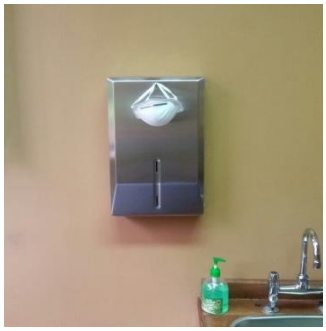
Practical Strategy 5:

Tuberculosis and HIV Integrated Activities



Integrating TB and HIV activities to improve prevention, care and treatment services

The World Health Organization estimates that the risk of developing TB is more than 25 times greater in people living with HIV than among those without HIV infection and accounts for up to a third of AIDS deaths worldwide. Integrating TB and HIV services is an opportunity to ensure patients living with HIV are routinely screened and are provided TB services as soon as symptoms appear. The purpose of this SOP is to outline the procedure used for Community Health Workers (CHW) to properly implement tuberculosis screening, treatment follow up, contact tracing and infection control procedure.

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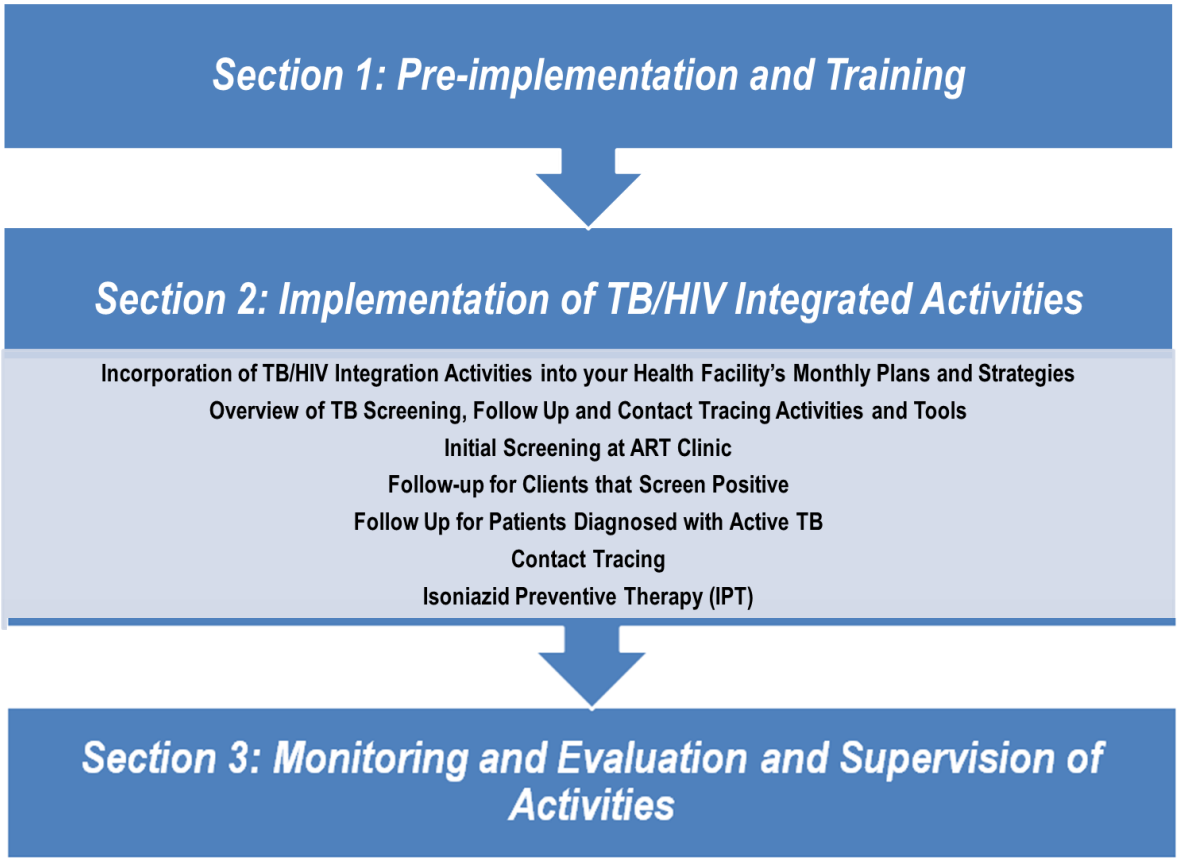
SOP SUMMARY



TOOLS AND FORMS

TB Job Aids: N95 Respirator Instructions and the Cough Coaching Tool - are designed to be used by health care providers at the health facility to prevent the transmission of TB.

TB Screening and Tracking Tools: Following screening with the TB Screen Tool, the TB Treatment MasterCard and TB Treatment Register are used to track those diagnosed with active TB through their treatment process. The TB Follow Up Register, in combination with the Client Tracing Tools, help CHWs keep track of patients that require a non-standard follow up, so that patients can be tracked if they do not return to the health facility on their scheduled appointment dates.

TB Contact Tracing Tool: This tool is designed to help community health workers screen household contacts (contacts) of patients with active TB (index cases) for symptoms of TB disease.

IPT Tools: The IPT register is designed to be used to keep track of all patients in the facility currently taking IPT and is used in combination with the IPT MasterCard, a tool for CHWs to keep track of individual patient clinic visits and their overall IPT outcome.

Client Tracing Tools: These tools are designed to support the CHW organize and report on client tracing efforts, regardless on the reason for tracing. The Client Tracing Form provides a document to record the client's locator information, tracing attempts and final tracing outcome. The CHW Client Tracing List helps the CHW manage and track all his/her client's that require tracing and their current tracing status.

Community Health Worker Training Curriculum: This curriculum is designed to provide CHWs the knowledge needed to perform any activity in this toolkit. It is recommended that all CHWs receive the full training. If it is not possible, it is recommended to specifically look at: **Unit 9:** TB and HIV.

Health Talk Procedure and Topics: Health talks are 20-30 minute long patient education sessions, usually presented by a CHW while a group of patients is waiting for their appointments.

FEATURED CASE STUDIES

Case Study 1: Infection Control
Case Study 2: Recording TB Screening and Treatment in Patient's Personal Records
Case Study 3: Collecting Sputum Samples
Case Study 4: Special Cases

ACRONYMS

TB	tuberculosis
MOH	ministry of health
ACF	active case finding
MC	mastercard
HCC	hiv care clinic
IPT	isoniazid preventive therapy
ART	antiretroviral treatment
SS	site supervisor
CHW	community health worker

PURPOSE:

The World Health Organization estimates that the risk of developing TB is more than 25 times greater in people living with HIV than among those without HIV infection and accounts for up to a third of AIDS deaths worldwide. Integrating TB and HIV services is an opportunity to ensure patients living with HIV are routinely screened and are provided TB services as soon as symptoms appear. The purpose of this SOP is to outline the procedure used for Community Health Workers (CHW) to properly implement tuberculosis screening, treatment follow up, contact tracing and infection control procedure. The procedure is separated into three sections:

Section 1: Pre-implementation and Training
Section 2: Implementation of HIV & TB Integrated Activities into the Health Facility
Section 3: Supervision, Monitoring and Evaluation

SCOPE:

Tuberculosis/HIV integrated activities are targeted toward all patients in the health facility and community members.

RESPONSIBILITIES:

Section 1 of the SOP is intended for use by the trainer/organizer of linkage activities.

Sections 2 and 3 are intended for use by community health care workers.

PROCEDURE:

Section 1: Pre-implementation and Training

1. Inform Ministry of Health (MOH) officials and other relevant district and facility personnel that your facility is planning to support TB and HIV integration activities. Inform them of any additional supplies needed (e.g. N95s for prevention and laboratory tools for diagnosis).
2. Organize a workshop with the health facility and invite all relevant personnel (in-charge, TB department representative, laboratory representative, etc.). This workshop should take place at the facility and take approximately one hour. The workshop should take a participatory approach to discuss on the following key items:
    a. Describe what the TB/HIV integration is, its components and its importance
    b. Outline TB/HIV integration goals for the facility
    c. Determine the current state of TB/HIV integration activities and identify any gaps in service. It is important to liaise with the TB department in your health facility as well to ensure there is no duplication of activities and to streamline the overall procedure.
    d. Decide which TB/HIV integration activities the facility would like to implement and in which departments. It is recommended that the TB/HIV integration activities happen in combination with the Active Case Finding (ACF), Linkage Expert, Case Management and Defaulter Tracing strategies.
    e. Discuss monitoring and evaluation and supervision techniques
    f. Decide on training dates and persons to be invited
3. Organize the training(s) and invite appropriate staff.
    a. It is recommended that CHWs are trained using the full **CHW Core Curriculum Training** and SSs attend an additional workshop to learn basic leadership skills and their supervision responsibilities. In situations where a full training is not possible, key information can be found in Unit 9: TB and HIV.
    b. After the CHW Core Curriculum Training, a should be organized with CHWs and all relevant health facility staff (i.e. HIV clinic in-charge, TB department representative, laboratory representative, etc) from each site invited to discuss details of how TB/HIV integration activities will be implemented at each site. During this time, the following should be accomplished:
        i. Clear plan of action to implement linkage strategies. This could include flow charts, departmental SOPs, rosters/rotas, etc.
        ii. A list of roles and responsibilities for each person

1. One member of the CHW team and one member from the supervision team should be nominated as the LE focal persons. They will be responsible for ensuring all TB/HIV integration activities are being implemented as outlined and regularly liaising with the TB department and laboratory.

iii. Method of supervision, monitoring and evaluation both the procedures and quality control measures. This could include TB Screening Tool, TB Follow Up Register, TB Treatment MasterCard, TB Treatment Register, IPT Register and/or IPT MasterCard.

Section 2: Implementation of HIV & TB Integrated Activities at the Health Facility

A. Incorporation of TB/HIV Integrated Activities into the Health Facility's Monthly Plans and Strategies

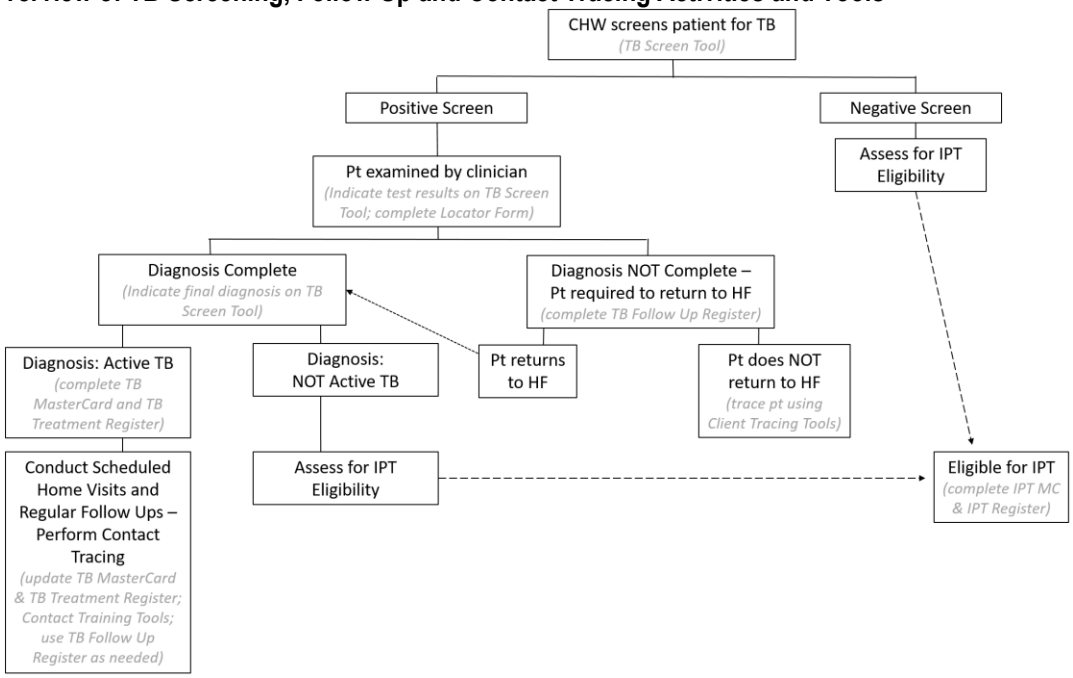
a. Make a formal announcement of the TB/HIV integration services offered by CHWs as described below:
   i. Identification of HIV/TB co-infection in ART clinic
   ii. Patient tracking and home and facility-based support for those on treatment
   iii. Home-based screening for household members of those with active TB infection
   iv. IPT referrals and adherence monitoring

b. Describe the integration between the TB department and the ART/HIV department

c. Give **Health Talks** discussing proper prevention techniques

d. Implement proper infection control procedures:
   i. Provide N95 masks and teach health personnel to using **N95 Respirator Instructions.**
   ii. Teach patients to cover their mouth while coughing to reduce the risk of exposure.
   iii. Keep windows at the health facility open and fans on when possible.
   iv. Enforce precautions are taken when cough coaching and doing home visits:
      1. When coaching patients to cough and produce sputum, stand to one side and far from the patient if they are coughing in front of you. Instruct patients to always produce sputum outside.
      2. During the first two weeks a patient is on treatment, try to meet with them outside of their house. If that is not possible, use an N95 respirator during the meeting. If possible, open doors and windows to maximize ventilation. **Note:** This two-week period should be extended for patients with suspected or confirmed drug-resistant TB.

B. Overview of TB Screening, Follow Up and Contact Tracing Activities and Tools



C. Initial Screening at ART Clinic

1. All patients presenting to ART clinic are eligible for TB screening.
2. Screen clients in a given day, remember: *it is more important to screen well then to screen everyone.* It is appropriate to prioritize patients who are coughing as this could reduce the risk to other clients at the facility.
3. Use the **TB Screening Tool (yellow card)** to screen clients. Ask them all of the questions and fill out the corresponding fields.
    a. If screen is negative: Document the screening result and file the yellow card. Assess patient's eligibility for IPT and start if eligible (*see Section G. IPT*).
    b. If screen is positive (patient answered yes to one of more of the screening questions): Continue to section *D. Follow up for clients who screen positive*.

D. Follow-up for clients who screen positive

1. Inform the client that they have screened positive, but that this does not mean they definitely have TB. It just means they should see a clinician for a closer examination.
2. Document the screening result on the **TB Screening Tool**.
3. Ensure locator information is accurate on the **Locator Form**.
4. Accompany client to the clinician ahead of other clients waiting in line. Inform the clinician of the TB symptoms the client is having.
5. The clinician may make a diagnosis on the spot, or they may order tests to be done. Document all tests on the **TB Screening Tool**.
    a. If the patient cannot get a final diagnosis on the date of identification, document the patient's name and when they are expected to return to the facility for any follow up required for making a final diagnosis using the **TB Follow-up Register**.
6. Ensure the client receives a final diagnosis within 4 days of their initial screening. Note: additional time is due to the extended time needed to process some of tests. This time limit should be adjusted as needed.
    a. If the patient does not come back on the day indicated: Trace the patient by phone or home visit. Patients who are bringing back sputum, and those whose test result is positive must be traced immediately.
    b. If the test results are not available by the day indicated: Follow-up with the lab and the clinician about their final diagnosis.
    c. If the test results are negative**:** Make sure the clinician sees the test results. Note that the clinician may still diagnose the patient with TB even if the tests are negative. Make sure the patient knows the final diagnosis.
    d. If the test results are positive: Make sure the clinician sees the test results. Make sure the patient knows the final diagnosis.
7. Document the final outcome on the TB Screening Tool (yellow card) and in the patient's person records, then take next steps based upon the patient's diagnosis:
    a. If the patient is diagnosed with active TB: Contact the patient to inform them of their diagnosis and refer them to the health facility for treatment initiation (see section *D. Follow-up for patients who are diagnosed with TB*)
    b. If the patient is **not** diagnosed with active TB: assess for IPT (see section *G. IPT*) and counsel on TB prevention.

E. Follow-up for patients who are diagnosed with active TB

1. Patients who are diagnosed with TB should begin TB treatment as soon as possible. The clinician will determine the right regimen and dose for the patient.
    a. Note: The patient may also require to be seen by a focal person from the TB department before initiating treatment.
2. Begin a **Tingathe TB Mastercard (blue card)** for the patient and record their details in the **TB Treatment Register**.

3. Ask them their preference for contact tracing (see section *E. Contact Tracing*) at either their home or the health facility.
4. Conduct two TB home visits at weeks 1 and 2 of treatment.
    a. It is crucial that these visits happen early. The first several weeks after treatment is initiated are the most dangerous time for patients. If you cannot find the patient during these visits, notify the site supervisor immediately.
    b. Use the **Home-Based Visit SOP** as a guide and ensure that the following are completed during the home visits:
        i. Check on the patient's health. If the patient is sick, refer the patient to clinic.
        ii. Assess adherence to both TB treatment and ART.
        iii. Trace consenting household contacts for HIV and TB, if indicated. (see section *E. Contact Tracing*)
        iv. Provide support, education, partnership, and encouragement to continue their treatment.
        v. Remind patients about the importance of cough etiquette and good ventilation to protect their contacts against TB.
5. Continue to provide these services during the patient's monthly visits to clinic.
6. If your patient is not getting better or is having trouble maintaining good adherence, it is crucial that you notify your site supervisor as soon as possible.

Note: Clients may be diagnosed with TB but not screened into care by Tingathe. That is OK. Simply begin a blue card for these clients and follow-up as outlined above.

F. Contact tracing

1. Ask all patients with active TB infection to participate in contact tracing.
    a. Ask patients immediately following their diagnosis of active TB.
    b. Contact tracing can be done either at the home (refer to **Home Based Visit SOP**) or by encouraging them to bring their household members to the health facility.
    c. Contact tracing should be done even if the patient is a child.
2. During a contact tracing session, ask for consent from household members to be screened for TB and HIV.
3. Using the **Contact Tracing Tool (green card)**, record the names of all consenting household members and ask them the TB screening and HIV testing history questions.
4. Household members with unknown HIV status should be offered HIV testing.
5. Refer the following patients for further evaluation:
    a. Patients who answer yes to any TB screening question for further evaluation of active TB infection
    b. All children under five years old, regardless of HIV status, for IPT evaluation
    c. Any contacts with a new HIV-positive diagnosis for ART initiation and/or IPT evaluation
    d. Any HIV-positive contacts not currently on ART for ART initiation
6. Counsel household members on proper prevention and infection control techniques.
7. Upon returning to clinic, record any patient that was referred into the **TB Follow Up Register** and/or other corresponding MasterCard/register (i.e Linkage Register for HIV-infected patients, IPT Register for IPT patients, TB Screening/Treatment MasterCard for TB patients) to ensure they receive the services they need.

G. Isoniazid Preventive Therapy (IPT)

1. Records all patients started on IPT in the **IPT Register**.
    a. For patients identified during contact tracing, follow ups can also be written and tracked using the **IPT MasterCard**. This MasterCard is usually printed on the back side of the index patient's TB Treatment MasterCard.
2. Monitor patient's monthly clinic visits using the IPT Register and/or IPT MasterCard.
    a. No home visits are required for IPT follow-up. However, if you visit the same house as part of your regular duties, use the opportunity to check in on the patient.

Section 3: Monitoring and Evaluation and Supervision

At the facility, the TB/HIV integration activities focal person is responsible for:

a. Ensuring TB/HIV integration activities are being implemented as discussed in the training
b. Reviewing register weekly to review the system to identify patients requiring follow-up and assign action items.
c. Liaising regularly with the TB department and laboratory.
d. Organizing regular meetings for each department's focal person to discuss best practices and edit activities accordingly
e. Sharing data and best practices regularly between departments and facilities

2. Report monthly on key indicators from the TB/HIV Integrated Programs.
    a. Submit all reports to the lead program's M&E team for further analysis.
    b. M&E team is responsible for giving feedback to the health facility and other stakeholders on key indicators which may include:
        i. Total number of patients screened for TB
        ii. % of patients screened with a positive screen
        iii. % of positive screens started on treatment
        iv. % of those that initiated treatment completed it
        v. Number of contacts traced and outcomes

Case Study 1: Developing Infection Control Procedures in the COE

Baylor College of Medicine Children's Foundation-Malawi's (BCM-CFM) Clinical Centre of Excellence (COE) was officially opened on 2nd November 2006. It is well known for providing high quality Paediatric TB/HIV services in Malawi and serves as a referral centre for complicated cases across the nation. The well-trained health service providers and patient friendly infrastructure promotes an environment that facilitates delivery of high quality health services. Baylor is committed to ongoing improvement of TB services within the COE.

In line with continuous quality improvement, BCM-CFM conducted a comprehensive assessment of infection control procedures at the COE. Significant gaps were discovered in TB-Infection Prevention Control (IPC), including lack of a TB -IPC committee to co-ordinate TB-IPC services, prompt triaging of patients presumed to have TB, routine education on cough hygiene, and separation or isolation of coughers in waiting area.

Ventilation systems were suboptimal- windows were not routinely opened, and instead of using recommended fans, air conditioning was routinely used which potentiates the survival of TB bacteria. In addition, N95 masks were not worn by staff in contact with presumed TB cases. Finally, due to the lack of a cough booth, patients were instructed to submit sputum at home and bring the samples to the clinic on the following day resulting in delayed submission of samples for investigation of TB and requiring patients to make additional visits to the health facility. This not only delayed diagnosis but also led to default.

To address these gaps, a TB-IPC committee was established to develop and implement TB-IPC plans and policies appropriate to the context of the COE. To address delayed diagnosis and default related to requiring patients to return with a sputum sample the following day, a cough booth was constructed so that patients could submit sputum on the spot. This has facilitated same day diagnosis as sputum that is collected in the morning can be evaluated for diagnosis on the very same day.

Immediate triaging of presumed cases of TB, education on cough hygiene, and identification and isolation of coughers are now a routine aspect of clinic flow. To reduce nosocomial infection, windows are kept open allowing improved air flow and fans have been put in all high-risk areas to help blow off infected air. Finally, N95 Masks are now routinely given to all staff that are expected to be in contact with presumed TB cases to minimise the risk of contracting TB. With this approach, all important areas of TB–IPC are covered including Managerial, Administrative, Environmental and Personal protective equipment (PPE).

Case Study 2: Recording TB Screening and Treatment in Patient's Personal Records

It is important to document in patient records when a TB screening has been done. For example in the patient's health passport, write: "Tingathe TB Screen" with the screening result, today's date, and Tingathe TB#.

Example: **Tingathe TB Screen (+), 1/1/2014, #0000**

Case Study 3: Collecting Sputum Samples

In order to diagnosis TB clinicians may order a sputum sample to be collected from the patient. Below is a sample protocol that can be used to ensure sputum samples are properly collected and followed up.

1. Inform the patient that a sputum sample is needed in order to assist with their diagnosis of TB infection and explain to them the procedure.
2. Encourage the client to provide two sputum samples on the spot. Patients are encouraged to provide samples the same day to prevent having to return to the health facility to return the samples the following day.
3. Escort the patient outside to a cough tent or other well ventilated area for collection.
4. Provide two minutes of cough coaching using the **Cough Coaching Tool**.
5. Give the patient the sputum collection containers and assist them to provide the samples.
6. If they cannot provide two samples on the spot, encourage them to provide the remaining samples early the next morning. Ensure a locator form is completed and that patient details are entered in the **TB Follow-Up Register**.
7. When samples are collected, fill out lab form, attach a "TINGATHE TB" sticker and write the patient's Tingathe TB Number.
8. Take the samples and the form to the laboratory.
9. Ensure lab staff are aware that the sample has arrived and should be prioritized for same-day GeneXpert analysis. Make a plan to return by a certain time for results.
10. When results are ready, ensure they are given to a clinician and are communicated to the patient. Every attempt should be made to get results back on the same day!

Case Study 4: Special TB Cases

Some TB patients are at greater risk and benefit from expert clinical attention. Patients being treated for TB who fit in the following categories should be evaluated by a clinical mentor as soon as possible and monitored carefully throughout their treatment:

- Current pregnancy or breastfeeding women
- Children under the age of 5 years
- Diagnosis of extrapulmonary TB affecting the central nervous system and/or the pericardium
- Diagnosis of miliary/disseminated TB
- Other concurrent WHO Grade 3 or 4 conditions
- No documented viral load results
- Detectable viral load while on ART
- Currently on second-line ART
- Suspected TB immune reconstitution inflammatory syndrome (IRIS)
- Resistance to any ATT (RIF-resistant on Xpert or any resistance on drug sensitivity testing)
- History of any chronic lung pathology (asthma, COPD, etc.)
- History of any concomitant immunosuppressive pathology (diabetes, malignancy, etc.)
- History of previous ATT
- On IPT at time of TB diagnosis
- Patients not improving after 3 weeks of ATT
- Patients with adherence issues (presumed or confirmed)

The two TB job aids - **N95 Respirator Instructions** and the **Cough Coaching Tool** - are designed to be used by health care providers at the health facility to prevent the transmission of TB.

TB is contagious. As a health worker, it is important to be careful about the health and safety of yourself and other patients. The biggest risk for TB exposure is not from patients being treated for TB. This is because TB treatment is very effective and quickly makes patients less contagious. **The most significant risk is from clients who do not know they have TB.** Due to this, it is important that infection control procedures are put into place to prevent the transmission of TB.

SECTION 1: COUGH COACHING TOOL
SECTION 2: COUGH COACHING SCRIPT
SECTION 3: N95 RESPIRATOR
SECTION 4: QUICK REFERENCE GUIDE TO CORRECTLY WEARING AN N95 MASK

SECTION 1: COUGH COACHING TOOL

This procedure explains the instructions for how to perform cough coaching. This tool is designed to be used by CHWs in situations where they are trying to obtain a sputum sample from a patient for TB evaluation. Use this tool in situations where the clinician/nurse has ordered at sputum test to evaluate a patient for active TB.

1. It is important to protect other patients and yourself from possible TB transmission for the duration that the patient is at the health facility. Take the following precautions:
    a. Provide N95 masks and teach health personnel to use them. These masks should be worn at all times when in contact with a patient with a possible TB infection.
    b. Teach patients to cover their mouth while coughing to reduce the risk of exposure.
    c. Keep windows at the health facility open and fans on when possible.
    d. Give health talks to discuss TB and prevention techniques.
    e. Separate patients with suspected TB from other patients when possible.
2. When conducting cough coaching:
    a. Wear an N95 respirator.
    b. Escort the patient to a cough tent, or if not available, a clear space outside the health facility.
    c. Read the 'Cough Coaching' script below.
    d. Stand to one side and far from the patient while they are coughing in front of you.
    e. Ensure both you and the patient wash your hands after sputum collection.
    f. If the patient is going to take home the containers for sputum collection, instruct them on proper infection control techniques they can practice at their homes.

SECTION 2: COUGH COACHING SCRIPT

Read the following script to the patient:

1. Sputum from your lungs can tell if you have TB, so it's important that you cough up a good sample of sputum to test. To find out if you have TB, we need sputum from your lungs, not saliva from your mouth.
2. To cough up sputum from your lungs, first relax. Then breathe in and out deeply three times.
3. Next, take a deep breath and cough hard to bring up sputum from deep down in your chest.
4. Drop the sputum into the cup. Be careful that no sputum gets on the outside of the container.
5. You need to cough up enough sputum to cover the bottom of the container. If you are unable to cough up enough sputum in one try, try again.
6. When there is enough sputum in the container, put the lid on tightly. Hand the sputum container back for testing.
7. You may find you are unable to cough up much sputum even after several tries. If that happens you can try coughing up sputum at home.
8. Sputum collects in your lungs while you sleep so it may be easier to cough it up first thing in the morning as soon as you wake.
9. Inhaling steam can also help to loosen up sputum in your lungs making it easier to cough it up.
10. Wherever you are the technique for coughing up sputum is the same. Relax, breathe in and out deeply three times. And cough forcibly from your chest. Thank you for your best effort.

SECTION 3: N95 RESPIRATOR

An N95 respirator is a mask that is used to prevent the wearer from inhaling TB particles when interacting with patients with suspected TB infection. It is necessary that all health facility staff are properly trained on how and when to use the mask. Following

*training, the attached **N95 Respirator Instructions** can be hung up and used by CHWs and other health facility staff as a quick reference.*

1. Ensure all health facilities have an adequate supply of N95 respirators available. N95s should be readily available in all TB clinics and wards.
2. Train all health facility staff on how and when to use N95 respirators. These masks should be worn at all times when in contact with a patient with a possible TB infection.
3. Hang the attached poster up in all departments where N95s may be used.
4. Enforce the use of N95s and discuss their importance regularly.
5. In addition to wearing an N95 respirator mask, take the following precautions to reduce TB transmission in your health facility:
    a. Teach patients to cover their mouth while coughing to reduce the risk of exposure.
    b. Keep windows at the health facility open and fans on when possible.
    c. Give health talks to discuss TB and prevention techniques.
    d. Separate patients with suspected TB from other patients when possible.

SECTION 4: QUICK REFERENCE GUIDE TO CORRECTLY WEARING AN N95 MASK

Health Promotion Board

6 Six Steps to wearing the N95 MASK

Step 1

Wash your hands before putting on the mask.

Step 2

Select a N95 mask that fits you well. Separate the edges of the mask and slightly bend the thin metal wire to form a gentle curve.

Step 3

Use your index fingers and thumbs to separate the two headbands while you hold the mask. Place the lower end of the mask on your chin.

Step 4

First, pull both the headbands up and over your head. Then, release the lower band from your thumbs and position it under your ears. Now, position the top band at the back of your head.

Step 5

Press the thin metal wire along the upper edge gently against the bridge of your nose so that the mask fits nicely on your face.

Step 6

Perform a fit check by breathing in and out. While breathing out, check for air leakage around your face.

*For instructions on how to wear different mask models:
www.moh.gov.sg/mask

For more information or updates on the haze:
www.e101.gov.sg/haze
www.haze.gov.sg
Tel: 1800 333 99 99 (MOH 24-hour Haze Hotline)

Elderly people, people with chronic lung disease, heart disease or stroke, and pregnant women should consult their doctor on the use of the N95 mask if they feel uncomfortable while breathing. N95 masks are not certified for use on children, so children should remain indoors as much as possible.

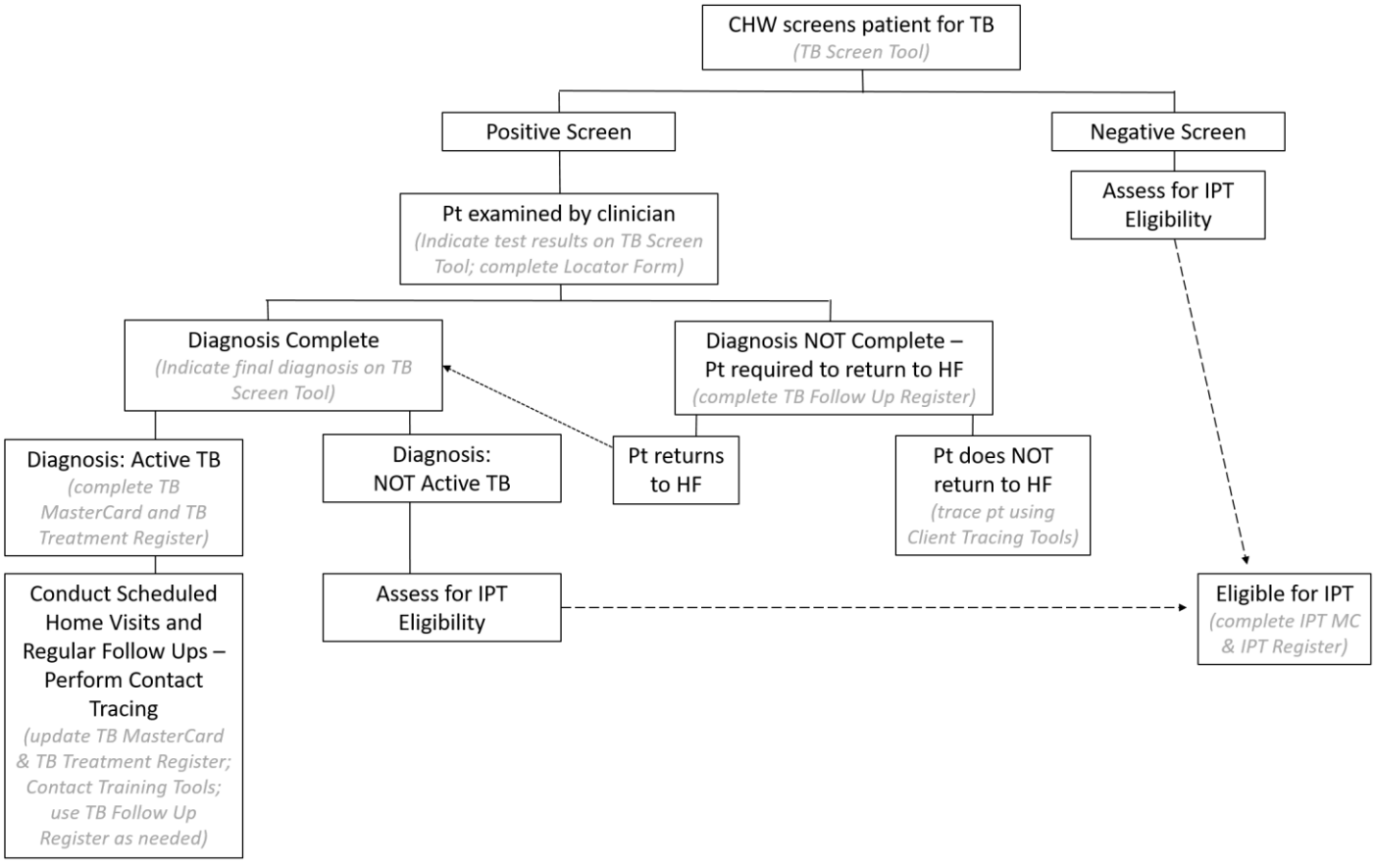
MINISTRY OF HEALTH
SINGAPORE

This procedure explains the tools used to screen patients for TB and track those diagnosed with active TB through their treatment process.

The **TB Screen Tool** acts as a guide for CHWs to properly screen patients for active TB and if TB is suspected, track and record the tests ordered by the clinician/nurse evaluating the patient. The **TB Treatment MasterCard** is to keep track of individual patient follow ups, repeat smear tests and TB treatment outcome. Information from the TB MasterCards can be updated by the CHW, then transferred to the **TB Treatment Register**, a register to keep track of all patients in the facility currently taking TB treatment. The organization of the register allows for easy reporting on TB treatment activities and an overview of patient care and follow up. Finally, the **TB Follow Up Register** helps CHWs keep track of patients that require a non-standard follow up, so that patients can be tracked if they do not return to the health facility on their scheduled appointment dates.

SECTION 1: TB IDENTIFICATION AND TRACKING FLOWCHART
SECTION 2: TB SCREEN TOOL
SECTION 3: TB TREATMENT MASTERCARD
SECTION 4: TB TREATMENT REGISTER
SECTION 5: TB FOLLOW UP REGISTER
Appendix: TB Screen Tool, TB Treatment MasterCard, TB Treatment Register, TB Follow Up Register

SECTION 1: TB IDENTIFICATION AND TRACKING FLOWCHART



***Note:** reference IPT Tools and Client Tracing Tools in their respective sections, they are separate from this tool set*

SECTION 2: TB SCREEN TOOL

- The TB Screen Tool was designed to screen ART patients for TB, but can be used in any setting.
- Follow all prompted instructions on the tool.
- The CHW is responsible for filling the TB Screening Tool. Descriptions for each part of the tool are described below.

A. Section I: Screening Tool

This section should be filled at the time the patient is being screened.

Heading	Description and Instructions	Response Options
Date	Date the screening took place	DD/MM/YY
CHW initials	Initials of the CHW conducting the screening	
Location	Location the screening is taking place	ART= at ART clinic; Other= someplace other than ART clinic, specify
Name	Name of the patient.	Last name, first name
Age	Age of the patient	
HIV	HIV status of the patient at the time of screening. Tick only one. Note: all those that have an unknown HIV status should be referred for HTC	Pos= HIV-infected (positive); Exp= exposed infant; Neg= not HIV-infected (recent HIV test was negative); Uk= unknown HIV status
Last Ting TB #	If the patient was previously given a Tingathe TB number, write the number	Site code – number code
ART/HCC #	Unique identification number assigned to every patient by the MOH when s/he has enrolled in HIV services	
Start date	Date patient has enrolled into HIV services/started ART	
Tingathe #	Unique identification number assigned by the Tingathe program for patients enrolled in either the PMTCT or CBC program	
Regimen	Current regimen, write abbreviation when possible (e.g. 5A, 2P, etc)	
Currently on medicine for TB?	Indication of patient's current TB medication status. Tick only one. If on TB treatment, do not screen patient – instead, stop and open a TB Treatment MasterCard and enroll in TB Register. If taking IPT, write date that patient started IPT and record patient into IPT Register.	No= no the patient is not prescribed to be taking TB treatment or IPT medication; Yes- TB treatment= the patient should be taking TB treatment currently; Yes-IPT= the patient should be taking IPT currently
Screening questions	Ask all 5 questions to every patient. Circle only one response per question. Note: weight question is different depending on the person's age.	N= no the patient is not/has not had that symptom; Y = yes the patient has that symptom
Other questions	Ask all three questions to every patient. Circle the response and if yes, indicate date.	N= no; Y= yes. Date: DD/MM/YY
Female patient's only	Ask both questions to female patients only. Circle the response given.	N=no; Y=yes; Unk= unknown
Result of screen	Tick one box depending on the result of the screening questions asked. If response was 'No' to **all** questions: tick the first box, stop and file the MasterCard. This patent does not need additional follow up. If response was 'Yes' to one or more of the questions: tick the second box and continue with Section II.	

B. Section II: Results (positive screens only)

If a patient was screened 'Positive' in Section I, the patient should be taken to a clinician for evaluation immediately. This section should be filled under the supervision of the clinician or nurse evaluating the patient. Fill this section immediately following the clinician/nurse initial evaluation.

Heading	Description and Instructions	Response Options

Filled locator form?	All screen positive patients need to have a **Locator Form** filled. Circle one response.	Y= yes; N= no
Is there clinical suspicion of TB?	Clinical suspicion of TB based on the nurse/clinicians evaluation. Ask the evaluating clinician/nurse and circle one response.	Y= yes; N= no
Sputum sample ordered?	The clinician/nurse may order a sputum sample to assist with their diagnosis. Indicate the order here, circle one response.	Y= yes; N= no
Date patient to return for results	If the clinician/nurse ordered a sputum, indicate the date that the results should be ready. Tell the patient to return to the clinic on this date.	DD/MM/YY
Comments	Any other relevant comments.	

In addition to a physical examination, the clinician/nurse may order one or more of the following tests: GeneXpert, smear and/or chest x-ray. There are three sections, one for each of the possible tests. Specific test details can be filled by the clinician/nurse. The CHW is only required to fill the following sections.

Heading	Description and Instructions	Response Options
Ordered?	Was the listed test ordered by the clinician. If yes, the CHW is responsible for ensuring that the test is done.	
Was test done?	Indication that the ordered test was completed.	
Serial #	Serial number of the sample taken to the laboratory	

*It is the responsibility of the CHW to record all of these tests onto the form, ensure that all samples are taken to the lab, follow up with the results of the tests and ensure that the results are returned in a timely fashion. When the results have been returned, it is the CHW's responsibility to notify both the clinician/nurse and the patient of the results. At that time, the clinician/nurse will give a final diagnosis (**Final Outcome**) for the patient. The CHW should indicate the **Final Outcome** at the bottom of the sheet and follow the instructions listed.*

SECTION 2: TB TREATMENT MASTERCARD

1. Open a TB Treatment MasterCard for all patients that are diagnosed with active TB. During the first interaction following their diagnosis:
    a. Fill Part 0-Heading and Part I- Patient Details
    b. Ensure that the patient has a **Locator Form** filled
    c. Decide on a date/time to conduct the home-based visit within the first week
    d. Ask the patient their preference on where to conduct contact tracing, either at their home or at the health facility
2. Visit the patient twice at their home within the first two weeks of TB treatment initiation. Use the MasterCard as a guide and checklist for the steps to take during the visit, including:
    a. Assessment of patient sickness
    b. Adherence assessment to TB medication
    c. Contact tracing/screening
3. For the following six months of the patient's treatment, use the MasterCard as a guide and checklist to ensure that at every scheduled health facility appointment the patient's:
    a. Adherence is assessed
    b. Other sicknesses are assessed
    c. Smear tests are done (use the 'Follow Up Smear Results' section as a guide to determine when to collect samples)
4. Fill the patient's final outcome when one of the following outcomes is reached:
    a. Cured
    b. Treatment completed: treatment was complete, but patient not cured
    c. Defaulted: patient did not return for TB medication for two or months and could not be traced at his/her home
    d. Died: patient died before being cured or treatment completion
    e. Transfer out: patient received an official transfer to receive TB treatment from another health facility
    f. Treatment failure:
    g. Other (specify)

Completing the TB Treatment MasterCard

Part 0: Heading

This section should be filled upon opening the MasterCard during the patient's initiation onto TB treatment.

Heading	Description and Instructions	Response Options
Patient name	Name of the patient	First name Last name
Tingathe TB#	Unique ID number (found on the top of the TB Screening Tool) assigned by Tingathe to all patients during TB screening	
CHW assigned	The CHW responsible for following up the patient and ensuring s/he receives all needed services	First name Last name
TB treatment initiation date	The date that the patient began TB treatment	DD/MM/YY
MOH TB#	Unique identification number assigned by the MOH to all patients initiating TB treatment	

Part I: Patient Details

This section should be filled upon opening the MasterCard during the patient's initiation onto TB treatment.

Heading	Description and Instructions	Response Options
Type of TB	Type of TB the patient was diagnosed with. Tick one.	Pulmonary; extrapulmonary
If extrapulmonary, location?	If the patient was diagnosed with extrapulmonary TB, the location of the TB in the body	
Patient type	The status of the patient (in terms of prior TB treatment) at the time of treatment initiation	New= first time initiating TB treatment for this diagnosis; Relapse= ; Failure= ; Treatment after default= ; Transfer in= patient transferred in mid-treatment from another health facility; Other (specify)
Date of last viral load test	The date of the patient's last viral load test. If the patient has not yet had a viral load test done, mark N/A	DD/MM/YY
Result	The result of the patient's last viral load test. If the patient has not yet had a viral load test done, mark N/A	
Treatment regimen	They type of TB treatment given to the patient	1; 2; Meningitis
Number of tablets per day	The number of tablets the patient has to take per day for their TB treatment	
Was the patient also given any:	Indication that the patient was given any other medication at the same time that s/he was given TB treatment. Tick all that apply.	

Part II: Patient Follow Up

This section will be filled as the patient progresses through their treatment. It is recommended that the first two patient visits (and contact tracing) at week one and two are done at the patient's home. It is not necessary to follow the patient at their home after the first two visits unless the patient has defaulted from care. The following six visits will be at the health facility.

Heading	Sub-heading	Description and Instructions	Response Options
Follow up smear results (smear-positive patients only)	[Month] smear done?	Indication that the smear test was completely done	N= no; Y= yes
	Date	Date that the smear sample was taken from the patient	DD/MM/YY
	Result	Result of the smear test	Neg; Scanty; 1+; 2+; 3+
Patient visits	Date	Date that the home visit was made (for weeks one and two) or date of monthly visit (for months one through six)	DD/MM/YY
	Pt sick?	Was the patient sick at the time of visit	Y= yes; N= no
	Adherence checked?	Check adherence to the TB treatment medication by doing a pill count and/or using the adherence questionnaire. For patients <16 years old, ask the patient's caregiver to demonstrate how/when the medications are given.	Y= yes; N= no
	Contacts screened?	All household members of the patient should be screened for TB (see **Contact Tracing MasterCard**), offered HTC and screened for IPT eligibility within the first two weeks of treatment.	Y= yes; N= no

	Notes	Any related notes or comments about the patient's treatment or contact tracing	

Part III: Outcome

Fill this section once the patient has reached one of the following outcomes.

Heading	Description and Instructions	Response Options
Treatment outcome	The outcome of the patient's TB treatment. Mark only one.	Cured; treatment complete; defaulted; died; transfer out; treatment failure; other
Date of outcome	Date that the outcome occurred	DD/MM/YY

SECTION 4: TB TREATMENT REGISTER

It is the responsibility of the SS to maintain and ensure registers are completely filled as data from the register will be used to fill the monthly report. Patient entries should be regularly updated using data from the CHW's **TB Treatment MasterCards** and **Contact Tracing MasterCards**.

Part 1: Patient Details

This section should be filled when the patient first initiates TB treatment.

Heading	Sub-heading	Description and Instructions	Response Options
Tingathe TB#		Unique ID number (found on the top of the TB Screening Tool) assigned by Tingathe to all patients during TB screening	
Patient name		Name of the patient	First name Last name
Age		Age of the patient at the time of TB treatment initiation	
Sex		Gender of the patient	M= male; F=female
Date screened by Tingathe		The date that the patient was screened positive by a CHW (if screening was not done by a CHW, mark with an X)	DD/MM/YY
TB treatment initiation date		The date that the patient began TB treatment	DD/MM/YY
Category		Type of TB the patient was diagnosed with. Circle one.	P= Pulmonary; EP= extrapulmonary
Pt type		Patient Type: the status of the patient (in terms of prior TB treatment) at the time of treatment initiation	S= Screened by CHW; F= Followed after treatment started
Tests done	Xpert	Result of GeneXpert test done to diagnose the patient for active TB	ND= test not done; Ne= test result was negative; P= test result was positive
	Smear	Result of smear culture done to diagnose the patient for active TB	ND= test not done; Ne= test result was negative; P= test result was positive
	CXP	Result of chest x-ray done to diagnose the patient for active TB	ND= test not done; Ne= test result was negative; P= test result was positive
MOH TB#		Unique identification number assigned by the MOH to all patients initiating TB treatment	
CHW		The CHW responsible for following up the patient and ensuring s/he receives all needed services	First name Last name
Location/Phone #		The name of the village where the patient currently resides and/or the patient's phone number	

Part II: Patient Follow Up

This section should be filled throughout the time of the patient's treatment.

Heading	Description and Instructions	Response Options
[1 or2] week home visit	Date that the CHW visited the patient's home	DD/MM/YY
[1-6] month facility visit	Date of the patient's monthly visit to the health facility for TB treatment refill	DD/MM/YY
Contact tracing done	All household members of the patient should be screened for TB (see **Contact Tracing MasterCard**), offered HTC and screened for IPT eligibility within the first two weeks of treatment.	Y= yes; N= no
Number of	If contact tracing was done, the number of household	

contacts screened	members (or other contacts) screened during the session	
Number of contacts started on TB treatment	If contact tracing was done, the number of household members (or other contacts) screened positive for TB and started TB treatment	
Number of contacts initiating IPT	If contact tracing was done, the number of household members (or other contacts) screened, found eligible for IPT and started IPT	

Part III: Outcome

Fill this section once one of the following outcomes has been reached.

Heading	Description and Instructions	Response Options
Treatment outcome	The outcome of the patient's TB treatment. Circle only one.	C=cured; Tc= treatment completed; Di=died; Tf= treatment failure; De= defaulted; To= Transfer out
Date of outcome	Date that the outcome occurred	DD/MM/YY

SECTION 5: TB FOLLOW UP REGISTER

1. The TB Follow Up Register is designed to be used in the following circumstances:
    a. Return with sputum: patient has been given sputum bottles to take home and collect samples and needs to return to give the samples to the laboratory for analysis. Date for patient to return is usually the following day.
    b. Return for results: patient samples have been taken to the laboratory and will require a few days for analysis. Date for patient to return is usually within four days.
    c. Home contact referral for evaluation: one of the index patient's household members has been referred for further services (i.e. HIV, IPT and/or TB evaluation) during contact tracing. Note that the referred patient's Tingathe number should be written, not the index patient's.
    d. Other: any other circumstance where a patient needs non-standard follow up (i.e. monthly visits, TB treatment home visits, etc)
2. When the CHW identifies one of these circumstances, fill all sections in the first part of the register ('Complete BEFORE patient leaves facility').
3. Ensure that a locator form is filled out for the patient. Attach the locator for to the patient's other records.
4. Inform the CHW that is assigned to the patient
5. It is the assigned CHW's responsibility to ensure the patient returns to the health facility by the date recorded. If the patient does not return, the CHW should actively trace and follow up the person.
6. Once an outcome has been reached, the CHW should record both the outcome and the date of the outcome in second part of the register ('Complete after follow-up is complete').
7. Possible outcomes could include: returned to health facility, lost to follow up, died or moved.

Instructions for filling each section of the register are below.

Heading	Description and Instructions	Response Options
Tingathe TB #	Unique ID number (found on the top of the TB Screening Tool) assigned by Tingathe to all patients screened for TB	Site code-patient code
Pt. Name	Patient's name	First name Last name
Date entered	Date that the patient was entered into the TB Follow Up Register	DD/MM/YY
Date pt to return	The date of the patient's next scheduled appointment to return to the health facility	DD/MM/YY
Reason for follow up	The reason the patient has been entered into the register for follow up. Mark one.	
CHW assigned	The CHW responsible for following up the patient and ensuring s/he receives all needed services	First name Last name
Outcome	The outcome of the patient (i.e. whether or not the patient returned to clinic or not).	Possible outcomes may include: returned, lost to follow up, died, moved or transferred out.
Outcome Date	The date the outcome took place	DD/MM/YY

Appendix: TB Screen Tool, TB Treatment MasterCard, TB Treatment Register, TB Follow Up Register

TB SCREENING TOOL TINGATHE TOOLKIT

Section I—Screening Tool

Date:___/___/___ CHW initials:_____ Location: ☐ ART ☐ Other: _____ **Tingathe TB#** _____

Name:_____ Age:___ HIV: ☐ P ☐ Ex ☐ Ne ☐ Uk Sex: Ⓜ Ⓕ Last Ting. TB#:_____-_____

ART/HCC#:_____ start date:____/____/____ Tingathe #:_____ Regimen #:_____

Currently on medicine for TB? ☐☐No ☐☐Yes–TB treatment ↳***stop*** , enroll for follow-up ☐☐Yes–IPT ↳record start date:___/___/___

Screening questions			Other questions			
Do you have a cough?	N	Y	Have you ever taken IPT?	N	Y	
Do you have a fever?	N	Y	If yes, date:____/____/____			
Do you have night sweats?	N	Y	Have you ever taken TB treatment?	N	Y	
Adults 15 years and older Are you having weight loss?	N	Y	If yes, date:____/____/____			
			Has a Tingathe CHW asked you these questions before?	N	Y	
Children under 15 years Are you having poor weight gain?	N	Y	If yes, date:____/____/____			
			Female patients only:			
In the last 2 years has anyone at home been treated for TB?	N	Y	Are you breastfeeding?	N	Y	Unk
			Are you pregnant?	N	Y	Unk

Result of screen: ☐ Negative (no to all screening questions). **STOP.** Assess IPT eligibility.

☐ Positive (yes to any screening question). **Refer** to clinician, continue below

↓Patients with positive screen *only* below this line↓

Section II—Results ***(positive screens only)***

Locator form filled?	N	Y	Comments:
Is there clinical suspicion for TB?	N	Y	
Sputum sample ordered?	N	Y	Date for patient to return for results:____/____/____

GeneXpert: Ordered? Ⓝ Ⓨ Was test done? Ⓝ Ⓨ Serial#:_____

Date(s) sample collected	Date analyzed	Specimen	Results							
			MTB not detected	MTB detected	RIF Resistant not detected	RIF Resistant detected	RIF Resistant Indeterminate	No result	Error Cod	Invalid

Smear: Ordered? Ⓝ Ⓨ Was test done? Ⓝ Ⓨ Serial#:_____ Date sample received:____/____/____

Macroscopic exam: ☐☐Muco-purulent ☐☐Blood-stained ☐☐Salivary ☐☐Other(specify):_____

Date	Specimen	Results	Positive (Grading)			
			+++	++	+	Scanty (exact no)
	1					
	2					

Chest X-Ray: Ordered? Ⓝ Ⓨ Was test done? Ⓝ Ⓨ Date:___/___/___ Result:_____ Suggests TB? Ⓝ Ⓨ

Final outcome:

☐ **No TB diagnosed**

☐ **TB diagnosed**

↳ 1. Accompany to TB office for treatment initiation

2. Record patient in TB Treatment Register and open TB Treatment MasterCard

3. Initiate home visit in one week. Use contact tracing tool for tracing

]

TB Treatment Mastercard Patient name:_____ **Tingathe TB#:**_____

CHW assigned:_____ TB Treatment initiation date: ____/____/____ MOH TB#:_____

Part I—Patient Details

Type of TB	☐Pulmonary ☐Extrapulmonary	*If extrapulmonary* Location?	
Patient type	☐New ☐Relapse ☐Failure ☐Treatment after default ☐Transfer in ☐Other:_____		
Date of last viral load test	_____/_____/_____	Result:	
Treatment regimen:	☐1 ☐2 ☐Meningitis		
Number of tablets per day:			
Was the patient also given any:	Pyridoxine/B6 ☐N ☐Y	CPT ☐N ☐Y	RUTF ☐N ☐Y	Steroids ☐N ☐Y

Part II—Patient Follow Up

Follow up smear results *(Smear-positive patients only)*

Two month smear done?	N	Y	Date:	____/____/___	Result:	Neg	Scanty	1+	2+	3+
Three month smear done?	N	Y	Date:	____/____/___	Result:	Neg	Scanty	1+	2+	3+
Five month smear done?	N	Y	Date:	____/____/___	Result:	Neg	Scanty	1+	2+	3+
Final smear done?	N	Y	Date:	____/____/___	Result:	Neg	Scanty	1+	2+	3+

Patient visits

One week home visit Date: ____/____/___ Pt. sick? N Y Adherence checked? N Y Contacts screened? N Y

Notes:

Two week home visit Date: ____/____/___ Pt. sick? N Y Adherence checked? N Y Contacts screened? N Y

Notes:

One month facility visit Date: ____/____/___ Patient sick? N Y Adherence checked? N Y

Notes:

Two month facility visit Date: ____/____/___ Patient sick? N Y Adherence checked? N Y

Notes:

Three month facility visit Date: ____/____/___ Patient sick? N Y Adherence checked? N Y

Notes:

Four month facility visit Date: ____/____/___ Patient sick? N Y Adherence checked? N Y

Notes:

Five month facility visit Date: ____/____/___ Patient sick? N Y Adherence checked? N Y

Notes:

Six month facility visit Date: ____/____/___ Patient sick? N Y Adherence checked? N Y

Notes:

Additional notes:

Part III

Treatment outcome: ☐Cured ☐Tx completed ☐Defaulted ☐Died ☐Transfer out ☐Treatment failure ☐Other:_____

Date of outcome: ____/____/___

TB TREATMENT REGISTER **SITE:** _____

Part I: Patient Details (fill at time of TB treatment initiation)																							
Tingathe TB#	Name	Age	Sex		Date screened by Tingathe	Date TB treatment initiated	Category		Pt type		Tests done									MoH TB Number	CHW	Location/Phone #
											Xpert			Smear			CXR					
							Pulmonary	ExtraPulm	Screened by CHW	Follow after TX started	Not Done	Neg	Pos	Not Done	Neg	Pos	Not Done	Normal	Abnormal			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	F	ND	Ne	P	ND	Ne	P	ND	No	Ab			
			M	F	/ /	/ /	P	EP	S	P	ND	Ne	P	ND	Ne	P	ND	No	Ab			

Part II—Patient Follow Up (fill after every home/health facility visit)												**Part III- Outcome** (fill when once an outcome is reached)							
1 week home visit	***2 week home visit***	1 month facility visit	2 month facility visit	3 month facility visit	4 month facility visit	5 month facility visit	6 month facility visit	**Contact tracing done?**		**Number of contacts screened**	**Number of contacts started on TB treatment**	**Number of contacts initating IPT**	**Treatment Outcome**						**Date of outcome**	**Comments**
													Cured	**T**x complete	**Di**ed	**T**x failure	**De**faulted	**T**ransfer **o**ut		
/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	Y	N				C	Tc	Di	Tf	De	To	/ /	
/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	Y	N				C	Tc	Di	Tf	De	To	/ /	
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/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /	Y	N				C	Tc	Di	Tf	De	To	/ /	

TB FOLLOW UP REGISTER

Complete BEFORE patient leaves facility						Complete after follow-up is complete	
Tingathe TB#	**Pt. Name**	**Date entered**	**Date pt. to return**	**Reason for follow-up**	**CHW assigned**	**Outcome**	**Outcome date**
		/ /	/ /	☐ Return with sputum ☐ Return for results ☐ Home contact referral for evaluation ☐ Other:_____			/ /
		/ /	/ /	☐ Return with sputum ☐ Return for results ☐ Home contact referral for evaluation ☐ Other:_____			/ /
		/ /	/ /	☐ Return with sputum ☐ Return for results ☐ Home contact referral for evaluation ☐ Other:_____			/ /
		/ /	/ /	☐ Return with sputum ☐ Return for results ☐ Home contact referral for evaluation ☐ Other:_____			/ /
		/ /	/ /	☐ Return with sputum ☐ Return for results ☐ Home contact referral for evaluation ☐ Other:_____			/ /
		/ /	/ /	☐ Return with sputum ☐ Return for results ☐ Home contact referral for evaluation ☐ Other:_____			/ /
		/ /	/ /	☐ Return with sputum ☐ Return for results ☐ Home contact referral for evaluation ☐ Other:_____			/ /
		/ /	/ /	☐ Return with sputum ☐ Return for results ☐ Home contact referral for evaluation ☐ Other:_____			/ /
		/ /	/ /	☐ Return with sputum ☐ Return for results ☐ Home contact referral for evaluation ☐ Other:_____			/ /

This procedure explains the instructions for how to use the **TB Contact Tracing Tool**. This tool is designed to help community health workers screen household contacts (contacts) of patients with active TB (index cases) for symptoms of TB disease. Because TB is an airborne disease, household contacts are at high risk for TB. It is important to screen all contacts of each index case for TB!

SECTION 1: USING THE CONTACT TRACING TOOL
SECTION 2: COMPLETING THE CONTACT TRACING TOOL
Appendix: Contact Tracing Tool

SECTION 1: USING THE CONTACT TRACING TOOL

1. All patients diagnosed with active TB should have their contacts screened for symptoms of TB disease. Fill one Contact Tracing Tool for each patient.
2. Before the contact tracing visit, inform your patient about the need for contact tracing and ask consent to screen their contacts at home. Indicate the patient's preference in the Heading part of the Contact Tracing Tool.
    a. If consent is given: tell your patient when you will visit. Ask them to tell their contacts to help ensure every contact is screened.
    b. If consent is not given: ask your patient to bring their contacts to the facility for screening and document in **TB Follow-Up Register**.
3. During the contact tracing visit, introduce yourself to your patient's contacts and use the following script to describe the process: *TB is an airborne disease that you have been exposed to at home. Just because you have been exposed, does not mean you automatically have TB. We'd like to ask you a few questions to see if you are developing symptoms of TB. If you have symptoms, more testing and an evaluation by a clinician will be needed at the health facility to determine whether you have TB or not. Your answers will remain confidential.*
4. Write the full name of each contact where indicated.
5. Ask to meet with each contact in a private space to ask them the questions.
6. Begin with contact #1. Fill out the entire row before proceeding to the next contact.
    a. Only children should be asked about poor weight gain.
    b. All contacts that require HTC should be offered it.
7. Depending on the responses to the screening questions and the patient's HIV status, the contact may need to be referred to the health facility for additional follow up. Each type of case that needs to be referred is described below along with a script to use to tell people about the referral.
    a. Anyone who answers "yes" to ANY TB screening question: *Your symptoms could be due to TB, but also could be due to something else. It is very important to see a clinician at the health facility to know why you are having symptoms and to get treatment, if necessary.*
    b. All children under 5 years of age (regardless of HIV status or TB screening responses): *Because your child is under 5, they are at higher risk for TB and it is important to know whether they have TB. If they do not have TB, the clinician will prescribe a medicine to take once every day. It is important that your child takes this medicine every day to prevent TB.*
    c. All patients with new HIV diagnosis, or who are HIV-positive/-exposed but not in care: People living with HIV are at high risk of contracting TB. To help reduce your risk of contracting TB and to treat your HIV, it is important that you go to the health facility for further evaluation and treatment.
8. For Tingathe TB#, enter the index patient's Tingathe TB# in the spaces indicated. The resulting number is each contact's unique Tingathe TB#. This should be used on any forms/registers filled out for follow-up. This helps track contacts to their index cases when the data is reviewed.
9. Make a plan with every contact you refer that includes the date when they will come to the health facility for further evaluation. Enter their details and this date in the **TB Follow-Up Register**.

SECTION 2: COMPLETING THE CONTACT TRACING TOOL

Heading

This section should be filled as soon as a patient has been diagnosed with active TB (at the same time as the TB MasterCard is opened).

Heading	Description and Instructions	Response Options
Index MOH TB#	Unique identification number assigned by the MOH to all patients initiating TB treatment.	
Location form was filled	The location of the contact tracing session	Home; Health facility
CHW initials	The initials (first and last) of the CHW doing the	

	contact tracing	
Date	The date of the contact tracing session	DD/MM/YY
Verbal consent for home visit	Indication that the patient consented to have the CHW do contact tracing at the index case's home	Y= yes, consent was given; N= no, consent was not given
Index Tingathe TB#	Unique ID number assigned by Tingathe to all patients during TB screening	
Index name	First name of the index case	
Index surname	Surname of the index case	

Contact Tracing:

This section should be filled during the contact tracing session, either at the index case's home or at the health facility.

Heading		Description and Instructions	Response Options
Contact Name		The name of the contact, first and surname	
Age		The age of the contact in years. If the contact is less than one year old, write the number of months over 12 (e.g. if 4 months old, write 4/12)	
Sex		Gender and pregnancy status of the patient	M= male; FNP= female, non pregnant; F=female
TB screening		Four screening questions to check for the presence of active TB. Should be asked in the following format: 1. Do you have a cough? 2. Do you have a fever? 3. Do you have night sweats? 4. <u>For adults 15 years and older:</u> Are you having weight loss? <u>For children under 15 years old:</u> Are you having poor weight gain? Circle the corresponding response for all 'Yes' answers. If patient is experiencing none of the symptoms, circle 'None'.	C= cough; F= fever; Ns= night sweats; Wl= weight loss; Pw= poor weight gain; N= none
Last HIV test	Last HIV test	The HIV status of the patient following their last HIV test	N= never tested; L-= Last negative; L+ = last positive; Le= last exposed infant; Li= last inconclusive
	Time since last test	Indication of the approximate time since the contact received their last HIV test in days, months or years. Be as accurate as possible.	#D = # days; #M= # months; #Y= # years
HTC	Needed at this visit	Indication of the contact's eligibility for HIV testing at this visit. Reference current testing guidelines to determine eligibility.	Y= yes, the patient is eligible for HTC; N= no, the patient is not eligible for HTC
	Done at this visit	Indication of whether or not HIV testing was done at this visit. Note: it is encouraged that HTC be done at the initial contact tracing visit when possible (i.e. no referrals)	Y= yes, HTC was done at this visit; N= no, HTC was not done at this visit
HTC Result		If HTC was done, the result of the rapid test. Indicate only the final status given to the patient if more than one HIV test was done.	N- = new negative; N+ = new positive; Ne= new exposed; Ni = new inconclusive; C+ = confirmatory positive; Ci = confirmatory inconclusive
ART Status		The contact's ART status after HTC has been performed. First determine if the contact is HIV-infected or not. If HIV-infected, indicate the ART status. Circle only one.	U= uninfected <u>HIV+ only:</u> New = new HIV+ not yet enrolled into HCC/ART services (i.e. tested positive at today's HTC session); ART= contact is currently taking ART; pre-ART = contact is currently enrolled in pre-ART services; ex = contact is an exposed infant enrolled in HIV services; N= contact has a known HIV infection, but not enrolled in any HIV services
Referred to facility?		Indication of whether or not the patient was referred to the health facility for further follow up or evaluation. The following types of contacts MUST be referred: • Those that answered 'Yes' to one or more of	Y = yes, the contact has been referred; N= no, the contact has not been referred

	the TB screening questions • All children less than 5 years old • All HIV-infected or exposed contacts that are currently not enrolled in HIV services	
Date expected at facility	The date given for further follow up/evaluation at the health facility for each contact that was referred. Note: referred contacts should be transferred to the **TB Follow Up Register** for continued tracking	DD/MM/YY
Tingathe TB #	Unique ID number assigned by Tingathe to all patients during TB screening. Generate this new number by writing the index case's TB number in the space	

Appendix: Contact Tracing Tool

TB Contact Tracing Tool	Index MoH TB#		Location form was filled: ☐☐Home ☐☐Facility		CHW initials:		Date:	/ /
Verbal consent for home visit? ☑ ☒	Index Tingathe TB#		Index name:		Index surname:			

	Contact Name *List all contacts here. Complete the full row before proceeding to the next contact*		**Age**	**Sex**			**TB Screening** *mark ALL that patient answers "yes" to*						**Last HIV Test**						**HTC**				**If yes: HTC Result**						**ART Status**							**Referred to facility?***		**If yes: Date expected at facility?**	**Tingathe TB#‡** *Write index Tingathe TB# in blank. This generates a new unique # for each contact*
																													HIV+ only										
				Male	Female **N**on-Preg	Female **P**regnant	Cough	Fever	Night **s**weats	**W**eight loss	***P**oor **w**eight gain*†	None	Never tested	Last negative	Last positive	Last expos. infant	Last inconclusive	**Time since last test** *No. of **D**ays **W**eeks **M**onths or **Y**ears*	Needed at this visit?		Done at this visit?		New negative	New positive	New **e**xp. infant	New inconclusive	Conf. positive	Conf. inconclusive	Uninfected	New HIV+ not yet enrolled	ART	Pre-ART	Exposed infant	Not in care	**Y**	**N**		
																			Y	**N**	**Y**	**N**																
1	Name:			M	FNP	FP	C	F	Ns	Wl	*Pw*	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/ /	_____-1
	Surname:																																					
2	Name:			M	FNP	FP	C	F	Ns	Wl	*Pw*	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/ /	_____-2
	Surname:																																					
3	Name:			M	FNP	FP	C	F	Ns	Wl	*Pw*	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/ /	_____-3
	Surname:																																					
4	Name:			M	FNP	FP	C	F	Ns	Wl	*Pw*	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/ /	_____-4
	Surname:																																					
5	Name:			M	FNP	FP	C	F	Ns	Wl	*Pw*	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/ /	_____-5
	Surname:																																					
6	Name:			M	FNP	FP	C	F	Ns	Wl	*Pw*	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/ /	_____-6
	Surname:																																					
7	Name:			M	FNP	FP	C	F	Ns	Wl	*Pw*	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/ /	_____-7
	Surname:																																					
8	Name:			M	FNP	FP	C	F	Ns	Wl	*Pw*	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/ /	_____-8
	Surname:																																					
9	Name:			M	FNP	FP	C	F	Ns	Wl	*Pw*	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/ /	_____-9
	Surname:																																					
10	Name:			M	FNP	FP	C	F	Ns	Wl	*Pw*	N	N	L-	L+	Le	Li		Y	N	Y	N	N-	N+	Ne	Ni	C+	Ci	U	New	A	Pr	Ex	N	Y	N	/ /	_____-10
	Surname:																																					

REFERENCE (look for corresponding symbol above)

† Use this question for children <15 years only

* These groups MUST be referred to facility for clinical evaluation:

1.) Patients who answer "yes" to ANY screening question for TB evaluation

2.) ALL child contacts <5 years for assessment of IPT eligibility

3.) People with a new HIV+ result, exposed infant, or HIV-infected individuals otherwise not currently in care for linkage to HCC

‡ All referred patients must have details entered in the TB Follow-Up Register to ensure they receive the services they need

This procedure explains the instructions for how to use the IPT MasterCard and IPT Register. The register is designed to be used to keep track of all patients in the facility currently taking IPT. The register should be updated regularly with data from the **IPT MasterCard**. The MasterCard is designed to be used by CHWs to keep track of individual patient clinic visits and their overall IPT outcome. Information from the IPT MasterCards can be updated by the CHW, and then transferred to the **IPT Register** for reporting purposes. The organization of the register allows for easy reporting on IPT activities and an overview of patient care and follow up.

SECTION 1: USING THE IPT MASTERCARD
SECTION 2: IPT MASTERCARD
SECTION 3: USING THE IPT REGISTER
SECTION 4: IPT REGISTER
Appendix: IPT MasterCard, IPT Register

SECTION 1: USING THE IPT MASTERCARD

1. Open an IPT MasterCard for all patients that are eligible to begin IPT. During the first interaction:
    a. Fill Part 0-Heading and Part I- Patient Details
    b. Ensure that the patient has a **Locator Form** filled. Note: If patient was identified during contact tracing, use the index patient's Locator Form. It is not necessary to fill a separate one.
2. For the following six months of the patient's IPT course, use the MasterCard as a guide and checklist to ensure that at every scheduled health facility appointment the patient's adherence is assessed and any other sicknesses are identified.
    a. Home visits are not necessary for IPT patients, except for in the following cases:
        i. If the patient was identified through contact tracing, take the opportunity to check on the IPT patient while conducting home visits for the TB treatment patient.
        ii. If the patient defaults from care, trace the patient to encourage him/her to return to care
    b. Also be aware of a patient's eligibility to start ART (if pre-ART) or begin TB treatment (if active TB diagnosis). If this occurs, the patient should stop IPT and begin the other treatment immediately.
3. Fill the patient's final outcome when one of the following outcomes is reached:
    a. Completed: patient completed the full course of IPT
    b. Defaulted: patient has stopped coming to scheduled appointments for 2 or more consecutive months and cannot be traced.
    c. Died: patient died before IPT course compelted
    d. Transferred Out: patient has received an official transfer letter to continue IPT at another health facility
    e. Stopped- began TB treatment: patient has been diagnosed with active TB and started TB treatment. Indicate the MOH TB number in the space provided.
    f. Stopped-began ART: patient has become eligible to start ART. Indicate the MOH ART number in the space provided.
    g. Stopped- had side effects: the patient's IPT was stopped after instructions given by a nurse/clinician due to the patient's side effects
    h. Other: any other reason not described above. Specify the reason in the space provided.

SECTION 2: IPT MASTERCARD

Part 0: Heading

This section should be filled upon opening the MasterCard during the patient's initiation onto IPT.

Heading	Description and Instructions	Response Options
Patient name	Name of the patient	First name Last name
Tingathe TB#	Unique ID number (found on the top of the TB Screening Tool) assigned by Tingathe to all patients during TB screening	
CHW assigned	The CHW responsible for following up the patient and ensuring s/he receives all needed services	First name Last name
IPT initiation date	The date that the patient began IPT	DD/MM/YY
Index MOH TB#	Unique identification number assigned by the MOH to all patients initiating TB treatment. If patient was identified through contact tracing, write the MOH TB# of the patient they were found through (i.e. index)	

Part I: Patient Details

This section should be filled upon opening the MasterCard during the patient's initiation onto IPT.

Heading	Description and Instructions	Response Options
Reason for IPT	The reason the patient is eligible for IPT initiation	Under-5 contact= the patient is under five years old, identified through contact tracing; pre-ART= the patient is enrolled in HCC
Date of last HIV test	The date of the patient's last HIV test	DD/MM/YY
Result	The result of the patient's last HIV test. Tick one.	Pos= positive; Neg=negative; Inc= inconclusive; ND= not done (this should only be marked if patient is <5yo and refused HIV testing)
Number of IPT tablets per day	The number of tablets the patient has to take per day for IPT	
Was the patient also given any:	Indication that the patient was given any other medication at the same time that s/he was given IPT. Tick all that apply.	

Part II: Patient Follow Up

This section will be filled as the patient progresses through their preventative course. All follow ups will be done at the health facility. It is not necessary to follow the patient at their home unless the patient has defaulted from care.

Heading	Description and Instructions	Response Options
Date	Date of patient's monthly scheduled visit to the health facility for refills	DD/MM/YY
Pt sick?	Was the patient sick at the time of visit	Y= yes; N= no
Adherence checked?	Check adherence to the IPT medication by doing a pill count and/or using the adherence questionnaire. For patients <16 years old, ask the patient's caregiver to demonstrate how/when the medications are given.	Y= yes; N= no
Notes	Any related notes or comments about the patient's medication regimen	

Part III: Outcome

Fill this section once the patient has reached one of the following outcomes. See descriptions of possible outcomes above.

Heading	Description and Instructions	Response Options
IPT outcome	The outcome of the patient's IPT. Mark only one.	Completed; defaulted; died; transferred out; stopped (began TB treatment); Stopped (began ART); Stopped (had side effects); other (specify reason in space provided)
Date of outcome	Date that the outcome occurred	DD/MM/YY
MOH TB#	Unique identification number assigned by the MOH to all patients initiating TB treatment. Fill this only if patient stopped IPT to be initiated onto TB treatment	
ART #	Unique identification number assigned by the MOH to all patients initiating ART. Fill this only if patient stopped IPT to be initiated onto ART	

SECTION 3: USING THE IPT REGISTER

It is the responsibility of the SS to maintain and ensure registers are completely filled as data from the register will be used to fill the monthly report. Patient entries should be regularly updated using data from the CHW's **IPT MasterCards**.

SECTION 4: IPT REGISTER

Part I: Patient Details

This section should be filled upon opening the MasterCard during the patient's initiation onto IPT.

Heading	Description and Instructions	Response Options
Tingathe TB#	Unique ID number (found on the top of the TB Screening Tool) assigned by Tingathe to all patients during TB screening	

Patient name	Name of the patient	First name Last name
Age	Patient's age in years when s/he started IPT	
IPT initiation date	The date that the patient began IPT	DD/MM/YY
Pt type	The type of patient in terms of the location of initial identification. Either the patient was identified through contact tracing/screening by a CHW or a CHW began following him/her after their IPT initiation	S= screened by CHW (or contact tracing); F= follow after IPT started
Reason IPT	The reason the patient was initiated on IPT	<5= the patient was less than five years old; pr= the patient was enrolled in pre-ART
Index MOH TB#	Unique identification number assigned by the MOH to all patients initiating TB treatment. If patient was identified through contact tracing, write the MOH TB# of the patient they were found through (i.e. index)	
CHW assigned	The CHW responsible for following up the patient and ensuring s/he receives all needed services	First name Last name

Part II: Patient Follow Up

This section will be filled as the patient progresses through their preventative course. All follow ups will be done at the health facility. It is not necessary to follow the patient at their home unless the patient has defaulted from care.

Heading	Description and Instructions	Response Options
1-6 month	Date of patient's monthly scheduled visit to the health facility for refills	DD/MM/YY

Part III: Outcome

Fill this section once the patient has reached one of the following outcomes. See descriptions of possible outcomes above.

Heading	Description and Instructions	Response Options
IPT outcome	The outcome of the patient's IPT course. Mark only one.	Completed; defaulted; died; transferred out; stopped (began TB treatment); Stopped (began ART); Stopped (had side effects); other (specify reason in space provided)
Date of outcome	Date that the outcome occurred	DD/MM/YY
Comments	Space for additional notes or comments. If patient starts TB treatment, write the MOH TB number. If the patient starts ART, write the MOH ART number.	

Appendix: IPT MasterCard, IPT Register

IPT Mastercard Patient name:_____ **Tingathe TB#:**_____

CHW assigned:_____ IPT initiation date: ____/____/____ Index MOH TB#:_____

Part I

Reason for IPT	☐Under-5 contact ☐Pre-ART			
Date of last HIV test	_____/_____/_____	Result:	☐ Pos ☐ Neg ☐ Inc ☐ Not Done	
Number of tablets per day:				
Was the patient also given any:	Pyridoxine/B6 N Y	CPT N Y	RUTF N Y	Steroids N Y

Part II—Patient Follow Up

Patient visits

One month facility visit Date: ____/____/___ Patient sick? N Y Adherence checked? N Y

Notes:

Two month facility visit Date: ____/____/___ Patient sick? N Y Adherence checked? N Y

Notes:

Three month facility visit Date: ____/____/___ Patient sick? N Y Adherence checked? N Y

Notes:

Four month facility visit Date: ____/____/___ Patient sick? N Y Adherence checked? N Y

Notes:

Five month facility visit Date: ____/____/___ Patient sick? N Y Adherence checked? N Y

Notes:

Six month facility visit Date: ____/____/___ Patient sick? N Y Adherence checked? N Y

Notes:

Additional notes:

Part III

IPT outcome: ☐Completed ☐Defaulted ☐Died ☐Transferred out ☐Stopped—began TB treatment, fill TB MOH# ☐Stopped—had side effects ☐Stopped—began ART, fill ART # ☐Other:

Date of outcome: ____/____/___ TB MOH#: _____ ART #: _____

IPT REGISTER **SITE:** _____

Part I—Patient Details (complete at enrollment)

Tingathe TB#	Name	Age	IPT Initiation Date	Pt type		Reason Start		Index MoH TB# (*If applicable*)	CHW assigned
				Screened by CHW	**F**ollow after IPT started	**<5** contact	**Pr**e-ART		
			/ /	S	F	<5	Pr		
			/ /	S	F	<5	Pr		
			/ /	S	F	<5	Pr		
			/ /	S	F	<5	Pr		
			/ /	S	F	<5	Pr		
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			/ /	S	F	<5	Pr		
			/ /	S	F	<5	Pr		
			/ /	S	F	<5	Pr		
			/ /	S	F	<5	Pr		
			/ /	S	P	<5	Pr		

Part II— Patient Follow Up (Enter dates as patient receives IPT)						**Part III— Outcome** (Enter when one of the outcomes is reached)									
Facility visits						**IPT Outcome**								**Date of outcome**	**Comments** (record MOH ART# or MOH TB# if started other treatment)
1 month	2 month	3 month	4 month	5 month	6 month	**C**ompleted	**De**fault	**Di**ed	**T**ransfer out	**A**RT started	**TB** Treatment	Stop-**S**ide **E**ff	**O**ther		
/ /	/ /	/ /	/ /	/ /	/ /	C	De	Di	T	A	TB	SE	O	/ /	
/ /	/ /	/ /	/ /	/ /	/ /	C	De	Di	T	A	TB	SE	O	/ /	
/ /	/ /	/ /	/ /	/ /	/ /	C	De	Di	T	A	TB	SE	O	/ /	
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/ /	/ /	/ /	/ /	/ /	/ /	C	De	Di	T	A	TB	SE	O	/ /	
/ /	/ /	/ /	/ /	/ /	/ /	C	De	Di	T	A	TB	SE	O	/ /	