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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital Unit TB Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date

INSTRUCTIONS FOR TB-UNIT REGISTER

Register (HC/Clinic/Hospital-TB DOTs Reg.) kept in TB-DOTS room, and completed by the TB care provider.
Location information to be completed at front of register:

Region	Write region name where the TB-DOTS center is located
Zone/sub-city/ woreda	Write the Zone/sub-city/ woreda where the TB-DOTS center is located.
Health Facility	Write the name of the health facility where the TB-DOTS center is located.
Begin Date	Write the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
End Date	Write the date of the last entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)

SN	Datum	Comments
	Identification: Personal information	
1	Medical Record Number (MRN)	Write unique individual identifier used on medical information folder for HC and hospital.
2	Unit TB No.	Write TB unit identification number
3	Address of the TB patient	<u>Upper space:</u> Write the patient’s name (individual, father, grandfather)
		<u>Lower space:</u> Write the address of patient (woreda, kebele, House No, Phone No).
4	Sex (M/F)/Age	<u>Upper space:</u> Write the patient’s sex: M=Male; F=Female
		<u>Lower space:</u> Write the patient’s age in years
5	TB Most at risk group*	Write the appropriate code of TB Most at risk category (Key population) 1. Health care staffs including HEWs 2. Diabetes 3. Homeless
		4. Refugee 5. Prisoners 6. Miners 7. Other congregated settings (University Students, Developmental mega project workers etc.) 8. Contacts 9. Others key population (other than 1-8) 10.0 General population
6	Address of the contact person of the TB patient	<u>Upper space:</u> Write the contact person’s name (individual, father, grandfather)
		<u>Lower space:</u> Write the address of contact person: (woreda, kebele, House No, Phone No,)
7	Linkage to the TB service (HEW, Public HF, PPM HF)	Write ‘HEW’ if the patient was initially identified and referred by Health extension worker including HCW working at Health post and Family health team from the community.
8	Rapid diagnostic tests as initial diagnosis	Write ‘Public HF’ if the registered TB patient was diagnosed and linked to receive treatment to TB unit within the same public Health facility or from another public health facility.
		Write ‘PPM’ if the patient was referred to the health facility or TB clinic by Public/ Private mix (PPM) sites for TB diagnosis or to initiate anti TB treatment. Note that PPM HFs includes public health facilities not directly under the scope of the national TB program including Prison, Uniformed Health facilities; NGO clinic, Faith Based Organization clinics and private health facilities. Note that if your clinic is a recognized PPM sites, enter ‘PPM HF’ for all registered TB patients on UNIT TB register and make sure that appropriate information on the type of PPM site is marked in the upper part of reporting formats before sending report to next higher level.
		Write “Y” if TB patients diagnosed initially by X-pert; Write “N” if the TB patient initially diagnosed with other TB diagnostic method.
		Note that TB patient should have a result at the time of registration /enrolment on TB register.to be added
	Identification: Personal information	
9	Rapid diagnostic test Result	<u>Upper Space:</u> Write Rapid diagnostic test Result type as:-
		TB = MTB detected, rifampicin resistance not detected (use red pen) RR = MTB detected, rifampicin resistance detected (use red pen)
		TI = MTB detected, rifampicin resistance indeterminate
		N = MTB not detected
		<u>Lower space:</u> Write Lab. Serial number of Rapid diagnostic test
10	Smear result	<u>Upper space:</u> Write the smear result as “P” for positive result using red pen; “N” for negative results and
		“U” for not done/results not available
		<u>Lower space:</u> Write Lab. Serial number of the smear test
11	Upper: Category (N, R, F, L, T, O)	<u>Upper space:</u> Write the patient’s category
		N=New case: A patient who has never had treatment for TB or has been on anti-TB treatment for less than one month.
		R=Relapse: A TB patient who have previously been treated for TB, were declared cured or treatment completed at the end of their most recent course of treatment, and are now diagnosed with a recurrent episode of TB (either a true relapse or a new episode of TB caused by reinfection).
		F=Treatment after Failure: Treatment after failure patients are those who have previously been treated for TB and whose treatment failed at the end of their most recent course of treatment.(it is similar with previous definition, a patient who, while on treatment remained smear or culture positive at the end of the five ‘months’ or later, after commencing treatment)
		L= Treatment after loss to follow-up: patients who have previously been treated for TB and were declared lost to follow-up at the end of their most recent course of treatment.
		T=Transfer in: A patient who started treatment in one health facility (reporting unit) and transferred to another health facility (reporting unit) to continue treatment.
		O=Other previously treated patients: are those who have previously been treated for TB but whose outcome after their most recent course of treatment is unknown or undocumented
		<u>Lower space:</u> Write the type of TB
		P/Pos= Bacteriologically confirmed pulmonary TB cases using available confirmatory diagnostic methods
		P/Neg= Clinically diagnosed pulmonary TB cases
		EPTB= Extra-pulmonary TB cases (Bacteriologically & clinically diagnosed)

12	Nutritional Assessment and status: Weight (Kg), Height (cm), BMI (kg/m2)/ MUAC (cm)	Upper space: Write the weight of the patient in Kg.
		Middle space: Write the patient’s height in centimeters
		Lower space: Write the BMI and value. BMI is computed as weight in kg divided by height in meter square. For patient age 5-18 years, use BMI- for-age and refer standard charts. Measure and enter MUAC in cm for pregnant, bedridden or under-five patient
13	Nutritional Assessment and status: (Normal, MAM, SAM)	<p>Interpret the anthropometry and enter the result as either “Normal”; “MAM” or “SAM”:</p> <p>SAM criteria in Adults:</p> <ul style="list-style-type: none">• BMI <16 kg/m2 OR MUAC <18cm;for pregnant women and lactating mothers MUAC <19 cm OR oedema of both feet without clear cut other cause <p>MAM criteria in Adults:</p> <ul style="list-style-type: none">• BMI 16 - <17.5 kg/m2 OR MUAC 18 - <21 cm• For pregnant women and lactating mothers: MUAC 19- <23 cm OR• For HIV positive client: Confirmed (>5% weight loss since last visit) or reported weight loss (e.g. loose clothing) AND No oedema of both feet <p>No Acute Malnutrition/Normal</p> <ul style="list-style-type: none">• BMI >17.5 kg/m2 OR MUAC >21 cm•For pregnant women and lactating mothers >23 cm) AND No oedema of both feet
14	Intensive phase: Drug	Write the treatment regimen (Fixed Dose Combination) used in the intensive phase
15	Intensive phase: Dose	Write the treatment dosage of (Fixed Dose Combination) used in the intensive phase
16	Treatment Started (DD/MM/YY)	Write the date TB treatment started in E.C (DD/MM/YY)
17	Write the month	Write the name of month for each month of intensive treatment as follows: If treatment begins in Tikmt, write “Tik” on the first line of column
		16. When the month is completed, and if the patient continues treatment, write the name of the next Month Hidar as “Hid” on the second line of column 16, etc, for as long as intensive phase treatment continues.
18-47	Days of month	Tick (v) each day the patient receives DOTS treatment and Mark (X) for days not receiving DOTS treatment.
TB / HIV Co infection		
48	HIV test offered	Tick (v) if HIV test offered under provider initiated HIV counseling and testing guidelines
49	HIV test performed	Tick (v) if client tested for HIV/AIDS.
50	Targeted population category write code**	Write the following code from the list of target population category listed; an individual needs to be assigned only in one category that best describe him/her.
51	HIV Test results	A. Female Commercial Sex workers F. Children of PLHIV B. Long distance drivers G. Partners of PLHIV C. Mobile/ Daily Laborers H. Other MARPS
		D. Prisoners I. General population
		E. OVC
		Write “P” in red pen if test is Positive or the patient has documented evidence of enrolment in HIV care such as enrolment to pre-ART register or in the ART register
		Write “N” in normal color of pen if test is Negative at the time of TB diagnosis.
		If the test result is ‘inconclusive’ repeat the test and write the final test result.
		Write “U” if HIV testing is not done or no other documented evidence of enrolment in HIV care
52	Enrolled in HIV care (DD/MM/YY)	Write the date patient enrolled in HIV care written as (EC) Day / Month / Year (DD/MM/YY)
53	CPT Started (DD/MM/YY)	Write the date CPT started, written as (EC) Day / Month / Year (DD/MM/YY)
54	ART	Upper space: Write the date patient started ART, written as (EC) Day / Month / Year (DD/MM/YY)
		Lower space: Write the unique ART number for a patient who started ART Treatment in the same facility. If the patient referred to other facility, write as “referred to other facility”. NB: It is the responsibility of the TB focal person of the facility to ensure the effectiveness of referral linkage and its outcome of the patients to the patient preferred and nearest ART Clinic.
55	DST after enrolled to TB treatment	Upper space
		Write Y=Yes if the patient is presumptive DR-TB as per the national guideline
		Write N=No if the patient is NOT presumptive DR-TB as per the national guideline
		Lower space:
		Write No RR - if the DST result of the patient show no resistance at least to Rifampicin
		Write ’RR-TB’ if patient DST result is resistance to Rifampicin only
		Write Hr-TB—If resistance to INH only
		Write MDR-TB’= if patient DST result of the patient is resistance to both Rifampicin and INH (MDR-TB)
		Write Pre-XDR – if the DST result of the patient shows resistance to Isoniazid and rifampicin and either a fluoroquinolone or sec-ond-line injectable drugs but not both.
Write XDR= if the DST result of the patient show resistance to any fluoroquinolone and at least one additional group A drug (Be-daquiline or Linezolid)		

56	Name of HF and DR-TB Treatment started date and Unique DR -TB Number	Upper space: If the patient confirmed with DR TB, Write the name of the health facility that the patient referred for treatment
		Middle space: Write treatment started date using Ethiopian Calendar (DD/MM/YY)
		Record the date when the clinical team decided that the patient deserve DR-TB treatment; 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.
		Lower Space: Write a new unique patient identification number assigned by DR TB treatment initiating center. The DR-TB unique number is assigned as follows:
		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 MDR number will be: 14/08/020/DR00022
		Please write only the five digit number with DR prefix on the space provided as the facility type and code are already written at the top of each page
57	Contacts screening and treatment: Age 0-4 years old Children Contacts	Upper space: Write total number of 0-4 years old Children Contacts with index TB case (Number)
		Middle space: Write the number of 0-4 years old Children Contacts screened for TB at HF at least once (Number)
		Middle Space: Write the number of 0-4 years old Children Contacts screened for TB and free from sign and symptom of TB
		Lower space: Write number of 0-4 years old Children Contacts free from TB and put on IPT
58	Contacts screening and treatment: Age 5-14 years old children contacts	Upper space: Write total number of 5-14 years old children contacts with index TB case (Number)
		Middle space: Write the number of 5-14 years old children screened for TB at HF at least once (Number)
		Middle Space: Write the number of 5-14 years old children contacts screened for TB and free from sign and symptom of TB
		Lower space: Write number of 5-14 years old children contacts free from TB and put on IPT
59	Contacts screening and treatment: Age ≥15 years old contacts	Upper space: Write number of ≥15 years old contacts with index TB case (Number)
		Middle space: Write the number of ≥15 years old contacts screened for TB at HF at least once (Number)
		Middle Space: Write the number of ≥15 years old contacts screened for TB and free from sign and symptom of TB
		Lower space: Write number of ≥15 years old contacts free from TB and put on IPT
60-62	Sputum results/ Lab serial number	Upper Space: Write Sputum results as “P” for positive result using red pen; “N” for negative results and “U” for not done/results not available in second, fifth and six month
		Lower Space: Lab. Serial number of the sputum smear test in second, fifth and six month
63	Nutritional Assessment: End of second month of treatment:	Upper space: Write the weight of the patient in Kg.
		Lower space: Write the BMI value in kg/m2. BMI is computed as weight in kg divided by height in meter square. For patients age 5-18 years, use
		BMI-for-age and refer a standard chart. Measure and enter MUAC in cm for pregnant & lactating women, bedridden or under-five patient
64	Nutritional Assessment: classification	See description on column #13 above and enter the classification in the space provided.
Continuation phase information		
65	Continuation phase: Drugs	Write the TB drugs therapy used in the continuation phase
66	Continuation phase: Dose	Write the TB drugs therapy dosage used in the continuation phase
67-80	Continuation phase: weekly adherence monitoring chart	Write the date in the appropriate week row of the month, when the TB client collects the weekly doses of TB treatment
81	Final treatment outcome and Date treatment outcome assigned	Upper space: Write final outcome of TB treatment:
		Cured: A pulmonary TB patient with bacteriologically confirmed TB at the beginning of treatment who completed treatment as recommended by the national policy, with evidence of bacteriological response and no evidence of failure.
		Treatment completed: A TB patient who completed treatment without evidence of failure BUT with no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative, either because tests were not done or because results are unavailable.
		Treatment failure: A patient whose treatment regimen needed to be terminated or permanently changed to a new
		Regimen or treatment strategy.
		Died: A TB patient who died before starting treatment or during the course of treatment.
		Lost to follow up: A TB patient who did not start treatment or whose treatment was interrupted for 2 consecutive months or more.
		Not evaluated: A TB patient for whom no treatment outcome is assigned. This includes cases “transferred out” to another treatment unit as well as cases for whom the treatment outcome is unknown to the reporting unit.
		NB: If patient is transferred out to another facility, write the receiving HF name and contact address on the remark place with pencil and confirm the final result and report to the next level during the appropriate reporting period.
82	Nutritional interventions	Lower space: Enter the date on which final outcome is assigned in EC (DD/MM/YY)
		Upper space: Write the type of nutritional treatment as “RUTF” or “RUSF”
		Plumpy nut is energy dense fortified therapeutic food (RUTF) designed for the treatment of SAM. Plumy sup is an energy dense fortified supplementary food (RUSF) designed for treatment of MAM. Lower space: Write the data on which nutritional treatment is started in EC using DD/MM/YY.
83	Nutritional treatment: Outcome	Upper space: Write the final outcome of the therapeutic or supplementary food treatment as: recovered/cured; No change; other outcome (specify) The following arithmetic measure should be consider to label patients as recovered/cured from nutrition related problem, if Adult (non-pregnant/
84-85	TB Treatment Adherence support	lactating) with BMI ≥18.5 kg/m2; Pregnant and lactating-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.
		Tick (v) under Health Post if individual patient received support for TB treatment adherence (all efforts and services provided including treatment observation, adherence counseling, pill counting and other activities to monitor both the quantity and timing of the medication taken by a patient) at health post by HEWs at least during continuation phase of the treatment.
		Tick (v) under Health facility If the treatment adherence support provided by the health care worker at health facility throughout the course of the treatment
86	Remarks	Write any additional information about the patient that may assist the treatment provision service.

TB Most at risk category* (Key population) 1. Health care staffs including HEWs 2. Diabetes 3. Homeless 4. Refugee/IDP 5. Prisoners 6. Miners 7. Other congregated settings (University Students, Developmental mega project workers etc) 8. contacts 9. other Key populations (other than 1-7) 10. General Population

UNIT TB REGISTER

TB/HIV collaborative service						ART started (DD/MM/YY)	DST after enrolled to TB treatment(Y/N)	If DR-TB Confirmed, linked to (Name of HF)	Number of Contacts, contacts screened, being Negative and Put on TPT			Sputum results			Nutritional Assessment and Status (End of 2nd Month)		Continuation phase	Continuation phase treatment monitoring chart weekly attendance																Cured Completed Failure Died Lost to Follow Up Not Evaluated	Nutritional intervention and Outcome		TB Treatment Adherence support provided at		Remarks										
HIV test offered (v)	HIV test performed (v)	Targeted population category** write code	HIV test result (R or NR or Unknown)	Enrolled in HIV care (DD/MM/YY)	CPT started (DD/MM/YY)				Age 0-4 years children Contacts (Number)	Age 5-14 years children Contacts Screened for TB (Number)	Age ≥ 15 years Contacts Screened for TB (Number)	Lab serial No.			Weight (kg)	Normal MAM SAM																			BMI (kg/cm2)/MUAC (cm)	Drugs				Dose	Week of the Month	Month:							
																		Unique ART No.	DST Result (No RR , Hr-TB , RR, MDR, Pre-XDR, XDR)	Date DR TB started (DD/MM/YY)	Age 0-4 years children Contacts screened Negative (Number)	Age 5-14 years children Contacts screened Negative (Number)	Age > 15 years Contacts screened Negative (Number)	2	5	6	Ham	Neh	Pag	Mes	Tik	Hid	Tah				Tir	Yek				Meg	Mia	Gin	Sen	Date outcome assigned in EC (DD/MM/YY):	Nutritional treatment started date in EC (DD/MM/YY):	Date outcome assigned in EC (DD/MM/YY):	
												Unique DR TB ID	Age 0-4 years children put on TPT (Number)	Age 5-14 years children put on TPT (Number)																																			Age > 15 years Contacts put on TPT (Number)
(48)	(49)	(50)	(51)	(52)	(53)	(54)	(55)	(56)	(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)	(68)	(69)	(70)	(71)	(72)	(73)	(74)	(75)	(76)	(77)	(78)	(79)	(80)	(81)	(82)	(83)	(84)	(85)	(86)											
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