through the presentations of TB symptoms to a health care provider. All screening types such as community wide screening or employment screening (i.e., for staff in mines, health centres, long-term care centres, etc.), contribute to a detection of 9-15% of cases, depending on the age group. Other methods of detection include incidental findings such as diagnosing TB unexpectedly during an examination for a different medical reason (Figure 5).

Figure 5: Active TB case detection method by age groups in Nunavut, 2005-2024. Children: <15 years; youth: 15-24 years; adults: 25+ years of age.



The vast majority of active TB cases (91%) completed treatment. Less than 4% of active TB cases were lost to follow up before completing treatment. Roughly 3% of active TB cases died before completing treatment, but not all deaths were caused by TB. Other outcomes may include discontinuing treatment due to poor adherence or adverse effects (Figure 6).

Figure 6: Treatment outcome of active TB cases in Nunavut, 2005-2024



TB Infections in Nunavut

This section provides a summary of newly detected TB infections, also known as "sleeping TB". The data presented here is since 2020 when TB infections became reportable in Nunavut.

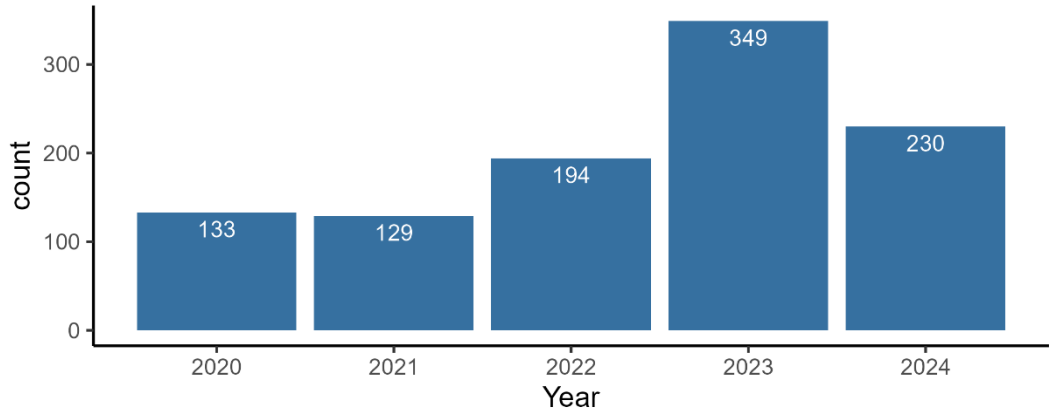
People with TB infections do not show symptoms and are not infectious. However, it is important to treat TB infections due to the ongoing risk of developing active TB disease. TB infections are identified through contact tracing of an active TB case, or through targeted screening approaches for school-age children, at-risk workers or other at-risk groups.

Key Highlights

- TB infections do not show symptoms and are identified through various screening approaches.
- Most TB infections are identified in the Qikiqtaaluk region.
- The rate of detecting TB infection is higher among children than youth or adults.
- The existing screening approaches are more likely to identify TB infections among children than others.
- It is likely that there are undetected TB infections among adults and youth.
- Treatment completion is high among the newly detected TB infections.

Between 2020 and 2024, the number of newly detected TB infections has varied between 130 to 350 per year (Figure 7). In general, the number of newly detected TB infections is expected to increase when screening efforts are expanded, most commonly when new cases of active TB are detected in a community. Enhanced screening in 2023 and 2024 occurred in three communities (Pangnirtung, Pond Inlet, Naujaat), which contributed to detecting a higher number of TB infections during those years.

Figure 7: Newly detected TB infections in Nunavut, 2020-2024

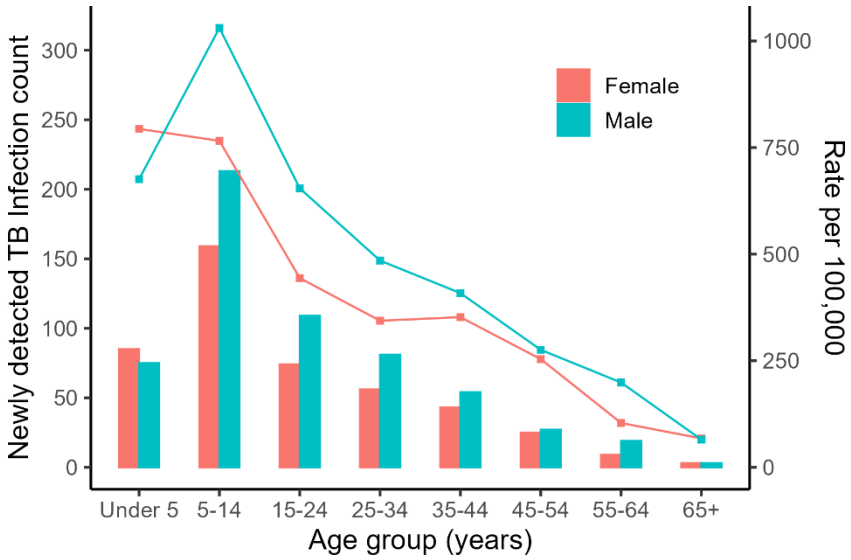


Most of the reported TB infections (60%) are from the Qikiqtaaluk region with the highest rate of active TB. The Kivalliq and Kitikmeot regions accounted for 38% and 2% of TB infections, respectively.

More than 80% of newly detected TB infections completed treatment; 10% did not complete treatment; another 10% either did not start treatment or treatment details were incomplete.

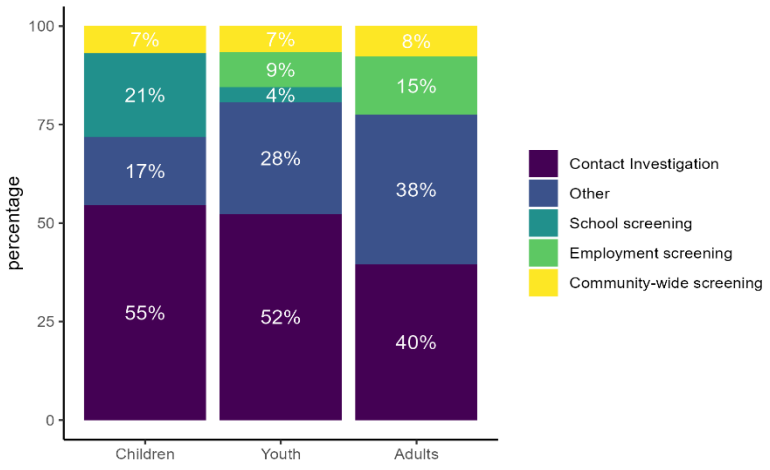
Roughly 55% of TB infections were found among males. Overall, more children (48%) are identified with TB infection compared to youth (17%) or adults (34%). The children, youth and adults are those who are less than 15 years, 15-24 years and 25+ years of age, respectively. The rate of detection—not the actual rate of TB infection—is higher among children than youth or adults (Figure 8). This may be because children are more likely to be screened for TB infection than others. For instance, given the age structure of a typical household in Nunavut, one active TB case is likely to have more children in a household than adults who are named as contacts. As well, school screening contributes to identifying TB infections among children's social groups. On the other hand, tracing an adult's close non-household contacts may often be incomplete.

Figure 8: TB infections (columns) and the rate (lines) of detecting TB infections by age groups in Nunavut, 2020-2024



Over half of TB infections among adults are identified through a combination of means other than contact tracing including screening of high-risk groups, employment screening, incidental findings as well as persons requesting for TB screening (Figure 9). In summary, the undetected TB infections are likely to be relatively higher among adults and youth than children.

Figure 9: Detection method for TB infections by age groups in Nunavut, 2020-2024. Children: <15 years; youth: 15-24 years; adults: 25+ years of age.



Community-wide Screening for Tuberculosis, 2022-2024

Enhanced screening for TB has been a significant part of the TB response in Nunavut. Screening serves to identify and treat active cases in an early stage of the disease before they become severely sick or highly infectious. Screening also helps identify and treat TB infections (TBI) or "sleeping TB" that could become active later in life.

Mass screening such as community-wide screening (CWS) may be deemed necessary when existing control efforts such as screening of contacts or high-risk groups seem insufficient to control further spread of TB. The goal of CWS clinics is to screen all or most individuals in a community for TB. Since 2018, CWS has been implemented in six Nunavut communities: Qikiqtarjuaq (2018), Whale Cove (2018), Kinngait (2019), Pangnirtung (2023), Naujaat (2024), and Arviat (2025 and ongoing). The CWS clinics held in Pangnirtung and Naujaat were in response to TB outbreaks and are presented in Table 1.

Table 1: Summary of community-wide TB screening between 2022-2024

Community	Total Population	Population to be reached	Length of the CWS	Participation of target screened (%)	Persons diagnosed with TB during CWS	
					Active TB	TB Infection
Pangnirtung	1, 600	1,200	12 weeks	96%	6	69
Naujaat	1,450	1,000	6 weeks	89%	<5	24

These CWS clinics were informed and supported through the *Nunavut Tuberculosis Elimination Action Plan 2020-2023* [2] and extensive partnerships with hamlets, GN teams, NTI, federal organizations (PHAC, NML, ISC), and CRC (Table 2).*

Table 2: Summary of 2022-2024 CWS partners and their roles

Partner*	Role in the CWS
Hamlet	Space for the clinic; guidance on community perspective in CWS planning and implementation; partnership in community engagement activities
NTI	Funding; guidance on incorporating Inuit Qaujimajatuqangit in CWS planning and implementation; cultural safety training for clinic staff; and partnership in community engagement activities
PHAC	Personnel and technical support in epidemiology, laboratory diagnostics, operations and logistics
NML	Personnel and technical support in laboratory diagnostics
ISC	Funding; personnel and technical support in nursing and logistics
CRC	Personnel and technical support in operations and logistics
GN Health	Overall coordination and administration; clinical staff; public health management of cases and contacts; communication; procurement of supplies; IT infrastructure

* NTI= Nunavut Tunngavik Incorporated, PHAC=Public Health Agency of Canada, NML=National Molecular Laboratory, ISC=Indigenous Services Canada, CRC=Canadian Red Cross.

One of the most important factors contributing to the success of a CWS is the collaboration with the hamlet, community members and Inuit organizations to co-design and implement health promotion and community engagement on TB. Although territorial health promotion on TB is part of the routine TB program, CWS health promotion activities are community specific and community engagement is intensified. The CWS provides a focal point for increasing understanding, reducing stigma and increasing social cohesion around TB.

Health promotion and community engagement activities of a CWS can include but are not limited to:

- Addressing questions and concerns about TB through radio call-in shows, social media posts with TB facts, and information booths at grocery stores
- colouring contests for children to raise awareness of TB and its prevention
- Elders' events to share their lived experience or stories of TB
- TB-themed community feasts with country food increasing social cohesion regarding TB

Screening has the potential to identify people with TB and treat them in a short period of time. However, the planning and implementation of CWS is a highly complex operation. A CWS requires intensive financial, staffing, equipment, and management resources as well as coordination and engagement with the community. Options for clinic space and accommodation for clinic staff in a community are often limited. Many of the clinic staff and clinic supplies need to be flown in on rotations from out of territory. Inclement weather, especially during fall and winter, can impede transportation and clinic operations. The clinic staff require training in cultural competency and clinic operations. Managing the data generated through a CWS requires additional staff and health information management infrastructure. Overall, the timing and operations of a CWS could impact the delivery of routine health care or at times community services and programs. As community size increases, the planning and implementation of a CWS also becomes increasingly complex and resource intensive.

Given both the benefits and limitations of CWS, and based on experience acquired in these past efforts, future screening efforts should be less resource-intensive and sustainable towards the TB elimination, including a greater emphasis on risk-based screening.

The Social Determinants of Tuberculosis in Nunavut

TB has affected multiple generations of Inuit families. Some individuals have had TB more than once in their lifetime. Although new introductions of TB to Nunavut is now rare, TB has stayed and moved around the territory for decades.

In Nunavut, important social determinants of TB that make its spread easier include overcrowded housing, high smoking rates and food insecurity, which unfortunately remain widespread in Nunavut and often cluster together in families.

Inuit Tapiriit Kanatami's Inuit Tuberculosis Elimination Framework identifies social determinants of Inuit Health that are particularly relevant to TB as housing, food insecurity and nutrition, mental wellness, income distribution, and availability of health services. In addition, factors such as colonialism, systemic racism and social exclusion (discrimination toward individuals or families experiencing TB) may also contribute to the context of social determinants of health for Inuit and other Indigenous communities, families and individuals.[1]

This section provides an overview of the prevalent social determinants of TB in Nunavut.

Overcrowding increases the risk of TB spread. Nunavut's housing crisis is growing and overcrowding is only one dimension of that crisis.[18] Roughly 45% of public housing units—the dwelling type for 61% of the population—are overcrowded. In some situations, overcrowding can be as severe as 15-20 people living in 3 or 4-bedroom houses with beds used in shifts. One in four live in a multigenerational household. Further, long winter seasons mean people spend more time indoors. In many instances, when one case of TB is found in a household, further cases are found amongst household members, particularly if there is overcrowding. Additionally, 8% of active TB cases reported experiencing severe housing issues including couch surfing and/or being homeless at the time of diagnosis.

The high tobacco use is an ongoing public health challenge in Nunavut. Although there have been positive changes recently, with less tobacco smoking indoors and around children, smoking rates are still high in Nunavut.** Shared smoking spaces such as "smoking shacks" that are enclosed and poorly ventilated are common in communities. In such a shared space, persons from multiple households could be exposed to TB. Smoking can also lead to more severe forms of the TB disease, delays recovery, and increases the risk of "sleeping TB" becoming active TB (reactivation). Similar harmful effects are also linked with the use of alcohol and recreational drugs. While 42% of active TB cases reported smoking or living in a household with people smoking, over 50% of active TB cases reported to have either high alcohol consumption or use of recreational drugs, or both.

** Over 50% of Nunavut's population aged 12 and above reported smoking currently, either on a daily or occasional basis. Source: Statistics Canada. Table 13-10-0113-01 Health characteristics, two-year period estimates. Available from: https://doi.org/10.25318/1310011301-eng

Food insecurity is prevalent in Nunavut. More than half of households are food insecure.[19] High food prices, high poverty rate (44.5%),[20] limited access to country food and other nutritious food options, and challenges with food programs contribute to food insecurity in Nunavut. Persons facing food insecurity on regular basis often have poor nutrition and poor health, overall, making them less resistant to infectious diseases, not just TB. As with smoking, poor nutrition accelerates the progression of the disease, leading to more severe forms of TB, slower recovery and increased risk of reactivation.

Addressing TB in Nunavut requires a whole-of-government and whole-of-society approach that extends beyond the health sector alone. While public health programs play a critical role in TB prevention, diagnosis, and treatment, the underlying social determinants that drive TB transmission such as overcrowded housing, food insecurity, poverty, and substance use also play a major role. These determinants fall across multiple policy and service domains. Strengthening interdepartmental collaboration among health, housing, family services, education, justice, and economic development partners is essential to reducing TB risk and improving long-term outcomes. Coordinated planning, shared accountability, and aligned investments can help address upstream determinants, support culturally appropriate and community-led solutions, and reduce the burden placed on individuals and families affected by TB. Meaningful partnerships with Inuit organizations and communities are equally critical to ensure responses are grounded in Inuit knowledge, priorities, and lived experience. By working together across departments and sectors, Nunavut create more sustainable, equitable solutions that not only advance TB elimination efforts but also strengthen overall health and wellbeing for Nunavummiut.

The Way Forward

Several Nunavut communities have experienced TB outbreaks in recent years. Through strong partnerships, substantial effort and resources have been mobilized to respond effectively to these outbreaks. While intensified action during outbreaks is critical, long-term TB elimination depends on maintaining a robust TB program embedded within everyday health system operations. Sustained gaps in routine TB prevention, care, and control increase the risk of future flare-ups. Strengthening core program components is therefore essential to ensuring consistent, effective TB control across Nunavut.

For a robust Nunavut TB program, sustained improvements are necessary on several fronts including:

- Prevention and early detection of active TB and TB infection
- Treatment and care of active TB and TB infection
- Knowledge mobilization and ongoing TB education
- Building infrastructure and logistical capacity
- Community engagement and community-led TB initiatives
- Partnerships and a whole-of-society approach

Prevention and Early Detection of Active TB and TB Infection

Nunavut communities are socially close-knit, and many households experience overcrowding and food insecurity. These conditions increase the risk of rapid TB transmission when new cases arise. Early detection of active TB is one of the most effective ways to limit spread, reduce the number of secondary infections, and protect communities. This requires individuals to seek care promptly when symptoms develop and health care providers to diagnose active TB, initiate treatment, and begin contact tracing without delay.

In addition, Nunavut has a large reservoir of untreated TB infection due to the historical burden of disease in the north. Untreated TB infection can progress to active TB later in life, particularly as immune function declines with age or in the presence of social and health stressors. Strengthening TB infection screening and offering preventive treatment early are critical strategies for reducing future disease burden and interrupting transmission over time.

Treatment and Care of Active TB and TB Infection

Effective treatment of TB in Nunavut relies on timely initiation of therapy, continuity of care, and strong social supports that enable individuals to complete treatment successfully. TB treatment can be lengthy and demanding, often requiring isolation, frequent follow-up, and daily medication over many months. A person-centred approach that integrates medical care with social, cultural, and practical supports is essential.

Trauma-informed and culturally safe TB care is particularly important given the historical and intergenerational impacts of past TB practices in the north. Clear communication, use of Inuktut interpretation, respect for Inuit knowledge, and care delivered as close to home as possible can help build trust, reduce stigma, and improve adherence and outcomes.

Knowledge Mobilization and Ongoing TB Education

TB remains endemic in Nunavut; however, the health workforce is highly mobile, and many providers come from jurisdictions where TB is rare. As a result, TB may not always be considered early in the diagnostic process,

leading to missed opportunities for timely detection. Comprehensive onboarding and ongoing education are therefore essential to reinforce a consistent "think TB" approach among health professionals.

Community health centres play a central role in prevention and provide an opportunity to integrate TB education and screening into routine services such as wellness checks, immunization visits, and maternal and child health care. Embedding TB awareness within holistic, preventative care brings TB knowledge closer to community members while reducing stigma and improving early engagement.

TB care in Nunavut must also be trauma-informed and strength-based. TB has had profound and lasting impacts on Inuit families and communities, and fear or mistrust of health systems may be rooted in lived or intergenerational experiences. Delivering culturally safe care through compassionate, non-judgemental communication, the use of Inuktut interpretation, and clear messaging that TB is treatable and often manageable at home, supports trust, adherence, and recovery.

Building Infrastructure and Logistical Capacity

A strong Nunavut TB program depends on a stable and well-supported health workforce at the community level, alongside dedicated TB expertise at regional and territorial levels. Continued efforts to strengthen the Nunavut nursing workforce and retain skilled staff are essential to sustaining TB prevention and care.

Geographic distance and limited infrastructure in communities farther from regional centres present ongoing challenges for rapid diagnosis. For example, certain diagnostic tools, such as Interferon Gamma Release Assay (IGRA) blood testing, are currently feasible only in communities with laboratory processing capacity. Addressing these barriers will require innovative solutions, including expanded use of community-based human resources, mobile services, and emerging diagnostic technologies that reduce reliance on complex logistics.

Community Engagement and Community-Led TB Initiatives

Meaningful engagement with communities is fundamental to TB elimination in Nunavut. Collaboration with Elders, community leaders, TB survivors, and community health workers helps ensure that TB programs reflect Inuit values, knowledge, and priorities. Community-led initiatives can strengthen trust in TB care, reduce stigma, and support individuals throughout diagnosis and treatment.

Empowering trusted community members to champion TB education and prevention efforts enhances sustainability and effectiveness. Incorporating lived experience into program planning and evaluation further strengthens accountability and ensures that TB services remain responsive, culturally relevant, and grounded in community strengths.

Partnerships and a Whole-of-Society Approach

Eliminating TB in Nunavut is increasingly urgent given emerging public health challenges, including rising substance-related harms, increased risk of human immunodeficiency virus (HIV)[1] transmission, and persistent social determinants such as housing shortages and food insecurity. While a robust TB program is essential, success is only possible through strong, sustained collaboration across sectors.

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[1] HIV is the most important risk of developing and progressing active TB

Partnerships with ITK, NTI, hamlets, community leaders, non-governmental organizations, and federal partners such as the Public Health Agency of Canada and Indigenous Services Canada are critical. Continuing and expanding these partnerships mean combining resources, expertise, and advocacy to improve TB prevention and care, and addressing the underlying social determinants that continue to shape TB risk in Nunavut.

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