The fifth and latest edition of the *Canadian Tuberculosis Standards* is now available through the offices of the Canadian Lung Association (CLA), and the individual provincial and territorial lung associations.

Since the publication of the last edition of the *Canadian Tuberculosis Standards* (1) of the CLA and Canadian Thoracic Society (CTS), there has been renewed interest in the global resurgence of tuberculosis. In Canada, the epidemiology of tuberculosis reflects the many important challenges for tuberculosis control: an increasing proportion, now 64%, of all patients with tuberculosis in Canada are born outside Canada; there has been limited success in reducing the incidence of tuberculosis among aboriginal peoples, particularly in western Canada and the Territories; and tuberculosis-human immunodeficiency virus coinfection and drug resistance are growing problems. As a result, there has been increasing collaboration between the various tuberculosis stakeholders in the country including the provincial and territorial tuberculosis control programs, Health Canada, Citizenship and Immigration Canada, and the CLA/CTS. It is altogether fitting, therefore, that the fifth edition of the *Canadian Tuberculosis Standards* has been coproduced by the CLA/CTS and the Division of Tuberculosis Prevention and Control at the Centre for Infectious Disease Prevention and Control, Health Canada.

Some may ask why a fifth edition of the *Standards* is in such close succession to the fourth, published in 1996? Perhaps the best answer is the need to prepare ourselves in the new millennium to better respond to two major tuberculosis elimination initiatives: a National Tuberculosis Elimination Strategy issued by Medical Services Branch, Health Canada in 1992, with the aim of eliminating tuberculosis in First Nations peoples by the year 2010; and a National Consensus Conference on Tuberculosis, such as the one held in 1997, sponsored by Health Canada, at which there was agreement by conference participants on an interim elimination goal of a 5% reduction in the number of tuberculosis cases in Canada each year.

Historically, the Canadian medical and public health communities have had a genuine interest in tuberculosis, with many notable persons and organizations having made significant regional, national and international contributions in the field. The fifth edition of the *Standards* draws upon a cross-section of current Canadian epidemiological, medical microbiological, respirological, infectious disease and public health expertise in tuberculosis (see appended Table of Contents). Departures in content, layout and design from the previous edition include the following:

- The grouping of chapters into three categories: Epidemiology of tuberculosis, Medical aspects of tuberculosis, and Public health aspects of tuberculosis.

- The addition of three new chapters to the medical section: “Nonrespiratory (extrapulmonary) tuberculosis”, “Drug-resistant tuberculosis” and “Pediatric tuberculosis”.

- An increased emphasis on the public health aspects of tuberculosis control with the addition of a new chapter, “The role of public health in tuberculosis control”, which brings together the various functions of public health that are distinct from the activities carried out by clinical service providers.

- The highlighting of treatment or preventive therapy options with summary points and levels of evidence, the latter categorized as levels I, II or III according to the *Canada Communicable Disease Report* (2):
Announcement

Level 1 – Evidence from at least one properly randomized, controlled trial

Level 2 – Evidence from at least one well designed clinical trial without randomization, from cohort or case-controlled analytical studies preferably from more than one centre, from multiple time series or from dramatic results in controlled experiments

Level 3 – Evidence from opinions of respected authorities on the basis of clinical experience, descriptive studies or reports of expert committees

• The citing of references in the text with particular emphasis on Canadian content.

In Canada, expert opinion on tuberculosis is usually provided by members of the infectious diseases, respirology and public health communities. All are invited to read the fifth edition of the Standards.

REFERENCES