

# Health Centre/Clinic/Hospital Drug Resistant TB Register

Region

**Health Facility Name** 

**Begin Date** 

**End Date** 



# INSTRUCTIONS FOR DRUG RESISTANT TB REGISTER AT THE TREATMENT INITIATING CENTER/HEALTH FACILITIES (TIC)

Register (HC/Clinic/Hospital-Drug Resistant TB Reg.) kept in drug resistant (DR) TB room and completed by the TB care provider. Location information to be completed at front of register:

Region	1	Write region name where the DR TB-Treatment initiating center is located										
	Sub-City/Woreda	Write Zone/sub-city/woreda/ where the DR TB-Treatment initiating center is located.										
Name	of Health Facility	Write the name of the health facility where the DR TB-Treatment initiating center is located.										
Regist	er Begin Date	/rite the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)										
	er End Date	Write the date of the last entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)										
S. No.	Datum	Description										
1	MRN/DR TB register Number	Upper Space: Enter the medical register number (MRN) of the patient given by the facility in the upper portion of the column  Lower Space: Write a new unique patient identification number assigned by DR-TB treatment initiating center. The DR-TB unique number is assigned as:  Region/Type of facility/facility code/five digit serial number with DR prefix. For instance, If a patient is started on SLD treatment at St peter hospital and is the 22nd patient to be put on SLD at the center.  His/her unique DR number will be: 14/08/020/DR00022Please write only the five digit number with DR prefix on the space provided as the facility type and code are already written atthe top of each page										
2	Treatment started date	Write treatment-started date using Ethiopian Calendar (DD/MM/YY). Treatment start date is decided by the clinical team of the TICs; In most case the date of registration and date of start will be the same if the patient started the treatment upon arrival and if no other investigation/s are important before the start of the DR TB treatment.										
3	Name in full	Write patient name including, Father, and Grandfather										
4	Sex	Write Sex as: M= Male and F= Female										
5	Age	Write age in years										
6	Address	Write full address of the DR-TB patient as follows:  Upper space: enter name of region where DR TB patient resides.  Second Space: enter name of zone where DR TB patient resides.  Third Space: enter name of woreda where DR TB patient resides.  Fourth space: enter phone number of DR TB patient										
7	Resistance type	Write "Hr-TB" for Isonized-resistant only, "RR" for Rifampicin-resistant only, "M" for MDR; "PX" for Pre-XDR; and "X" for XDR cases.										
8	Site of Disease	Write the site of TB: "Pul" for pulmonary and "EP" for extra-pulmonary										
		NB: Patients with both pulmonary and extra pulmonary TB should be classified as a case of pulmonary TB.										
9	Registration group	Write the registration group Code listed below the register as:  1. New 2. Relapse 3. Treatment After Lost to follow up 4. After failure of treatment regimen with FLD 5. After failure of treatment regimen with SLD 6. Transfer in from another DR TB Initiating center 7. Other, Specify and write the registration group in the remark if it is different from the list										
	Diagnosed by	Write the DST diagnostic Technique used for the diagnoses of DR TB patient: Xpert, LPA, Phenotypic DST, and other WRD (Specify)										
11	Date sample taken for DST Result of drug susceptibility testing	Write the date (DD/MM/YY) of the sample collected to make the diagnosis of DR TB not the date of the result collected										
12-25	(DST)	Write the DST result that is used to make the DR TB diagnosis. Write R=resistant S=susceptible I=Indeterminate (See treatment card for full history of DST data)										
26 -27	Bacteriology	Col 26: Tick (✓) "bacteriologically Confirmed" if DR TB case confirmed by smear microscopy, culture or WHO approved Rapid Diagnostic Technology (such as Xpert MTB/RIF).  Col 27: Tick (✓) "clinically diagnosed" for DR TB case who does not fulfill the criteria for bacteriological confirmation but has been diagnosed with active TB by Healthcare provider who has decided to give the patient a full course of DR TB treatment. This definition includes cases diagnosed on the basis of X-ray abnormalities or suggestive histology and extra pulmonary cases without laboratory confirmation. Clinically diagnosed cases subsequently found to be bacteriologically positive (before or after starting treatment) should be reclassified as bacteriologically confirmed.										
28	Previously treated with first line drug (FLD)	Write 'Y' for those patients who have taken first line drug for more than one month prior to registration and "N" for patient who has no history of drug use and those who has taken for less than one month.										
29	Previously treated with second line drug (SLD)	Write 'Y' for those patients who have taken second line drug for more than one month prior to registration and "N" for patient who has no history of drug use and those who has taken for less than one month.										

## INSTRUCTIONS FOR DRUG RESISTANT TB REGISTER AT THE TREATMENT INITIATING CENTER/HEALTH FACILITIES (TIC)



		Col 20, Maita 60/2 (f 111)/ 44 (- d														
I		Col 30: Write "Y" if HIV test is done or "N" if not done														
		Col 31: Write HIV test date as DD/MM/YY in E.C.														
		Col 32: Write "P" for positive HIV test result or "N" for Negative to														
			w the register. An individual needs to be assigned only in one category that best	describe him/her.												
l		A. Female Commercial Sex workers (Not applicable for	or partner test)													
30 -36	TB/HIV collaborative activities	B. Long distance drivers														
00 00	15/11/ Conditionally delivines	C. Mobile workers/daily laborers														
l		D. Prisoners														
l		E. OVC														
l		Col 34: Write cotrimoxazole prophylactic therapy (CPT) start da	te as DD/MM/YY in E.C													
		Col 35: Write ART treatment started date as DD/MM/YY in E.C														
		Col 36: Write Unique ART No in the appropriate place														
		Write the eligibility code as:														
37	Eligibility	"1" if the patient is eligible for shorter DR-TB regimen.														
31	Liigibility	"2" if the patient is eligible for longer DR-TB regimen  "3" if the patient is eligible for individualized long term regimen "4" if the patient is eligible for isoniazid monoresistance TB regimen														
		Interpret the anthropometry and enter the nutritional assessment result as follow: If normal, write "N"; if moderately undernourished, write "MAM". If severely undernourished, write "SAM"														
		SAM criteria in Adults:  No Acute Malnutrition/Normal														
	Nutritional Assessment:		☐ BMI 16 - <17.5 kg/m² OR MUAC 18 - <21 cm													
38	Classification	☐ BMI <16 kg/m² OR MUAC <18cm;	□ For pregnant women and lactating mothers: MUAC 19-	□ BMI >17.5kg/m² OR MUAC >21 cm												
l		☐ For pregnant women and lactating mothers MUAC <19 cm	<23 cm OR For LIV modified alignet. Confirmed (> 5% sucinh t location as location).	☐ For pregnant women and lactating mothers >23 cm) AND  No edema of both feet												
l		OR edema of both feet without clear cut other cause	☐ For HIV positive client: Confirmed (>5% weight loss since last visit) or reported weight loss (e.g. loose clothing) AND No edema of both feet	No edema of both feet												
			Toportou woight loos (o.g. 10000 slotting) / title two outline of both loot													
l			e provided: - If no intervention and only nutritional advices is provided enter "1";	if the patients has given supplementary food enter "2"; and if												
39	Nutritional Management	patient is on Therapeutic Management enter "3"														
		NB: For DR-TB cases, those with severely undernourished (SAM) cases will receive the Ready -To-Use Therapeutic food (RUTF) and														
		those with moderately undernourished (MAM) cases receive Supplementary food (RUSF) based on availability of supplies.														
		Upper space: Record the final outcome of the therapeutic or su	pplementary food treatment as: recovered/cured: No change: other outcome (si	pecify)												
	Nutritional treatment:	Upper space: Record the final outcome of the therapeutic or supplementary food treatment as: recovered/cured; No change; other outcome (specify)  NB: The following arithmetic measure should be consider to label patients as recovered/cured from nutrition related problem, if Adult Kg/ (non-pregnant/lactating) with BMI ≥18.5 kg/m2; Pregnant and lactating-														
40	Outcome	with MUAC ≥ 23 cm; Children: Under 5 years -WHZ-score above the -2 or WHM greater than 80%; and Children: 5-18 years -BMI for-Age Z- score above the -2														
		Lower space: Write the data on which nutritional treatment outcome assigned date in EC using DD/MM/YY.														
		Hanner anner: Write the outcome of the nations of described (Con-	d. Completed, Feiled, Died, Leet to follow up. Not Fuglicated, and up. block and	to write any other outcome other than listed												
41	DR TB treatment outcome	1	ed; Completed; Failed; Died; Lost to follow up; Not Evaluated; and use blank space	e to write any other outcome other than listed)												
		Lower space: Write the DD/MM/YY of the DR TB treatment out	come given by TIC													
42	Remark	Write additional information of patient in the space provided														
43	MDR TB regimen & date treatment	Upper space: Write the DR-TB intensive phase regimens using	the drug abbreviations.													
40	started: Intensive phase	Lower space: Write treatment started date using Ethiopian Cale	,													
44	MDR TB regimen & date treatment	Upper space: Write the DR TB continuation phase regimens us	ing the drug abbreviations.													
<del></del>	started: Continuation phase	Lower space: Write treatment started date using Ethiopian Cale	endar (DD/MM/YY)													
<i>15</i> 70	Smoor and culture manifering regular	Write all smear and culture results and the date (DD/MM/YY); use	the same date for both if the test done within the same month. If more than one s	smear or culture done in a month, enter the most recent result.												
45-78	Smear and culture monitoring results	"P" for positive result using red pen; "N" for negative results and "U	J" for not done/results not available													
		†														



#### DRUG RESISTANT (DR) TB TREATMENT REGISTER

MRN	Treatment started Date				Region	Resistance type ( Hr-TB, RR/ MDR/Pre XDR/ XDR)	Site of Disease (P/EP)	Registration group*	Diagnosed by  Xpert, LPA, Phenotypic DST, Other WRD (specify)	Date sample taken for DST( DD/ MM/YY	Result of drug susceptibility testing (DST)  Enter the DST result that is used to make the DR TB diagnosis  R=resistant S=susceptible I=Indeterminate													
DR TB Register No		Name (in full)	Sex M/F	Age	Zone/ Subcity Woreda/ Town Phone Number						s	н	R	E	z	Am	Bdg	FLQ (Mfx/ Lfx/ Ofx)	Pto / Eto	Lnz	PAS	Cs	Clz	DI
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	(21)	(22)	23	24	(2

<sup>\*</sup> Registration Group\* 1. New 2. Relapse 3. Treatment Aer Lost to follow up 4. Aer failure of treatment regimen with FLD 5. Aer failure of treatment regimen with SLD 6. Transfer in from another DR TB Initiating center 7. Other, Specify and write the registration group in the remark if it is different from the list

						Smear	(S) and Cultu	re (C) result	s during trea	atment					,	,	
					(If more tha	n one smear c	or culture don	e in a month,	, enter the mo	ost recent pos	itive result)						
MRN	DR TB Treatment		Month 0	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9	Month 10	Month 11	Month 12	Month 13	Month 14
DR TB Register	Regimen	Regimen	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c
No	(intensive phase)  Date started	(Continuation phase) Date started	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y
(1)	(43)	(44)	(45)	(46)	(47)	(48)	(49)	(50)	(51)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)
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### DRUG RESISTANT (DR) TB TREATMENT REGISTER



	Bacter pro												Nutritional	Assessment: Classifica and outcome of treat		Cured			
	Confirmed	5	Previously treated			TB/HIV collaborative Activities						Eligible for  1. Shorter Regimen	Status	Management	Outcome	Completed Failed Died			
No	ılly Confi	Diagnosed	W	rith								<ol> <li>Longer Regimen</li> <li>Individualized long</li> </ol>		Unchanged		Nutritional advice   Other(specify)		Lost to Follow UP Not Evaluated Moved to Pre/XDR TB RX	Remark
	gica (*)	/ Dia				HIV	testing					Regimen	Normal MAM	2 Sunnlamentary	2. Supplementary	2 Supplementary		·	
	Bacteriologically (	Clinically	First line drugs (Y/N)	Second line drugs (Y/N)	Testing done (Y/N/)	Date of test (DD/MM/YY)	Result (P/N)	Target population Category Write code**	CPT Started (DD/MM/YY)	ART Started (DD/ MM/YY)	Unique ART No.	4. Hr-TB regimen	SAM	3. Therapeutic	Date outcome given	Date outcome given			
	(26)	(27)	(28)	(29)	(30)	(31)	(32)	(33)	(34)	(35)	(36)	(37)	(38)	(39)	(40)	(41)	(42)		
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Targeted population category\*\* A. Female Commercial Sex workers, B. Long distance drivers, C. Mobile/Daily Laborers, D. Prisoners, E. OVC, F. Children of PLHIV, G. Partners of PLHIV, H. Other MARPS, I. General population

							Smea	r (S) and (	Culture (C)	results du	ring treat	ment							
						(If more the	han one sme	ear or cultur	re done in a	month, ente	r the most i	recent posit	ive result)	,		,	,		
Month 15	Month 16	Month 17	Month 18	Month 19	Month 20	Month 21	Month 22	Month 23	Month 24	Month 25	Month 26	Month 27	Month 28	Month 29	Month 30	Month 31	Month 32	Month 33	Month 34
s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c	s c
D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y	D/M/Y						
(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)	(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)
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