

TB CASE MANAGEMENT DESK GUIDE FOR PRIVATE HOSPITALS / CLINICS



(Public Private Partnership Initiative)

Developed by

National Tuberculosis Control Programme
Association for Social Development Pakistan
Nuffield Center for International Health

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Identifying TB Suspects in People with Cough

Try to provide privacy and courtesy; with only one client in the room,

- Greet, ask their name, and ask what is the problem?

IF THE PATIENT COMPLAINS OF COUGH ask:

How long have you been coughing? If reply suggests less than 3 weeks then ask:

- Has he/she recently had a cough before this?
- If yes, ask for how long?

What other symptoms does he/she has?

- Does he/she cough up sputum? What color? Is it stained with blood?
- Does he/she has fever, if yes, for how long, Is it more by day or night?
- How is his/her weight and appetite?

What drugs he/she is taking? Check which drugs and how long taken

Does he/she smoke? if so, for how long ?

Does any of close contact/family member suffer (has suffered) from **TB**?

Examination - look and listen for these signs:

- Count the pulse
- Take the temperature
- Listen with a stethoscope, asking the patient to breathe deeply.

DECIDE THE LIKELY PROBLEM (S), ADVISE AND TREAT:

Suspect TB if any of these present:

- Cough more than 3 weeks, or
- Cough less than 3 weeks or of uncertain duration, PLUS either
- ✓ Blood stained sputum or fever at night or weight loss, or
- ✓ Previous TB in the patient, family or other close contact
- ☞ Explain importance of sputum exams, and send^a (along with TB05) to the laboratory for 3 smears

Diagnosing TB Patient

All TB suspects are diagnosed and prescribed at a hospital/ clinic.

➤ The patient visits the laboratory to get his sputum examined.

Decide Sputum Positive or Negative Pulmonary TB:

- ❑ If two or more positive sputum smears,
 - ☞ Declare sputum positive pulmonary TB
- ❑ If one sputum positive, Send for X-rays chest and
 - ☞ If X-ray consistent with active pulmonary TB,
 - ☞ Declare sputum positive pulmonary TB
 - ☞ If X-ray not consistent with active pulmonary TB,
 - ☞ Give antibiotic for 7 days, repeat sputum after 7 days, and re-assess
 - ❑ If one or more smear positive, declare sputum positive pulmonary TB
 - ❑ If no smear positive, refer to hospital specialist
- ❑ If all three sputum smears found negative
 - ☞ Give antibiotic for 7 days, clinically assess after 7 days, send for X ray (if req)
 - ☞ If X-rays consistent with active pulmonary TB, and patient found still ill after taking a full course of antibiotics,
 - ☞ Declare sputum negative pulmonary TB
 - ☞ If X-rays are not consistent with active pulmonary TB, and patient found still ill after taking a full course of antibiotics
 - ☞ Refer to hospital specialist

Classify the Disease: Pulmonary or extra-pulmonary

Decide the Type of Pulmonary TB Patient:

➤ **Decide** the “patient type” on basis of history^b of TB drug intake in past:

History of drug intake	Smear result now	Type of patient
<ul style="list-style-type: none"> ➤ Never taken TB drugs in past ➤ Taken TB drugs for less than 4 weeks in past 	Smear positive Smear negative	New case
Taken full course of TB treatment in past and declared cured.	Smear positive	Relapse
Taken TB drugs and transferred from another TB Register	-	Transferred-in
<ul style="list-style-type: none"> ➤ Smear positive patient taken TB drugs for 5 months or more ➤ Smear negative patient taken drugs for 2 months 	Smear positive	Treatment Failure
Taken drugs for a certain period then interrupted for 2/or more month	Smear positive Smear negative	Return after default
Taken drug for more than 4 weeks from outside programme	Smear positive Smear negative	Others

Categorizing TB Patient

Decide the Treatment Category:

TB patients are put into one of two treatment categories on the basis of smear results, disease classification and type of patient.

Smear Results	Disease Classification	Patient Type	Category
Negative	Pulmonary	New	I
	Extra-pulmonary		
Positive	Pulmonary	New	I
		Relapse	II
		<u>Re-treatment:</u> <ul style="list-style-type: none"> • Rx. after default • Rx. after failure • Others (S⁺ only) 	

PRESCRIBING DRUGS AND EXPLAINING TREATMENT:

- **Prescribe** regimen according to patient category (page 4 and 5)
- Calculate dosage of each drug, according to the patient weight (page 4 & 5)
- Fill in the technical part of treatment card (TB01),
- **Inform** the patient that:
 - ✓ He/she is suffering from tuberculosis.
 - ✓ Treatment cures tuberculosis.
 - ✓ TB medicines are free.
 - ✓ He/she must take TB tablets atleast for 8 months (If you don't complete, the duration will exceed)
 - ✓ His/her treatment will last until..... (say which month it finishes)
- Ask if he/she has any queries/concerns? If yes, respond.
- ☞ Send the patient to DOTS Facilitator at the hospital/ clinic.

^bAscertain history of TB drug intake in the past by Asking: **Ever taken?**

- ✓ TB treatment, if yes, for how long? (also verify records if possible)
- ✓ Streptomycin (powder/dry) injections, if yes, for what? for how long?
- ✓ Tablets which make urine color red (show if possible), if yes, for what? & for how long ?

^c**Default** with H/o TB treatment for more than 4 weeks in the past.

Prescribing Drugs to TB Patient

**Category 1, for Adults (>14 years old);
New sputum positive (and smear negative/ extra pulmonary)**

Initial Intensive Phase				Continuation Phase
Daily during months 1 and 2 only				Daily during months 3-8
Patient body Weight (k.g) (Pre-treatment)	H R (100 +150)	Z 400 * mg	E 400 mg	HE (H 150mg + E 400mg)
30 – 39	2	2	1.5	1.5
40- 54	3	3	2	2
55-70	4	4	3	3
> 70	5	4	3	3

* Note: Given # of tablets is for 150mg strength. If 300,450mg tablets, then adjust # of tablets accordingly.

**Re-treatment Category 2, Adults (>14 years);
Relapse, treatment failure, return after default, others**

Patient body weight(k.g) (Pre-treatment)	Initial Intensive Phase daily (3 months)				Continuation Phase	
	HR H(100mg) R(150mg) Combined	Z 400 * mg	E 400 mg	Streptomycine (750mg) (Only for Initial 2 months of intensive phase)	HR H(100mg) R (150mg) Combined	E (400 mg)
30-39	2	2	1.5	500mg	2	1.5
40-54	3	3	2	750mg	3	2
55-70	4	4	2	750 mg	4	3
> 70	5	4	3	750mg	5	3

* Note: Given # of tablets is for 150mg strength. If 300, 450mg tablets, then adjust # of tablets accordingly.

H=Isoniazid R=Rifampicin Z=Pyrazinamide E=Ethambutol

**Category 1 & 2, Adults (>14 years old);
Dosage with Fixed dose Combination (4 FDC & 2FDC)**

CAT-I			CAT-II			
Initial intensive Phase Daily (2 month)		Continuation Phase daily (6 months)	Initial Intensive Phase Daily (3 months)		Continuation phase daily (5 months)	
Patient body weight(k.g) (Pre-treatment)	RHZE (R 150mg + H 75 mg + Z 400 mg + E 275 mg)	HE (H150mg + E 400mg)	RHZE	S (only for initial 2 months)	RH (R 150mg + H100mg)	E (E 400mg)
30-39	2	1.5	2	500mg	2	1.5
40-54	3	2	3	750mg	3	2
55-70	4	3	4	750mg	4	3
> 70	5	3	5	750mg	5	3

H=Isoniazid R=Rifampicin Z=Pyrazinamide E= Ethambutal S=Streptomycin.

Category 1 , Children (0-14 years old)

Initial Intensive Phase					Continuation Phase					
Daily during months 1 and 2 only					Daily during months 3-8					
Patient body weight(k.g) (pre treatment weight)	H (Isoniazid 100mg)		R (Rifampicin 150mg)	Z (pyrazinamide) 500 mg tablet	S (streptomycin)	HR H:Isoniazid 100mg T: Thioacetazone 50mg R: Rifampicin 150mg				
	OP-1	OP-2				OP-1	OP-2	OP-3		
	HR	H				R*	HT	HR	H	R*
5kg to 10kg	½	½	½	1/2	250mg	½	½	½	½	
11kg to 20kg	1	1	1	1	500mg	2	1	1	1	
21 kg to 30 kg	2	2	2	2	500mg	2	2	2	2	

* Note: Given # of tablets is for 150mg strength. If 300,450mg tablets, then adjust # of tablets accordingly.

H=Isoniazid R= Rifampicin Z= Pyrazinamide E= Ethambutol S=Streptomycin

Registering and Educating Patient

REGISTERING & EDUCATING TB PATIENT (at private hospital/clinic)

- **Ask** and record full address of patient and contact person details in TB01.
- **Fill** in TB02, by transferring data from TB01 and also recording the next date for sputum examination.
- ☞ **Educate** patient on disease and treatment (use flip chart, if available).
- ☞ **Arrange** "DOT" for the patient (page 7), and give TB02.
- **Identify** household contacts for further management (see page 8)
- Ask if he/she has any queries/concerns? If yes, respond.

Key Health Education Messages for a Patient (use the flip chart):

- ✓ Free TB drugs will be provided at this hospital/clinic.
- ✓ Show him the tablets and explain the number of each tablet to take daily.
- ✓ Do not get worried if your urine is orange, normal with these drugs
- ✓ Must report to hospital/clinic, if any complaint with intake of drugs
- ✓ Cough spreads the tuberculosis.
- ✓ Cover your mouth only when you cough.
- ✓ Bury any sputum you've coughed out.
- ✓ TB is not spread through dishes, plates, clothes, or sexual relations.
- ✓ Visit this hospital every month. Your progress will be assessed & further treatment will be advised accordingly.

PPM Field Officer during his monthly visit to the hospital/ clinic:

- Get TB patients registered (i.e. transfer data from TB01 to TB register, give district TB number to TB cases, and record the district TB number to respective TB01).

Managing Directly Observed Treatment

MANAGING DOT

- Each hospital/ clinic will arrange “DOT” for their registered TB patients.

Explain DOT and importance of continued Treatment

Say:

- It is important that you take your drugs every day, for eight months.
- 8 months of taking tablets is a long time - but you must keep taking the tablets so that you get cured.
- Almost everyone forgets to take medicine especially when they are feeling well and back to work.
- We recommend that we choose someone to encourage you, and watch you take your tablets every day during the first two (or three) months – this way you do not forget to take the tablets.
- Then the Supporter can continue to support you to complete the full 8 months treatment.
- This is so you get the right pills in the right dose for the right length of time - so that you will be cured.
- Also, you can tell your Supporter if there are any side effects of the medicines, and they can go with you to the clinic.
- This is why we advise you to choose a treatment supporter to watch tablet taking and support you take your treatment.

Help the Patient to Select the Best Treatment Supporter

Say:

- You can decide who is the best person to be your Treatment Supporter.
- Experience with TB patients suggest that the best person is:
 - ✓ Someone who lives **nearby**, so you can meet daily, and
 - ✓ Someone who is **available** nearly every day in the month, and
 - ✓ Someone who is **concerned** that you finish the treatment and get well,
 - ✓ Someone who is **reliable** and will watch you take the correct number of tablets every day.

Say:

- My colleague Mr. (Staff name) will discuss further details in this regard, that will help you to select the best treatment supporter out of the available options i.e. lady/ community health worker and community volunteer.

Managing Household Contacts

MANAGING HOUSEHOLD CONTACTS

- All household contacts of a sputum smear-positive patient are screened (by asking questions from patient).
- Following two types of the household members are identified and called to the hospital/clinic for further assessment and/or management:
 - ✓ 5 years or more old with symptoms suggestive of tuberculosis, and
 - ✓ Less than 5 years old, regardless of symptoms suggestive of tuberculosis
- The household contacts of sputum smear positive cases are screened, at the hospital/clinic, for symptoms as follows:

Household Contact	Screening	Management
Adult	Chest symptoms (cough > 3 weeks or other TB symptoms)	Arrange sputum smears
Child	No TB symptoms Prior BCG? (0-5 yrs only)	Reassure Give BCG(if no prior BCG)
	H/o cough, or fever, or weight loss	Refer to Specialist
Child breast fed by smear positive mother	-	<ul style="list-style-type: none"> ✓ Treat mother ✓ Protect child with INH (5mg/kg) for 6 month ✓ Continue breast feed ✓ At completion of 6 months, give BCG if not already given.

Following-up TB Patient at Hospital / Clinic

The treatment supporter during intensive phase and the patient during continuation phase will collect drugs every month from hospital/ clinic.

At this monthly visit:

- **Examine** the patient for general health condition including weighing
- **Ascertain** the regularity of drug intake (review Support Card or interview)
 - If yes: complement, If no: ask why and help solving the problem
- **Ask** if patient has any complaint indicating side effect, if yes, **Examine** and
- **Advise/Manage** the patient according to the following guidelines:

If patient has a side effect:	Then Manage as follows:
Minor Side Effects	Continue anti-TB drugs <u>and</u> : Give drugs last thing at night
✓ Anorexia, nausea, abdominal pain	Aspirin
✓ Joint pains	Pyridoxine 100 mg daily
✓ Burning sensation in the feet	Anti histamine
✓ Itching of skin	If no response refer
Major Side Effects	Stop anti-TB drugs. Refer to a Specialist
✓ Skin rash	
✓ Deafness	
✓ Dizziness (vertigo & nystagmus)	
✓ Jaundice	
✓ Visual impairment (other causes excluded)	
✓ Shock, purpura, acute renal failure	

(If orange/ red urine then reassure the patient that this is normal for the drug)

- **Give** and record 1-month's drug supply, and record in TB01.
- **Enter** the current and next date of appointment on TB02 & inform patient.
- At completion of intensive phase, also append Rx. Support Card to TB01.

PPM Field Officer, during monthly visit to the hospital/clinic:

- Ensures updating of hospital TB records, and updates his TB register.

Following-up TB Patient at Hospital / Clinic

➤ **At end of month 2** (3 if Cat-II), 5 and 7:

- ✓ Refer to the laboratory for follow-up smear examination (see page 13), and
- ✓ Review the follow-up smear results and **manage** as follows:

Starting continuation phase of treatment:

Category of Patient	Sputum result at end of 2 (or 3) months	Management
Category I (Smear positive)	Negative at end of 2 months	Start continuation phase treatment
	Positive at end of 2 months	Continue intensive phase treatment for 1 more month Re-examine sputum at end of 3 months Then start continuation phase irrespective of smear result
Category I (smear negative *)	Negative at end of 2 months	Start continuation phase treatment
	Positive at end of 2 months	Repeat sputum smear to confirm positive If positive, register as category-II
Category II	Negative at end of 3 months	Start continuation phase treatment
	Positive at end of 3 months	Continue intensive phase treatment for 1 month Re-examine sputum at end of 4 months If negative, start continuation phase If positive, stop drugs for 7 days, refer to laboratory for Culture/sensitivity & start continuation phase

* In smear negative cases, follow-up smears are examined only at the end of 2 months.

Managing patients found not responding to TB drugs:

Category of Patient	Sputum result at end of 5 (or other) months	Management
Category I	Positive at end of 5 months	Repeat sputum smear to confirm positive Declare failure, if smear-positive confirmed Register as Cat-II patient Send for culture and sensitivity, if possible
Category II	Positive at end of 5 months	Repeat sputum smear to confirm positive Declare failure, if positive confirmed Continue treatment for eight months

- **Give** and record 1-month's drug supply, and record in TB01.
- **Update** the data on TB01 and TB02 (smear results, drugs prescribed etc.).
- **Enter** the current and next date of appointment on TB02 & inform patient.

Retrieving TB Patient

RETRIEVING TB PATIENT

The hospital/ clinic, with help of treatment supporter, will coordinate the efforts for retrieving a patient, who delays his due contact with health providers

IDENTIFY THE ABSENTEE PATIENT:

- In case of patients under supervised treatment, the absence of two days of drug intake will be identified and acted upon by Treatment Supporter.
- DOTS Facilitator at hospital/ clinic will review every month the TB01 of all under treatment patients, to identify an absence of seven days or more in collection of drugs from the hospital/ clinic.

RETRIEVE THE ABSENTEE PATIENT:

During supervised treatment:

- ❑ If patient under supervised treatment, miss two consecutive days
- ☞ Treatment Supporter should try to visit the patient and convince/help him to continue treatment without interruption.
- ❑ In case of Supporter's inability to convince,
- ☞ He/she must inform the relevant health worker or the hospital/ clinic staff.

During the whole treatment:

- ❑ If patient (or his supporter/family member) fails to turn up within seven days or more of his/her scheduled visit to collect medicine
- ☞ DOTS Facilitator must identify (in time) the delay, and arrange for retrieval of the absentee (patient) through one or more of the following ways:
 - ✓ Coordinating with the community health worker in the area,
 - ✓ Home visiting by a staff member of hospital/ clinic, where feasible
 - ✓ Writing letter to patient, where deemed suitable and found feasible
 - ✓ Other feasible way, as deemed suitable under local circumstances.

Managing Rx. Interruption, Declaring Rx. Outcomes

MANAGING PATIENT WITH INTERRUPTED TREATMENT

- Retrieve the past record (TB01 and/or TB02) of the patient, and
- ✓ Look at the category in which patient was registered last time
- ✓ Calculate the length of treatment before interruption
- ✓ Calculate the length of interruption (current date - last due date)
- If < 2 weeks – treatment center continues on existing treatment
- If > 2 weeks – make decision as per guidelines given in table on page 14 & 15.

DECLARING TREATMENT OUTCOMES

- The treatment outcome of patients registered at hospitals/ clinic are declared, on basis of TB01 data/comments, and recorded in TB01 and TB02.
- The TB01, for all those who have stopped the TB treatment, will be kept at the hospital/ clinic.
- The hospital/ clinic staff, where applicable, will record their comments on defaulted, died and completed TB cases in “remarks” section of TB01.
- PPM Field Officer transfers the treatment outcome data to TB register.

MONTH DRUGS TAKEN	SMEAR RESULTS				COMMENTS	OUTCOME
	“0” Month	Follow-up				
		2/3 Month	5 Month	7 Month		
8 Months	Pos	Neg	Neg or Missed	Neg	-	Cured
		Pos	Neg	Neg	-	
		Neg	Neg or Missed	Missed	-	Completed
	Neg	Neg	-	-	-	
< 8 Months	Pos	Neg	Pos	-	-	Failure
		Pos	Pos	-	-	
		Neg	Pos	-	-	
	Pos or Neg	Smear results during the follow-up are not considered (in these three situations).			Has not collected drugs for 2 consecutive month	Defaulted
					Died of any reason during the course of treatment	Died
					Transferred to another TB Register	Transferred Out

(Key: Pos = smear positive, Neg = smear negative, (-) = not applicable)

Ensuring Quality

WORKING TOGETHER AT HOSPITAL/ CLINIC:

- A monthly **DOTS review meeting** may be held at each hospital / clinic.
- PPM Field Officer and DOTS Facilitator at the hospital/ clinic carries out a collective exercise, as per agreed guidelines.
- The monthly exercise covers:
 - performance assessment on agreed set of indicators (inputs & case management)
 - collective decisions to address the input and practice gaps.

Sputum examination during follow-up

Patient Category		At the end of Month				
		2	3	4	5	7
Cat-I	Smear positive	✓	If positive at 2 nd month.	-	✓	✓
	Smear Negative	✓	-	-	Only clinic assessment	Only clinic assessment
Cat-II		-	✓	If positive at 3 rd month.	✓	✓

Managing TB Patient with Interrupted Treatment

Treatment of New Cases Who Interrupted Treatment

Length of treatment before interruption	Length of interruption	Do a smear?	Result of smear	Register again as	Treatment
< 1 month	< 2 weeks	No	-	-	Continue on same category (I)
	2-8 weeks	No	-	-	Start again on same category (I)
	> 8 weeks	Yes	positive	treatment after default	Start again on CAT1
			negative	treatment after default	Continue on same category (I)
> 1 month	< 2 weeks	no	-	-	Continue on same category (I)
	2-8 weeks	Yes	Positive	Others	Start on CAT 2
			Negative	-	Continue on same category (I)
	> 8 weeks	yes	Positive	treatment after default	Start on CAT2
			Negative	treatment after default	Continue on same category (I)

** A patient must complete all 60 doses of the initial intensive phase. For example, if a patient has to continue his previous treatment and he took one month (30 doses) before interrupting, he will have one more month (30 doses) of the intensive phase to take. He will then start the continuation phase of treatment.*

*** A patient who must “start again” will restart from the beginning.*

Managing TB Patient with Interrupted Treatment

Treatment for Relapse and Failure Cases Who Interrupted Treatment

Length of treatment before interruption	Length of interruption	Do a smear?	Result of smear	Register again as	Treatment
< 1 month	< 2 weeks	no	-	-	continue Cat 2*
	2-8 weeks	no	-	-	Start again on CAT2
	> 8 weeks	yes	positive	treatment after default	Start again on CAT2
			negative	treatment after default	continue CAT2
> 1 month	< 2 weeks	No	-	-	continue CAT2
	2-8 weeks	yes	positive	Others	start again on CAT2
			negative	-	continue CAT2
	> 8 weeks	yes	positive	treatment after default	start again on CAT2
			negative	treatment after default	continue CAT2

* A patient must complete all 90 doses of the initial intensive phase

Some key problems to consider in people with cough

Decide the patient is very ill if one or more of these are present?

- Impaired consciousness, agitation or lethargy
- Difficulty in breathing at rest or can not talk in full sentences
- Pulse more than 125 in one minute
- Breathing more than 30 / minute adult (or 40 child age 5-13 years)
- Temperature more than 104° F
- BP systolic less than 90

If one or more present give emergency treatment and arrange urgent referral (see below)

Consider pneumonia if any of these are present:

- Pleuritic chest pain, or fever, or coarse crepitations or
- Rapid breathing
- ☞ Give an antibiotic, arrange to see again in 5 days
- ☐ If symptoms persist consider TB, explain and send[#] for 3 smears

Consider asthma attack if:

- Audible wheeze, or auscultatory wheeze
- ☞ Give salbutamol or other asthma treatment and observe the response
- ✓ Positive response suggests asthma,
- ✓ Little or no change, suggest COPD as below.

Consider exacerbation chronic obstructive pulmonary disease

(COPD/ chronic bronchitis) if has been a smoker, and is:

- A recent increase in sputum or change in color to yellow or green,
- ☞ Give an appropriate antibiotic, suggest stop smoking and see in one week.
- ☐ If symptoms persist consider TB and send[#] for 3 sputum smears

IF YOU ASSESS AN ADULT PATIENT WITH COUGH AND DECIDE THEY ARE VERY ILL THEN FOLLOW THE GUIDELINES BELOW:

- Immediately arrange **urgent transfer to hospital** or if available ask the doctor to see immediately
- ☞ Give oxygen if available
- ☞ If pain give paracetamol, and if fever cold sponging and paracetamol
- ☞ If wheezy give inhaled or oral salbutamol and repeat this on the journey
- Give other **emergency treatment** if the transfer time is long (e.g. more than 4 hrs):
- ☞ If pneumonia suspected give first dose of available & appropriate IM antibiotic
- ☞ If short of breath at rest, or very wheezy continue to give oxygen,
- **If severe wheezing or difficulty talking** with breathlessness:
 - ☞ Give salbutamol by inhaler or nebuliser if available, and if wheezing continues repeat in 10 to 20 minutes, OR give as salbutamol injection 500 micro-gram (0.5mg) subcutaneous or IM (may be repeated in 4 hours)
 - ☞ Also give prednisolone 40mg orally or hydrocortisone 100mg IM
 - ☞ If wheeze continues with little response after the salbutamol, give aminophylline 250mg dilute in saline to 20mls given slowly IV over 20 minutes, **OR**
 - ☞ If wheeze continues- but not hypertensive or elderly - then give epinephrine (adrenaline) subcutaneously of 1:1000 (1 mg/ ml = 0.1% solution)
 - May repeat once every 30 minutes if no signs of toxicity.
 - Use a 1ml syringe to give subcutaneously
 - Dose by weight:
 - 0.25 – 0.3 ml if weight 30 – 39 kg
 - 0.25 – 0.4 ml if weight 40 – 49 kg
 - 0.25 – 0.5 ml in an adult 50 or more kg

Definitions

Type of TB Patient:

New case: If patient has never taken treatment for tuberculosis or has taken anti-tuberculosis drugs for less than four weeks in the past.

Relapse: If patient declared cured or treatment completed in the past, again has a positive sputum smear.

Transferred In: A patient who has been transferred from another TB register to continue treatment.

Treatment Failure: If patient while on treatment is sputum smear positive 5 month or later during the course of treatment OR Smear negative patient found smear positive at completion of 2 months treatment.

Return after default: If patient returns to treatment after interrupting treatment for two months or more.

Others: Patients who do not fit in the above mentioned types such as patients known to have taken TB drugs for more than 4 weeks from outside the programme.

Category of TB Patient:

Category-I: New case of smear positive pulmonary tuberculosis or smear negative tuberculosis (pulmonary and/or extra-pulmonary).

Category-II: Previous treatment for more than four weeks in the past, and is found sputum smear positive pulmonary tuberculosis. This category includes: relapse, failure, treatment after default, and others (with smear positive)

Treatment Outcomes:

Cured: Initially sputum smear positive patient who has completed the treatment (eight month) and is smear negative in the last month or treatment and on at least one previous occasion.

Completed: Initially sputum smear positive patient who completed the treatment (eight months) and had negative smears at the end of intensive phase, but with no sputum examination at the end of treatment OR smear negative patient who received a full course of treatment (eight months)

Failure: Smear positive patient who remained, or became again, smear positive five months or later after commencing treatment OR smear negative found smear positive at the end of 2nd month

Defaulted: A patient who at any time after registration had not collected drugs for consecutive two months or more

Transferred out: A patient transferred from one TB register to another Tb register

Died: Patient who is reported to have died of any reason during the course of treatment (based on information gathered and recorded by a responsible health worker)

Bullet Key:

- Main step: This refers to a point/area under consideration
- ✓ Sub-step: This refer to two or more points related to the main step above
- Condition: This refers to conditionality (if), and usually followed by an action statement under that particular condition
- ☞ Recommended action: This refers to an action, in the light of points considered above

The “TB Desk-guide” has been developed through collaborative efforts of TB Control Programme Pakistan, Association for Social Development Pakistan, and Nuffield Center for International Health and Development UK. The development of “TB Desk-guide” is a part of the broader programme-led public-private partnership development exercise including a set of mapping and selection guidelines, training materials for doctors and paramedics, programme planning and monitoring guidelines etc.

The purpose of developing the “TB Desk-guide” is to ensure quality of community-based TB care-DOTS delivered through private sector hospitals/ clinics. The “TB Desk-guide” follows the logical sequence of actual care delivery process, according to national and international (WHO) guidelines. A participatory approach was used to adapt the national programme guidelines to the private sector context. This review enabled the team to decide on the best, context-sensitive, mechanisms and materials for delivery of quality TB care through private sector health facilities.

Two separate “TB Desk-guides” have been adapted for doctors (English) and paramedics (Urdu). To facilitate effective use of TB Desk-guide in the care delivery process a six-session training package for doctors and a three-day training package for paramedic have also been prepared. These materials are currently being implemented and evaluated in the selected districts of Pakistan.

Organizations outside Pakistan are invited to adapt and use these materials for delivery of quality TB care through their respective private health care systems.

For Further Information:



National Tuberculosis Control Programme
Plot No. 61, Industrial Area, I-10/3,
Islamabad, Pakistan
Ph: 92 51 9257235-6 Fax: 92 51 9257234
tbc@isb.paknet.com.pk



Association for Social Development
House 12, Street 48, Sector F -7 / 4
Islamabad, Pakistan.
Ph: 92 51 2611231-3 Fax: 92 51 2871254
Email: asd@asd.com.pk



Communicable Disease Research Programme
Nuffield Center for International Health &
Development
71 – 75 Clarendon Road, Leeds, UK
Ph: 44 113 2336963 Fax: 44 113 2336997
Email: j.d.walley@leeds.ac.uk