

Management of Tuberculosis Training for Health Facility Staff

SECOND EDITION

D. Inform Patients about TB



World Health
Organization



ATS



KNCV



TUBERCULOSIS FOUNDATION

**Management of Tuberculosis
Training for Health Facility Staff
Second Edition**



INFORM PATIENTS ABOUT TB



**World Health
Organization**



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Inform Patients about TB

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Inform Patients about TB

Introduction

Informing patients and their families about TB is a critical part of treatment. Health workers must communicate with patients and families clearly and in a supportive way from the time of diagnosis, throughout the long treatment process, until the patient is cured. Providing information to patients and families is part of continuing health education about TB.

At the time of diagnosis, patients need basic information about TB and how it is spread. They may be afraid and need reassurance that TB can be cured. They need an explanation of the treatment process and the necessity of directly-observed treatment. They may need information about TB and HIV. In some cases, health workers may have to persuade patients who think that daily observation of treatment will be too time-consuming and inconvenient.

Daily or thrice-weekly visits for directly-observed treatment, and visits for sputum collection and discussion of results, offer many opportunities to provide brief information. During these visits, health workers must be prepared to advise patients about how to handle side-effects. At some visits, health workers may review information about TB or give more details about its treatment. At other visits, they may explain the need for follow-up sputum examinations. Most importantly, at every visit, health workers need to show a welcoming and supportive attitude so that patients will be willing to return for the next treatment.

Module C: *Treat TB Patients* described the steps that a health worker takes to initiate treatment for a TB patient (some are described further in additional modules.) Those steps are:

- Select the patient's treatment regimen or refer the patient to a clinician for prescription of TB treatment
- Help the patient decide where to receive directly-observed treatment
- Prepare the patient's *TB Treatment Card*
- **Inform the patient and family about TB, transmission of the disease, risk factors and treatment**
- Help the patient choose a community TB treatment supporter (if needed); prepare the supporter
- Obtain or prepare a drug box for the patient

The step shown in bold print is described in detail in this module. In addition, this module describes how to provide information to the patient on an ongoing basis throughout the treatment.

Objectives of this module

Participants will learn:

Refer to section:

- Communication skills useful for informing patients 1
- How to inform the TB patient and family about TB and directly observed treatment (first meeting) 2
- Messages for the TB patient and family about TB and directly-observed treatment 2
- How to continue providing information throughout treatment 3
- Continuing messages for the TB patient about the treatment regimen (including the drugs, treatment schedule, side-effects, sputum examinations) 3
- Messages about HIV and TB 4

If you need to look up an unfamiliar word, refer to the glossary at the end of module A: *Introduction*.

1. Use good communication skills

Good communication is more than just talking or giving advice. It involves asking questions, listening carefully, trying to understand a patient's worries or needs, demonstrating a caring attitude and helping to solve problems. Good communication begins when the health worker sees the patient promptly, addresses the patient by name and offers a comfortable place to sit. It continues as the health worker makes eye contact, speaks in a respectful tone of voice and encourages the patient to ask questions.

Good communication is not only needed to inform patients of important messages about TB and its treatment. **Good communication is critical to encourage patients to return for the next treatment visit.** Surveys have shown that one of the main reasons for defaulting is the attitude of the health worker. Patients who default often report that the health worker was rude, hurried or seemed too busy to care. After taking the time to come for treatment, every patient deserves to be treated with respect.

The left side of the table below summarizes the communication skills described in section 1 of this module. The right side of the table shows the purpose of each skill in the context of providing treatment and informing patients. This module will focus on using these communication skills when informing patients about TB and its treatment.

Summary of communication skills

| Use these skills: | In order to: |
|--|---|
| 1.1 Ask questions and listen | Understand the patient's medical history Determine the patient's current knowledge about TB Identify and help to solve any problems the patient may have with treatment |
| 1.2 Demonstrate a caring, respectful attitude 1.3 Praise and encourage the patient | Motivate the patient to continue treatment |
| 1.4 Speak clearly and simply 1.5 Encourage the patient to ask questions 1.6 Ask checking questions | Inform the patient (and family) about TB, transmission of the disease, risk factors and treatment Ensure that the patient understands and remembers important messages about TB and its treatment Ensure that the patient knows exactly what to do next |

1.1 Ask questions and listen

Asking questions, and listening carefully to the responses, is important in communicating with the patient. Different patients may need different information. Rather than giving everyone exactly the same messages, first ask questions to determine what each patient already knows or believes about TB.

As much as possible, ask questions that are **open-ended**. These are questions that cannot simply be answered “yes” or “no.” You will usually obtain more information if you ask questions that begin with words such as “What..., Why..., How..., and When...” These types of questions require the patient to think about the answer and to elaborate. However, sometimes it may be necessary to ask a direct “yes” or “no” question.

Listen carefully to each answer. If the patient is slow to respond, do not be tempted to “fill the silence” by suggesting an answer yourself. Give the patient time to think.

Examples of questions to determine the patient’s current knowledge about TB

- What do you understand tuberculosis, commonly known as TB, to be?
- What do you think causes TB? How is it spread?
- Have you ever known anyone who had TB? What happened to that person?
- What have you heard about curing TB?

Asking these types of questions will help you tailor the messages to the needs of the particular patient. You can build on accurate information that the patient already knows and believes. You can concentrate on giving new information and correcting wrong beliefs.

For example, one patient may believe that TB is caused by the “evil eye” and cannot be cured. Your initial messages for this patient should focus on the causes of TB and the fact that it can be cured with drugs.

Another patient may have much information about TB but may demand an X-ray instead of sputum examinations. The messages for this patient may focus on the need for examining sputum.



STOP

Now do Exercise A – Written Exercise

When you have reached this point in the module, turn to page 37 and follow the instructions for Exercise A. When you have finished the exercise, review your answers with a facilitator.

1.2 Demonstrate a caring, respectful attitude

The purpose of directly-observed treatment is not simply to ensure that the patient takes the drugs. Another purpose is to develop a bond with the patient. The patient is likely to be worried and need a friend. If you have a caring attitude, the patient will be more likely to return each day for treatment. You can demonstrate a caring attitude through your actions, words, tone of voice and eye contact.

Demonstrate a caring attitude from the time that the patient enters the health facility by offering a place to sit and by addressing the patient by name. Attend to the patient as soon as possible, without making the patient wait. You can show respect by remembering that the patient's time is as valuable as your own.

When providing treatment or advice, look directly at the patient. This will help you see signs of concern, fear or confusion. Speak slowly enough to be understood. Do not rush through instructions. Use a kind tone of voice, and choose words that are caring rather than accusing. For example, if a patient misses a day:

Do not say: "You missed yesterday. Do you want your whole family to catch TB?"
Instead, say: "I missed you yesterday. What happened that kept you away?"

Ask about and sympathize with the patient's problems. Help to find solutions. Solutions may involve arranging transportation, talking with the patient's family or employer, finding a community TB treatment supporter close to the patient's home, etc.

1.3 Praise and encourage the patient

TB treatment is a long process. In order to motivate the patient to continue treatment, provide praise and encouragement at every visit. Begin by saying, "I'm glad to see you. You are doing the right thing by coming for treatment every day."

Reassure patients frequently that TB is curable and that, as long as they come for treatment, they will receive highly effective care. Point out how well they look, how much their cough has decreased and how they have gained weight. Encourage patients by telling them how much of the treatment has been finished.

1.4 Speak clearly and simply

Speak clearly, using words that the patient can understand. For example, many patients would not understand the following statement:

"You are pulmonary sputum-positive for TB. TB is not hereditary but is acquired by airborne transmission."

It would be better to use simple words such as the following:

"The tests of your sputum show that you have tuberculosis, or TB, in your lungs. TB is not a disease that you are born with. It is spread from person to person by germs."

When an infected person coughs or sneezes, the germs go into the air. Another person can then become infected by breathing these germs.”

1.5 Encourage the patient to ask questions

Make sure that the patient feels comfortable enough to ask questions. After giving instructions or an explanation, pause and ask, “Do you have any questions? I know this is a lot of information at once.”

Patients may be timid and concerned about appearing uneducated. Or they may be nervous and simply want to leave the health facility in a hurry. It may take courage for them to ask questions. Praise patients for asking questions, and answer them thoughtfully and carefully. For example, say:

“I’m glad you asked that question....”
“Good question....”

1.6 Ask checking questions

Checking questions are questions intended to find out what a person has learnt, so that you can provide more information or clarify your instructions as needed. **After providing information**, ask checking questions to ensure that the patient understands the information given. **At the end of a visit**, ask checking questions to ensure that the patient understands what to do next.

For example, suppose that you have explained to the patient how to prevent TB from spreading by covering the mouth when coughing and sneezing. To check understanding, you might ask the patient:

“What will you do to avoid spreading TB germs?”

Suppose that you have instructed the patient to return with an early morning sputum for a follow-up sputum examination. To make sure that the patient knows what to do and understands the importance, you might ask such checking questions as:

“When will you cough up the sputum?”
“What container will you use?”
“When will you bring the sample to me?”
“Why is this so important?”

When you ask a checking question, try to phrase it so that the answer must be more than simply “yes” or “no.” For example, you would **not** ask:

“Do you remember when and where to go for treatment?”

The patient might answer “yes” to this question to avoid seeming forgetful. Better questions would be:

“Where will you go for your next treatment? When will you go?”

Asking checking questions requires patience. Give the patient time to think and answer. If the patient is silent, your impulse may be to answer the question yourself or to quickly ask a different question.

The patient may know the answer but be slow to respond for several reasons. The patient may be timid, may be surprised that you really expect an answer or may be afraid of answering incorrectly. Wait for an answer and give encouragement.

Sometimes, you may get an incomplete or unclear answer to a checking question. Then you will need to ask a follow-up question to see if the patient really understands. For example:

After explaining which household members should be examined or tested for TB, you ask, “How will you know whether someone in your household needs to be examined or tested for TB?”

The patient answers, “If they are less than 5 years old.”

Since it is not clear that the patient knows that older children and adults with cough should also be tested, you could follow up by saying: “You are right that all children under 5 years of age should be examined for TB symptoms. What about others in the household? What is the main sign to look for in others?”

If the patient answers incorrectly or cannot remember, be careful not to make the patient feel uncomfortable. Clarify advice or give more information. Then ask a checking question again.



STOP

Now do Exercise B – Written Exercise

When you have reached this point in the module, turn to page 39 and follow the instructions for Exercise B. When you have finished the exercise, review your answers with a facilitator.

2. Inform the patient and family about TB and directly-observed treatment (first meeting)

During the first meeting with the TB patient, the health worker must accomplish the following tasks:

- Select the patient's treatment regimen or refer the patient to a clinician for prescription of TB treatment.
- Help the patient decide where to get directly-observed treatment.
- Prepare the patient's *TB Treatment Card*.
- **Inform the patient and family about TB, transmission of the disease, risk factors and treatment.**
- Identify and prepare a community TB treatment supporter (if needed).
- Obtain or prepare a drug box for the patient.

Most of these tasks are taught in other modules. This section of this module will focus on the fourth task, informing the patient and family about TB and its treatment.

Remember to ask questions about the patient's current knowledge about TB in order to determine what information to provide. Questions were suggested in section 1.1 of this module. It is most important for the TB patient (and family, if present) to understand the following messages:

- **What is tuberculosis (TB)?**

Tuberculosis, or TB, is an illness caused by a germ that is breathed into the lungs. TB germs can settle anywhere in the body, but we most often hear about TB of the lungs. When the lungs are damaged by TB, a person coughs up sputum (mucus from the lungs) and cannot breathe easily. Without correct treatment, a person can die from TB.

- **TB can be cured**

TB can be cured with the correct drug treatment, usually in 6–8 months. The patient must take all of the recommended drugs for the entire period of treatment in order to be cured. Some 50% of people with TB who are not treated will die within 5 years.

Drugs for treatment of TB are provided free of charge.

Treatment can be done without interrupting normal life and work.

- **How TB spreads**

TB is spread when an infected person coughs or sneezes, spraying TB germs into the air. Others may breathe in these germs and become infected.

It is easy to pass germs to family members when many people live closely together. Anyone can get TB. However, not everyone who is infected with TB will become sick.

- **How to prevent TB from spreading**

To prevent the spread of TB to others in the family and community:

- Take regular treatment to become cured.
- Cover the mouth and nose when coughing or sneezing.
- Open windows and doors to allow fresh air to flow through the home.

There is no need to eat a special diet or to sterilize dishes or household items.

- **TB symptoms**

Common signs and symptoms of TB in adults include cough (usually lasting 2 weeks or longer), bloody sputum, night sweats, fever and weight loss. In young children, signs and symptoms suggestive of TB are cough or other respiratory symptoms lasting more than 2 weeks, fever for more than 14 days, and loss of weight or failure to gain weight (failure to thrive).

- **Who else should be examined or tested for TB?**

All children under 5 years of age living in the patient's household should be examined for TB symptoms. This is especially important because children aged under 5 years are at risk of severe forms of the disease. Young children may need preventive therapy or referral to a clinician.

Other household members should be tested for TB if they have cough.

- **Why TB in children is especially important**

WHO estimates that about 11% of the annual TB cases worldwide occur in children less than 15 years of age. Children aged 0–4 years and immunocompromised children are the most vulnerable to progression of the disease and its severe forms, such as TB meningitis, which can kill before diagnosis and treatment. Children with TB differ from adults in their body's response to the disease and its treatment, and this has implications for the detection and treatment of TB in children. A paediatrician or clinician should prescribe the treatment regimen and monitor the clinical progress of a child with TB; the treatment may be provided (directly observed) by a first-level health facility or a treatment supporter (including a parent or other family member who is trained and supervised by the health facility).

The source of infection of most children is an infectious adult in their household. Whenever a child is diagnosed with TB, it is important to identify the source case and any other undiagnosed cases in the household.

- **How TB is a problem for people with HIV infection**

People who are HIV-positive have increased probability of getting TB and dying from the disease (particularly in countries with a high prevalence of HIV). HIV-positive patients are more likely to be seriously ill when they present with TB. Although TB can

be cured in HIV-infected people, the chance of death during treatment and of TB relapse is greater.

It is recommended that all TB patients are tested for HIV. Their HIV status is important for decisions about treatment, such as the need for ART and CPT. HIV status is also important for counselling and advice on TB and HIV regarding prognosis, side-effects and associated diseases.

- **Factors that increase the risk of developing TB**

Diabetes, malnutrition, alcohol dependency and decreased immune function (resulting from chemotherapy for cancer or treatment with corticosteroids) can increase a person's risk of developing TB.

Smoking increases the risk of developing TB or of TB relapse, and smoking during treatment for TB decreases the probability of cure. People can decrease their risk of developing TB if they control their risk factors to the extent possible, such as by controlling diabetes and stopping smoking.

- **Necessity of directly-observed treatment**

A health worker must watch the patient swallow all the drugs. This will ensure that the patient takes the correct drugs regularly for the required time. If injections are needed, they will be given properly. By seeing the patient regularly, the health worker will notice whether the patient has side-effects or other problems.

A patient who does not take all of the drugs will continue to spread TB to others in the family or community. The TB will not be cured. It is dangerous to stop or interrupt treatment because then the disease may become incurable. With directly-observed treatment, the health worker will know if a dose is missed and will quickly investigate the problem.

If the patient must travel, or plans to move, it is important to let the health worker know so that arrangements can be made to continue treatment without interruption.

- **Details of treatment regimen**

For the specific patient's treatment regimen, explain:¹

- duration of treatment
- frequency of visits for taking treatment
- where to go for treatment

(If preassembled drug boxes are used) All the drugs for treatment are kept in a box with the patient's name on it, so the health facility will not run out of drugs for the patient.

¹ Procedures for management of patients who have, or may have, MDR-TB are taught in *Management of drug-resistant tuberculosis: training for health facility staff*. Geneva, World Health Organization, 2009 (WHO/HTM/TB/2009.417 a-j).

- **What to expect; what to do next**

If the patient is taking rifampicin, explain that urine may turn orange or red as a result of the drug. This is expected and not harmful. If the patient feels nauseous from the drugs, suggest bringing a bit of food to eat when taking the next dose.

Reassure the patient that treatment should not interfere with normal life and work.

Make sure that the patient knows exactly where and when to go for the next treatment, for example, “tomorrow before the health facility closes at 5:00 in the evening.” Ask questions to ensure that this will be possible and that the patient is committed to return.

Remind the patient to bring family and other close contacts for TB testing as needed (all children under 5 years of age and all others who have a cough).

If the patient smokes, explain the importance of stopping smoking, both to help the drugs to cure TB and to avoid relapse. Counsel or refer the patient for support to stop smoking.

If the patient uses alcohol, encourage the patient to stop or limit alcohol use to improve the likelihood of adherence (alcohol dependency can be an obstacle to regular treatment).

- **The TB patient’s rights and responsibilities**

Every TB patient has the right to care, dignity and privacy. Patients have the right to be informed and make their own decisions. All TB patients also have the responsibility to share relevant information with the health worker, to take the anti-TB drugs and to try to not infect others.

The next pages present a brief *Guide for initial patient information about TB*. This guide, which is also contained in the *Reference Booklet*, summarizes how to use the communication skills, questions and messages discussed in this module during an initial meeting to inform the patient.

Guide for initial patient information about TB

Use this guide to remind you of what to ask and say during an initial information session with a TB patient. The left column includes examples of questions to ask TB patients. The right column lists messages related to the questions on the left. Emphasize different messages with different patients, depending on their current knowledge about TB.

| Throughout the visit: Demonstrate a caring, respectful attitude. Praise and encourage the patient. Speak clearly and simply. Encourage the patient to ask questions. | |
|--|--|
| Ask the patient questions such as: | Then give relevant messages: |
| <p>What do you understand tuberculosis (TB) to be?</p> <p>What do you think may have caused your illness?</p> | <p><u>What is TB?</u></p> <p>Tuberculosis, or TB, is an illness caused by a germ that is breathed into the lungs. TB germs can settle anywhere in the body, but we most often hear about TB of the lungs. When the lungs are damaged by TB, a person coughs up sputum (mucus from the lungs) and cannot breathe easily. Without correct treatment, a person can die from TB.</p> |
| <p>Have you ever known anyone with TB? What happened to that person?</p> <p>Do you know that TB can be completely cured?</p> | <p><u>TB can be cured</u></p> <p>TB can be cured with the correct drug treatment, usually in 6–8 months. The patient must take all of the recommended drugs for the entire period of treatment in order to be cured. Some 50% of people with TB who are not treated will die within 5 years.</p> <p>Drugs for treatment of TB are provided free of charge.</p> <p>Treatment can be done without interrupting normal life and work.</p> |
| <p>How do you think that TB spreads?</p> | <p><u>How TB spreads</u></p> <p>TB is spread when an infected person coughs or sneezes, spraying TB germs into the air. Others may breathe in these germs and become infected.</p> <p>It is easy to pass germs to family members when many people live closely together. Anyone can get TB. However, not everyone who is infected with TB will become sick.</p> |
| <p>How can you avoid spreading TB?</p> | <p><u>How to prevent TB from spreading</u></p> <ul style="list-style-type: none"> – Take regular treatment to become cured. – Cover the mouth and nose when coughing or sneezing. – Open windows and doors to allow fresh air through the home. <p>There is no need to eat a special diet or to sterilize dishes or household items.</p> |

| | |
|---|---|
| <p>What are the signs or symptoms of TB?</p> | <p>Cough of long duration (2 weeks or longer) is the most common sign of TB. Other signs are bloody sputum, night sweats, fever and weight loss.</p> <p>Signs suggestive of TB in children are cough or other respiratory symptoms lasting more than 2 weeks, fever for more than 14 days, and loss of weight or failure to gain weight (failure to thrive).</p> |
| <p>How many people live with you? What ages?</p> <p>Does anyone else in your household have cough? Who has cough?</p> | <p><u>Who else should be examined or tested for TB?</u></p> <p>All children under 5 years of age living in the household should be examined for TB symptoms. This is especially important because children aged under 5 years are at risk of severe forms of the disease. Young children may need preventive therapy or referral to a clinician.</p> <p>Other household members should be tested for TB if they have cough.</p> |
| <p>(If there are young children living in the household)</p> | <p>Children aged 0–4 years and immunocompromised children are the most vulnerable to progression of TB disease and its severe forms. Most children who have TB were infected by an adult in the household who has infectious TB.</p> <p>It is difficult to diagnose TB in children, and children may respond differently than adults to TB treatment. Therefore, a paediatrician or clinician diagnoses TB and prescribes TB treatment for a child. The treatment can be given by a health worker, or a parent or other family member can give the treatment after some brief training. The health worker will supply the parent with the drugs to give. The paediatrician will see the child periodically to check the child's progress.</p> |
| <p>Do you know why TB is a problem for people with HIV infection?</p> | <p>People who are HIV-positive have increased probability of getting TB and dying from TB. HIV-positive patients are more likely to be very ill when they present with TB. Although TB can be cured in HIV-infected people, but the chance of death during treatment and of TB relapse is greater.</p> <p>It is recommended that all TB patients are tested for HIV. HIV status is important for decisions about treatment, such as the need for ART and co-trimoxazole preventive therapy (CPT). HIV status is also important for counselling and advice on TB and HIV regarding prognosis, side-effects and associated diseases.</p> |
| <p>What factors increase the risk of developing TB?</p> <p>How do you think people can decrease their risk?</p> | <p>Diabetes, malnutrition, alcohol dependency and decreased immune function (such as from HIV, chemotherapy for cancer or treatment with corticosteroids) can increase a person's risk of developing TB.</p> <p>Smoking increases the risk of developing TB or TB relapse, and smoking during treatment for TB decreases the probability of cure. People can decrease their risk of developing TB if they control their risk factors to the extent possible, such as by controlling diabetes and stopping smoking.</p> |

| | |
|---|---|
| <p>Explain the necessity of directly-observed treatment</p> | <p>A health worker must watch you swallow all the drugs according to schedule. This will ensure that you take the correct drugs regularly for the required time. If injections are needed, they will be given properly. By seeing you regularly, the health worker will notice if you have side-effects or other problems.</p> <p>If you do not take all of the drugs, you will continue to spread TB to others in the family or community, and the TB will not be cured. It is dangerous to stop or interrupt treatment, because then the disease may become incurable. With directly-observed treatment, the health worker will know if you miss a dose and will quickly investigate the problem.</p> <p>If you must travel, or if you plan to move, tell the health worker so that arrangements can be made to continue your treatment without interruption.</p> |
| <p>Describe details of patient's treatment regimen</p> | <p>Explain for the specific patient:</p> <ul style="list-style-type: none"> – duration of treatment – frequency of visits for taking treatment – where to go for treatment <p><i>(If preassembled drug boxes are used)</i> All the drugs for treatment are kept in a box with your name on it, so the health facility will not run out of drugs for you.</p> |
| <p>Explain what to expect and what to do next</p> | <p><i>(If the patient is taking rifampicin)</i> Urine may turn orange or red as a result of the drug. This is expected and not harmful. If you feel nauseous from the drugs, bring a bit of food to eat when taking the next dose.</p> <p>Treatment should not interfere with normal life and work.</p> <p>Make sure that the patient knows exactly where and when to go for the next treatment. Ask questions to ensure that this will be possible and that the patient is committed to return.</p> <p>Remind the patient to bring family and other close contacts for TB testing as needed.</p> <p>Explain that the patient has the right to care, dignity and privacy; the right to be informed about the disease and its treatment and to make decisions independently. The patient has the responsibility to share relevant information with the health worker, to take the anti-TB drugs and to try not to infect others.</p> |
| <p>Review: Ask checking questions (to ensure that the patient remembers important messages and knows what to do next). Reinforce earlier messages, or give more information as needed.</p> | |

Demonstration – Initial patient information about TB

When you have reached this point in the module, there will be a demonstration of an initial visit in which the patient is told about TB and begins treatment. If you wish to follow along with the script, it is printed in the Annex at the end of this module.



Now do Exercise C – Role Play

When you have reached this point in the module, you are ready to do Exercise C. Read the directions on pages 40–42 for a role play of an initial information session with a TB patient. Your facilitator will assign roles for the role play.

3. Continue to provide information throughout treatment (subsequent meetings)

After the initial meeting with the TB patient, continue to give appropriate information about TB at every visit. Remember to use good communication skills, such as asking questions, showing a caring attitude, praising and encouraging the patient, and using simple language.

At each visit, choose a few appropriate messages to reinforce or to teach. Do not try to teach too much at one visit. During the earlier visits, you may need to reinforce messages about TB and how it spreads. You may need to remind the patient to bring family members for testing. Questions and information about side-effects are also important early in treatment. The patient may need to be reassured in order to continue taking the drugs.

As treatment continues, you will need to explain the need for follow-up sputum examinations. As the patient feels better, you may need to stress the importance of continuing treatment and the dangers of stopping.

If a patient misses a day of treatment, or appears discouraged, ask questions to find out why. Offer encouragement and help to solve problems as needed.

Give the following information as needed throughout treatment:

- **Side-effects of anti-TB drugs (if reported or observed)**

At every visit, ask the patient, “How are you feeling?” or another general question such as, “Have you had any problems after taking the drugs?” Then listen to the patient’s answers, and observe the patient to determine whether there are any of the side-effects listed in the following table. Respond as directed. (Note: Do not try to teach the patient the list of side-effects as this would be time-consuming and might alarm the patient.)

Side-effects of anti-TB drugs and their management

| Minor side-effects | Management |
|------------------------------------|---|
| • Anorexia, nausea, abdominal pain | Take drugs with food, yogurt or gruel. |
| • Joint pains | Give acetylsalicylic acid (aspirin) or paracetamol. |
| • Burning sensation in feet | Give pyridoxine (100 mg daily). |
| • Orange or red urine | Reassure patient that this is expected (with rifampicin). |

| Major side-effects | Management |
|---|---|
| ▶ Itching of skin, skin rash | Stop anti-TB drugs and refer the patient urgently to a clinician. |
| ▶ Deafness (<i>confirm that this is not due to ear wax</i>) | |
| ▶ Dizziness, lack of balance | |
| ▶ Jaundice (yellow skin or eyes) | |
| ▶ Vomiting repeatedly | |
| ▶ Difficulty with vision | |

Side-effects are more common in HIV-positive people. If a patient is on simultaneous TB treatment and ART, there is a different and longer list of possible side-effects.

Side-effects in patients on simultaneous anti-TB treatment⁺ and ART⁺⁺

| Minor side-effects | Management |
|--|---|
| • Diarrhoea | Rehydrate. Reassure patient that if due to ART, diarrhoea will improve in a few weeks. |
| • Headache | Give paracetamol or aspirin. If on AZT or EFV ⁺⁺ , reassure that headache is usually limited. |
| • Anorexia, nausea, abdominal pain | Take drugs with food (except for DDI or IDV ⁺⁺ . If on AZT ⁺⁺ , reassure that this is usually limited. Treat symptomatically. |
| • Orange or red urine | Reassure patient that this is expected (with rifampicin). |
| • Burning sensation in feet | Toxicity of H ⁺ , DDI or d4T ⁺⁺ . Give pyridoxine (100 mg daily). |
| • Cough or difficult breathing | May be immune reconstitution inflammatory syndrome (IRIS) or an opportunistic infection. Call for advice or refer. |
| • Blue or black nails | Reassure that this is normal with AZT ⁺⁺ . |
| • Fever | Check for common causes of fever. May be a side-effect, an opportunistic infection or IRIS. Call for advice or refer. |
| • Pallor, anaemia (severe pallor or very low haemoglobin, that is <8 g/dL; or <7 g/dL in pregnant women) | Refer or consult (and stop AZT; substitute d4T ⁺⁺). |
| • Joint pains | Give aspirin or paracetamol. |

| Major side-effects | Management <i>Stop drugs and refer urgently to a clinician</i> |
|--|---|
| ▶ Itching of skin, skin rash | If on co-trimoxazole, suspend drug (may be allergy to sulpha). If generalized itching, rash, or peeling, stop TB and ART drugs and refer for advice. |
| ▶ Deafness (<i>not due to ear wax</i>); dizziness, lack of balance | If on S, Km, Am or Cm ⁺ , suspend drug. Call for advice or refer. |
| ▶ Jaundice (yellow skin or eyes), abdominal or flank pain | Stop TB and ART drugs. May be hepatitis due to H, Z, or R ⁺ . Abdominal pain may be pancreatitis from DDI or d4T ⁺⁺ . Call for advice or refer. |
| ▶ Vomiting repeatedly | Check for common causes of vomiting (see <i>IMAI Acute Care</i>). Stop TB and ART drugs and call for advice or refer. |
| ▶ Difficulty with vision | If on E ⁺ , suspend drug. Refer for advice. |
| ▶ Psychosis, depression | If on Cs ⁺ , suspend drug. Call for advice or refer if severely depressed, suicidal or psychotic. |

⁺ Anti-TB drugs:

- First-line: E (ethambutol), H (isoniazid), R (rifampicin), S (streptomycin)
- Second-line: Am (amikacin), Cm (capreomycin), Km (kanamycin), Cs (cycloserine), Z (pyrazinamide)

⁺⁺ Antiretroviral drugs: AZT (zidovudine), DDI (didanosine), d4T (stavudine), EFV (efavirenz), IDV (idinavir)

- **Type, colour, number and frequency of recommended drugs**

Until the patient is familiar with the drugs to be taken, describe the drugs as you give them (for example, 4 pink tablets). This will help the patient to recognize the correct drugs.

Remind the patient of the number of tablets or capsules to be taken, how often and for how long. For example, “You will be taking 4 pink tablets every day except Sundays for 2 months.”

Reassure the patient that all of the drugs for the entire treatment are kept in a box labelled with the patient’s name (if the health facility uses this system). There is therefore no danger that the health facility will run out of drugs for this patient.

When a change occurs in the regimen (for example, change from initial to continuation phase), explain the details of the new regimen: colour or type of drugs, number of tablets to take, frequency and duration.

- **Importance of continuing treatment**

Stress the importance of continuing treatment. The patient must take all of the recommended drugs together, for the recommended time, to be cured. Even after the patient begins to feel better, the patient must continue taking the drugs for the entire time.

Very important: If planning to travel or move from the area, the patient should inform the health facility or community TB treatment supporter so that continuing treatment can be arranged.

- **What happens if the patient takes only some of the drugs or stops treatment**

Taking only some of the drugs, or taking them irregularly, is dangerous and can make the disease difficult or impossible to cure. A patient who does not take all of the drugs will continue to spread TB to others in the family and community. If the patient complains that there are “too many pills,” explain that, since TB is caused by a strong germ, many drugs are needed to get rid of it completely.

- **Frequency and importance of required sputum examinations, meaning of results**

Several times during the course of TB treatment, the patient will be required to cough up sputum and collect it in a container for testing. Since TB germs cannot be seen with the naked eye, a laboratory technician must examine the sputum using a microscope. The microscope will allow the technician to see whether there are TB germs in the sputum and determine whether the patient is getting better.

As the time for each sputum examination approaches, explain the need for the next examination:

- After 2 (and/or 3) months of the initial phase of treatment, the sputum should be tested to assess treatment progress. There should be no TB germs, or fewer TB germs, visible through the microscope.

- During the continuation phase of treatment, another sputum examination must be done. This examination is very important. If no TB germs are seen, the patient continues the same treatment. If TB germs are seen, the treatment must be changed.
- The last sputum examination is just before the end of treatment. If no TB germs are found at this final examination, and from at least one earlier examination, the patient is considered cured. It is very important to have all of the sputum examinations to know that the patient is cured.

For a review of how to collect sputum samples, see module B: *Detect Cases of TB*.

- **Other relevant advice**

Ask all patients if they smoke. If the answer is no, congratulate the patient and advise not to start, as smoking damages health and increases the risk of TB. If yes, recommend to stop, give the reasons and advise briefly on how. Note that smokers may be addicted to the nicotine component and require counselling plus drugs to facilitate stopping. If a patient has trouble stopping, offer a referral to specialized services, if available.

It is important to try to control risk factors or health problems that decrease immunity to the extent possible, for example, by seeking care for diabetes control and by improving nutritional problems such as undernutrition or anaemia.

If the patient has not yet brought in all of the household contacts who should be assessed for TB (that is, any child under 5 years of age and any other person in the household who has a cough), urge the patient to bring them in to be checked.

- **For a child who is being treated for TB, nutritional advice to the caregiver**

A child should be given a healthy diet to allow the child to grow (in height and weight) during treatment for TB. Advise the child's caregiver on recommended feeding practices for the child's age, including foods to give, serving size, and number of meals and snacks each day.

The next pages present a brief *Guide for continuing patient information about TB*. This guide (also contained in the *Reference Booklet*) summarizes how to use communication skills and how to provide information (discussed in section 3) when the TB patient comes for treatment.

Guide for continuing patient information about TB

Use good communication skills at every visit. At different points in treatment, discuss the messages that are most relevant at the time. When administering directly-observed treatment, be very brief so the patient does not lose time or get bored by repetitive questions; just ask if there are any problems (give time for the reply) and act to solve them. During periodic reassessment (discussion of sputum examination results or clinical visits), review the patient's status in more detail, as shown below.

| | |
|--|--|
| At every visit: Demonstrate a caring, respectful attitude. Praise and encourage the patient. Speak clearly and simply. Encourage the patient to ask questions. | |
| Be alert for side-effects of anti-TB drugs: | |
| <p>Ask general questions to identify side-effects:</p> <ul style="list-style-type: none"> – How are you feeling? – Have you had any problems? <p>Listen and look for major side-effects:</p> <ul style="list-style-type: none"> – Itching of skin, skin rash – Deafness – Dizziness, lack of balance – Jaundice (yellow skin or eyes) – Vomiting repeatedly – Difficulty with vision | <p>Respond as directed:</p> <p><i>If minor side-effects, give reassurance and advice:</i></p> <ul style="list-style-type: none"> • If anorexia, nausea or abdominal pain, take drugs with food, yogurt or gruel. • If joint pains, take aspirin or paracetamol. • If burning sensation in feet, take pyridoxine (100 mg daily). • If orange or red urine, this is normal and expected. <p><i>If major side-effects, stop anti-TB drugs and refer urgently to a clinician.^a</i></p> |

^a If the patient must be referred or hospitalized, explain that it is necessary to continue TB treatment during referral care, and to return to the health facility afterwards to continue treatment.

| Be alert for side-effects of simultaneous anti-TB treatment⁺ and ART⁺⁺ | |
|--|---|
| Minor side-effects | Respond as directed: |
| • Diarrhoea | Rehydrate. Reassure patient that if due to ART, diarrhoea will improve in a few weeks. |
| • Headache | Give paracetamol or aspirin. If on AZT or EFV ⁺⁺ , reassure that headache is usually limited. |
| • Anorexia, nausea, abdominal pain | Take drugs with food (except for DDI or IDV ⁺⁺ . If on AZT ⁺⁺ , reassure that this is usually limited. Treat symptomatically. |
| • Orange or red urine | Reassure patient that this is expected (with rifampicin). |
| • Burning sensation in feet | Toxicity of H ⁺ , DDI or d4T ⁺⁺ . Give pyridoxine (100 mg daily). |
| • Cough or difficult breathing | May be immune reconstitution inflammatory syndrome (IRIS) or an opportunistic infection. Call for advice or refer. |
| • Blue or black nails | Reassure that this is normal with AZT ⁺⁺ . |
| • Fever | Check for common causes of fever. May be a side-effect, an opportunistic infection or IRIS. Call for advice or refer. |
| • Pallor, anaemia (severe pallor or very low haemoglobin, that is <8 g/dL; or <7 g/dL in pregnant women) | Refer or consult (and stop AZT; substitute d4T ⁺⁺). |
| • Joint pains | Give aspirin or paracetamol. |

| Major side-effects (of simultaneous TB treatment and ART) | Respond as directed: <i>Stop drugs and refer urgently to a clinician</i> |
|--|---|
| ▶ Itching of skin, skin rash | If on co-trimoxazole, suspend drug (may be allergy to sulphamethoxazole). If generalized itching, rash, or peeling, stop TB and ART drugs and refer for advice. |
| ▶ Deafness (<i>not due to ear wax</i>); dizziness, lack of balance | If on S, Km, Am or Cm ⁺ , suspend drug. Call for advice or refer. |
| ▶ Jaundice (yellow skin or eyes), abdominal or flank pain | Stop TB and ART drugs. May be hepatitis due to H, Z, or R ⁺ . Abdominal pain may be pancreatitis from DDI or d4T ⁺⁺ . Call for advice or refer. |
| ▶ Vomiting repeatedly | Check for common causes of vomiting (see <i>IMAI Acute Care</i>). Stop TB and ART drugs and call for advice or refer. |
| ▶ Difficulty with vision | If on E ⁺ , suspend drug. Refer for advice. |
| ▶ Psychosis, depression | If on Cs ⁺ , suspend drug. Call for advice or refer if severely depressed, suicidal or psychotic. |

⁺ Anti-TB drugs:

- First-line: E (ethambutol), H (isoniazid), R (rifampicin), S (streptomycin)
- Second-line: Am (amikacin), Cm (capreomycin), Km (kanamycin), Cs (cycloserine), Z (pyrazinamide)

⁺⁺ Antiretroviral drugs: AZT (zidovudine), DDI (didanosine), d4T (stavudine), EFV (efavirenz), IDV (idinavir)

| If it is time for a follow-up sputum examination: | |
|---|--|
| <p>Explain the need for the sputum examination.</p> <p><i>After 2 (and/or 3) months initial treatment</i> →</p> <p><i>During continuation phase (5 months)</i> →</p> <p><i>Just before end of treatment</i> →</p> | <p>TB germs cannot be seen with the eye. A laboratory technician must examine sputum under a microscope to see if there are still TB germs and if you are getting better.</p> <p>If the laboratory sees no TB germs in your sputum, the treatment is progressing well.</p> <p>If no TB germs are seen, you will continue the same treatment. If TB germs are seen, the treatment must be changed.</p> <p>If no TB germs are found at this examination, you are considered cured.</p> |

| Give other relevant advice: | |
|---|--|
| <p><i>If a smoker</i> →</p> | <p>Do not smoke. Counsel the patient or refer for counselling and support for stopping smoking.</p> <p>If the patient has stopped smoking, congratulate the patient and reinforce the importance of not smoking for curing TB and avoiding TB relapse.</p> |
| <p><i>If the patient has other risk factors or health problems that might be improved</i> →</p> | <p>It is important that you try to control all risk factors that decrease immunity to the extent possible; for example, seek care to keep diabetes under control, improve nutritional problems such as undernutrition or anaemia.</p> |
| <p><i>If the patient has not yet brought in all of the household contacts who should be assessed for TB</i> →</p> | <p>Urge the patient to bring in household contacts so that they may be checked for TB by a health worker. Bring:</p> <ul style="list-style-type: none"> — every child under 5 years of age — every other person living in the household who has a cough. |
| <p><i>If a child is being treated for TB</i> →</p> | <p>Give your child a healthy diet so that the child can continue to grow in height and weight during treatment for TB. Explain the feeding recommendations for the child's age including foods to give, serving size, and number of meals and snacks each day.</p> |
| <p>Review: Ask checking questions (to ensure that the patient remembers important messages and knows what to do next). Reinforce earlier messages, or give more information as needed.</p> | |

4. Inform TB patients, family and contacts about HIV and TB

Inform TB patients and their families and contacts about HIV and its relationship to TB, and how to prevent transmission of HIV. Give basic information at the first meeting with the TB patient, and encourage the patient to ask questions throughout treatment.

If the TB patient does not know his or her HIV status, or if the patient had a negative HIV test more than 3 months ago, recommend HIV testing.

- **What is HIV (if the patient does not know)?**

HIV (human immunodeficiency virus) is a viral infection transmitted primarily in three ways: by sexual activities, by blood – such as in transfusions or use of infected needles – and from mother to child during pregnancy, delivery and breastfeeding. The most common means of transmission is through unprotected sex, and the best prevention is to always use condoms during sex.

Infection with HIV interferes with the body's capacity to resist other infections (immunity), including TB. Although some of these infections can be treated and cured, curative treatment for HIV does not yet exist. The current drugs used to treat HIV (antiretrovirals, or ARVs) improve resistance to other infections but must be taken for life, are expensive, have frequent side-effects and require specialized care.

TB is more frequent in HIV-infected people. Treatment for TB in an HIV-positive person is the same and can cure most cases of TB if the patient takes the drugs regularly. Co-trimoxazole can be taken in addition to anti-TB drugs to reduce the risk of other infections. However, if treatment for HIV is necessary while treatment for TB is ongoing, the selection of drugs may need to be adjusted.

- **Why HIV testing is useful**

There are benefits to knowing your HIV status:

- It helps in diagnosis of TB, because TB in HIV-infected people may present differently than TB in those who are not HIV-infected. TB is much more frequent in HIV-infected people, and other pulmonary infections are also more common.
- It guides decisions on treatment, such as the need for ART (antiretroviral treatment) and co-trimoxazole preventive therapy, or CPT.
- It is important for counselling and advice on TB and HIV regarding prognosis (prospect of recovery), side-effects and associated diseases.
- It guides possible preventive measures in HIV-infected people without TB, such as isoniazid preventive therapy (IPT).

If you are pregnant, an additional benefit to knowing your HIV status is that it may be possible to provide drug therapy to prevent transmission of HIV to the child. All children born to an HIV-positive mother will test positive for the first 7 months of life because of antibodies that the infant receives from the mother. The chances that children born to HIV-positive mothers will be infected with HIV and continue HIV-positive are 1 in 3. With ART during pregnancy, the chances can be reduced to 2%.

- **Ask the patient if he or she is willing to be tested for HIV**

To find out your HIV status, these are the options. (*Explain options available locally for HIV testing.*)

In high HIV-prevalence areas, TB patients should be retested for HIV after several months, in case an HIV test at the beginning of treatment did not accurately reflect the patient's HIV status (window period) or they got the HIV infection later.

- **If the HIV test is negative**

Congratulations, your HIV test was negative. You should keep in mind the risk of being infected: this happens mainly through unprotected sex, so any sexually active person should always use condoms. Never use needles or syringes that may be infected or have been used by another person.

There is a small possibility that you might have been infected recently and the test did not identify the infection. You may consider repeating the test after three months, to be sure.

- **If the HIV test is positive**

The laboratory reported that your HIV test was positive. This indicates that you are infected with HIV. This will gradually interfere with your defences against many infections, including TB, and can also cause other damage.

An HIV-infected person is much more likely to develop TB. TB can be cured in HIV-infected people, but the chance of death during treatment and TB relapse is greater.

Knowing that you have HIV will help the health services to:

- prevent complications, and diagnose and treat any other diseases that you may develop.
- make decisions on treatment to help you stay healthier, such as co-trimoxazole (to prevent other infections) and ART (to improve your immune function).
- give you better information regarding your prognosis (prospect of recovery), side-effects of the drug therapy and associated diseases.

If you are receiving care for HIV to help you stay healthy, your TB is more likely to be cured and less likely to come back (relapse). Taking co-trimoxazole daily can prevent other infections. ART can help you feel better and live longer. You can be assessed for eligibility for ART at ... (*Explain options available locally for HIV care.*)

If you are pregnant, it may be possible to provide drug therapy to prevent transmission of HIV to the child. The chances that children born to HIV-positive mothers will be infected with HIV and continue HIV-positive are 1 in 3. However, with ART during pregnancy, the chances can be reduced to 2%.

The next page presents a brief *Guide for informing patients about TB and HIV*. This guide (also in the *Reference Booklet*) summarizes how to use the communication skills, questions and messages discussed in section 4.

| | |
|---|---|
| <p>If the HIV test is negative, briefly remind about preventive behaviours</p> <p style="text-align: right;">→</p> | <ul style="list-style-type: none"> • Congratulations, your HIV test was negative. • Remember that you are still at risk of infection with HIV. Infection mainly happens through unprotected sex, so any sexually active person should always use condoms. Never use needles or syringes that may be infected or have been used by another person. • There is a small possibility that you might have been infected recently and the test did not identify the infection. You may consider repeating the test after three months, to be sure. |
| <p>If TB patient is HIV-positive, inform about TB and HIV</p> <p style="text-align: right;">→</p> | <ul style="list-style-type: none"> • The laboratory reported that your HIV test is positive, which means that you are infected with HIV. This will gradually interfere with your defences against many infections, including TB, and can also cause other damage. • An HIV-infected person is much more likely to develop TB. TB can be cured in HIV-infected people, but the chance of death during treatment and TB relapse is greater. • Knowing that you have HIV will help the health services to: <ul style="list-style-type: none"> – prevent complications, and diagnose and treat any other diseases that you may develop. – make decisions on treatment to help you stay healthier, such as co-trimoxazole (to prevent other infections) and ART (to improve your immune function). – give you better information on your prospect of recovery, side-effects of the drug therapy and associated diseases. • If you are receiving care for HIV to help you stay healthy, your TB is more likely to be cured and less likely to come back (relapse). Taking co-trimoxazole daily can prevent other infections. ART can help you feel better and live longer. You can be assessed for eligibility for ART at ... (<i>Explain options available locally for HIV care</i>). • If you are pregnant, it may be possible to provide drug therapy to prevent transmission of HIV to your child. All children born to an HIV-positive mother will test positive for the first 7 months of life because of antibodies received from the mother. The chances that children born to HIV-positive mothers will be infected with HIV and continue HIV-positive are 1 in 3. With ART during pregnancy, the chances can be reduced to 2%. |
| <p>Review: Ask checking questions (to ensure that the patient remembers important messages and knows what to do next). Reinforce earlier messages, or give more information as needed.</p> | |



Optional Exercise D – Role Play

This exercise may be used if it is relevant to the HIV situation in the local area.

When you have reached this point in the module, you are ready to do Exercise D. Read the instructions on page 43–45 for a role play of a health worker informing a patient about HIV and TB. Your facilitator will assign roles for the role play.

Exercise E – Written Exercise

When you have reached this point in the module, you are ready to do Exercise E. Follow the instructions on page 46.

Summary of important points

- Good communication is essential to provide information about TB and its treatment and to encourage patients to continue treatment without interruption. Use the following communication skills when informing patients about TB:
 - Ask questions and listen.
 - Demonstrate a caring, respectful attitude.
 - Praise and encourage the patient.
 - Speak clearly and simply.
 - Encourage the patient to ask questions.
 - Ask checking questions (open-ended questions to check understanding).
- Ask questions to find out the patient's current knowledge about TB. Then give information that is needed and correct any misconceptions.
- At the first meeting with a TB patient, when you begin treatment for TB, discuss the following important topics (specific information given in section 2):
 - What is TB?
 - TB can be cured
 - How TB spreads
 - How to prevent TB from spreading
 - Symptoms of TB
 - Who else should be examined or tested for TB?
 - Why TB in children is especially important
 - How TB is a problem for people with HIV infection
 - Factors for developing TB
 - Necessity of directly-observed treatment
 - Details of the patient's treatment regimen
 - What to expect; what to do next

In areas where HIV is common, also discuss HIV and TB (specific information is given in section 4).

- At subsequent meetings with the TB patient, reinforce previous messages and discuss the following topics as relevant (specific information given in section 3):
 - Side-effects of anti-TB drugs or of simultaneous TB treatment and ART (when they are reported by patient or observed by health worker)
 - Type, colour, number and frequency of recommended drugs
 - Importance of continuing treatment
 - What happens if the patient takes only some of the drugs or stops treatment
 - Frequency and importance of sputum examinations, meaning of results
 - Other advice, such as not to smoke
 - For a child with TB, nutritional advice for child's age to allow the child to grow during treatment
 - Importance of talking to the health worker or TB treatment supporter if the patient will miss some doses (such as when going out of town) or if getting discouraged.

Self-assessment questions



Answer the self-assessment questions below to check what you have learnt. Then compare your answers to those on pages 32-33.

1. List six communication skills that can be used when informing patients about TB.

—
—
—
—
—
—

2. Write two questions that could be asked in order to determine a patient's current knowledge about TB.

—
—

3. A health worker has just explained the following to Mrs Saras, a new TB patient:

She will need to come to the health centre every day except Sundays for 2 months to take drugs for TB. She will take 4 pink tablets each time. The health centre is open from 09:00 until 17:00 Monday to Saturday.

Write two checking questions that the health worker might ask this patient:

—
—

4. Tick information that should be discussed at the first meeting with the patient: (*More than one may be ticked.*)

What is tuberculosis, or TB?
 Necessity of directly-observed treatment
 How to prevent TB from spreading
 Relationship of TB and HIV
 Who else to test for TB
 Importance of stopping smoking
 Frequency of required follow-up sputum examinations

5. A health worker is recommending to Mr Borage, a new TB patient, to be tested for HIV today. Mr Borage is hesitating. What are some benefits of knowing HIV status that the health worker could explain? (List two or three benefits.)
-
-
-
6. Some patients on anti-TB drugs or on simultaneous TB treatment and ART experience minor side-effects for which reassurance and simple remedies can be provided. There are major side-effects that require stopping some of the drugs and referral to a clinician. Beside each side-effect listed below, write “major” or “minor.”
- _____ Itching of skin, skin rash
- _____ Dizziness
- _____ Orange or red urine
- _____ Blue or black nails
- _____ Difficulty with vision
- _____ Joint pains
- _____ Jaundice
- _____ Diarrhoea
- _____ Anorexia (loss of appetite)
7. Rewrite the following statement in simpler language:
- “Continuous treatment, as prescribed, is necessary; otherwise the disease will become resistant.”
8. Write “true” or “false” beside each of the following statements:
- _____ An HIV-infected person is more likely to develop TB.
- _____ TB can be cured in HIV-infected people, but the chance of relapse is greater.
- _____ All children born to HIV-positive mothers will be infected with HIV.
- _____ All sexually active people should use condoms to prevent HIV transmission.
- _____ Knowing HIV status is important for counselling and advice on TB and HIV regarding prognosis, side-effects and associated diseases.

Now compare your answers with those on the next pages.



Answers to self-assessment questions

If you had difficulty answering any question, turn back and study the section indicated. If you do not understand something, discuss it with a facilitator.

1. *Six communication skills taught in this module are: (See section 1)*
 - *Ask questions and listen*
 - *Demonstrate a respectful, caring attitude*
 - *Praise and encourage the patient*
 - *Speak clearly and simply*
 - *Encourage the patient to ask questions*
 - *Ask checking questions*
2. *You should have written two questions such as the following: (See 1.1)*
 - *What do you understand tuberculosis (TB) to be?*
 - *What do you think causes TB? How is it spread?*
 - *Have you ever known anyone who had TB? What happened to that person?*
 - *What have you heard about curing TB?*
3. *There are many checking questions that could be asked. Questions should be open-ended, beginning with words like “who, what, when, where, why.” (See 1.6) Examples of appropriate checking questions are:*
 - *When will you return for the next treatment?*
 - *What time will you come?*
 - *How many tablets will you take?*
4. *All of the information should be discussed at the first session except the last item. The frequency of required follow-up sputum examinations should be discussed later, when it is more relevant. It would be too much information to include in the first meeting. (See sections 2 and 3)*
5. *Benefits of knowing HIV status include:*
 - *for decisions on treatment, such as the need for ART and CPT (co-trimoxazole preventive therapy)*
 - *to help prevent, diagnose and treat complications*
 - *for counselling and advice on TB and HIV regarding prognosis, side-effects and associated diseases*
 - *to enable planning for care of your family and children.*
6. *Selected side-effects: (See section 3)*
 - Major Itching of skin, skin rash*
 - Major Dizziness*
 - Minor Orange or red urine*
 - Minor Blue or black nails*
 - Major Difficulty with vision*
 - Minor Joint pains*

Major Jaundice
Minor Diarrhoea
Minor Anorexia (loss of appetite)

7. *Answers will vary. (See sections 1.4 and 3) Example of simpler language related to continuing treatment:*

You must take all of the drugs for the entire time. If you only take some of the drugs, or if you stop taking them, the disease will become more difficult or even impossible to cure.

8. *Answers: (See section 4)*

True An HIV-infected person is more likely to develop TB.

True TB can be cured in HIV-infected people, but the chance of relapse is greater.

False All children born to HIV-positive mothers will be infected with HIV.

Actually, children born to HIV-positive mothers will test HIV-positive for the first 7 months of life, due to antibodies from the mother. After the first 7 months, the chances are 1 in 3 that children born to HIV-positive mothers will continue HIV-positive. However, with ART during pregnancy, the chances can be reduced to 2%.

True All sexually active people should use condoms to prevent HIV transmission.

True Knowing HIV status is important for counselling and advice on TB and HIV regarding prognosis, side-effects and associated diseases.



Exercises for Module D:
Inform Patients about TB



Exercise A

Written Exercise – Asking questions and listening

Read the following story of a patient named Mr Akhim. Each part of the story is presented in a box. After each part of the story, pretend that you are Mr Akhim's health worker, and follow the directions given.

Mr Akhim is 37 years old. He came to the health centre 2 weeks ago with an infected foot. At that time, he had also been coughing for about 4 weeks. You gave him an antibiotic for his foot and asked him to collect sputum for testing. Two sputum samples were positive (++, +).

Mr Akhim returned to the health centre today. You have informed him that he has TB. You have determined that he is a new TB patient (never treated before).

1. List three questions that you would ask in order to understand Mr Akhim's current knowledge about TB.

—

—

—

Mr Akhim believes that TB is caused by living in damp, unsanitary conditions and is spread by mosquitoes and flies.

He tells you about an elderly uncle who died of TB in a hospital several years ago. He thinks that all TB patients must be treated in a hospital. He fears going to a hospital because people die there. He has never known anyone to recover from TB.

2. Given Mr Akhim's wrong beliefs about TB, list three important points to include when informing him about TB.

—

—

—

When you have finished this exercise,
review your answers with a facilitator.



GO BACK to page 5, section 1.2,
and read until the next stop sign.



Exercise B

Written Exercise – Checking questions

1. During an initial visit with a TB patient, the health worker gives the following information:

“It is important that you bring to the health facility to be checked for TB all the children under 5 years of age who live in your household and any others in your household who have a cough.”

List two checking questions that the health worker might ask at the end of the visit to ensure that the patient understands:

–

–

2. During a visit with a TB patient who is in the continuation phase of treatment, the health worker stresses the following information:

“Even though you now feel well, you must continue coming for treatment. You have successfully finished 4 months of treatment, but it is important to keep coming. You must take all of these tablets, 3 times a week, for 2 more months, to be cured. Taking only some of the drugs, or taking them irregularly, is dangerous and can make the disease difficult or impossible to cure. If you do not take all of the drugs, you will not be cured and may get sick again.”

List two checking questions that the health worker might ask at the end of the visit to ensure that the patient understands:

–

–

When you have finished this exercise,
review your answers with a facilitator.



GO BACK to page 8, section 2,
and read until the next stop sign.



Exercise C

Role Play – Initial patient information about TB

For this exercise, your facilitator will divide you into groups of three to enact a role play. In the role play, one person will act as the health worker, one as the patient and one as an observer. Then you will change roles and repeat the role play. By repeating the role play several times, each person will eventually have a turn in each role.

Background

In this role play, a 40-year-old patient, Mr Salas, has just been informed that he has TB. Two of his sputum samples were positive (++, +). He is a new case. He was not referred to the health centre by anyone, but came because he was not feeling well and was coughing. He received an HIV test on the same day as the first sputum sample was collected. The HIV test was negative.

He will come to the health centre for directly-observed treatment. His *TB Treatment Card* is shown on the next page.

Instructions for the health worker

In this role play, your goal is to use good communication skills to provide relevant information during the first meeting with the TB patient.

To ensure that you include all of the necessary information, use the *Guide for initial patient information about TB* in the *Reference Booklet*. You may also wish to have a prop such as a drug box. The *Guide for initial patient information about TB* will lead you through the following steps:

- Ask the patient questions about TB, its transmission, symptoms, household contacts, risk factors; listen to the patient's responses; give relevant messages.
- Explain the necessity of directly-observed treatment.
- Describe details of patient's treatment regimen.
- Explain what to expect and what to do next.
- Review.

Tuberculosis Treatment Card

District TB Register No. F-130

Name: Barack Salas
 Sex: M F Date of registration in District TB Register: 10-8-09
 Age: 40 Health facility: Aruna Health Centre
 Address: 37 Luna Street, Aruna

Disease site (check one)
 Pulmonary Extrapulmonary, specify _____

Type of patient (check one)
 New Treatment after default
 Relapse Treatment after failure
 Transfer in Other

Name / address of treatment supporter (if applicable)

I. INITIAL PHASE - prescribed regimen and dosages

Regimen: New Retreatment

Number of tablets per dose, doses per week, dosage of S:

| | |
|--------|---|
| (RHZE) | S |
| 4 | |

| | | |
|---------------|-----|-------|
| Cotrimoxazole | ARV | Other |
| | | |

Referral by:

Self-referral
 Community member
 Public facility
 Private facility/provider:
 Other, specify: _____

| Sputum smear microscopy | | | | Weight (kg) |
|-------------------------|--------|---------|--------|-------------|
| Month | Date | Lab No. | Result | |
| 0 | 7-7-09 | 224 | ++ | 68 |
| | | | | |
| | | | | |

| TB/HIV | |
|--------|---------|
| Date | Result* |
| 4-7-09 | neg |
| | |
| | |
| | |

* (Pos) Positive; (Neg) Negative; (I) Discordant/Inconclusive; (ND) Not Done/unknown

Tick appropriate box after the drugs have been administered

Daily intake observed: enter ✓. Periodic supply: enter X on day when drugs are collected and draw a horizontal line (—●) through number of days supplied. ∅ = drugs not taken

| Day Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Number doses this month | Total number doses given | Drugs given to supporter | | |
|--------------|------|-------|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------|--------------------------|--------------------------|--|--|
| | Date | Doses | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| July | | | | | | | | | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Aug | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

II. CONTINUATION PHASE

Number of tablets per dose, doses per week

| | | |
|---------------|-------|-------|
| (RH) <u>3</u> | (RHE) | Other |
| 4 | | |

Daily intake observed: enter ✓. Periodic supply: enter X on day when drugs are collected and draw a horizontal line (—●) through number of days supplied. ∅ = drugs not taken

| Day Month | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Number doses this month | Total number doses given | |
|--------------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------------------|--------------------------|--|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Chest X-ray (at start)

Date: _____
 (-) Normal
 (+) Abnormal
 (ND) Not done

HIV care

Pre ART Register No. _____
 CD4 result _____
 ART eligibility (Y/N/Unknown) _____
 Date eligibility assessed _____
 ART Register No. _____

Comments: _____

Household contacts

| First names and surnames | Age | Relationship to case | Date seen | Result |
|--------------------------|-----|----------------------|-----------|--------|
| Jinda Salas | | | | |
| Srakit Salas | | | | |
| Torko Salas | | | | |

Name and address of contact person: Taka Salas, 61B Market Street, Aruna (brother)

Instructions for the patient

As the patient, you should respond realistically to the health worker. The box below provides background information such as your name, age, attitude and personal circumstances. You may make up additional information (consistent with the role) as needed.

Information for the patient – Role Play Exercise C

Your name is Mr Salas. You are 40 years old. You are a busy man with steady employment. When you heard that you have TB, you found it hard to believe. You understand that TB is caused by a germ and usually affects the lungs. However, you believed that, as a healthy, middle-aged man, you were very unlikely to get this disease.

You have an older friend who was treated for TB before and says “It did not work.” Actually, the friend failed to complete the treatment because it was inconvenient. You want a better treatment than your friend, and you want to take the drugs without supervision.

You live in an apartment with your wife, Jinda (aged 33), and two sons, Srakit and Torko (aged 4 and 6 years). No one else in your family has been coughing, but you are worried that you may spread the disease to them.

Your apartment is on the other side of the city and not convenient to the health centre. Your place of business is a 5-minute walk from the health centre, and today you have come during the lunch break. You are not likely to move or change employment any time soon.

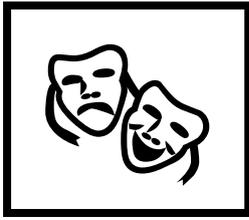
Instructions for the observer

Refer to the *Guide for initial patient information about TB* (in the *Reference Booklet*) as you observe the role play. Tick in the margin as the health worker asks questions and gives information listed. After the role play, comment on what was done well and what could be improved.

Tell a facilitator when everyone in your group has had a turn playing the role of the health worker in this exercise.



GO BACK to page 16, section 3,
and read until the next stop sign.



Exercise D

Optional Role Play – Providing information about HIV and TB

As in the previous role plays, you will work in groups of three and will rotate roles. In this role play, the health worker will discuss with the patient messages about HIV. In real life, these messages would be given during the initial meeting to inform the patient about TB; however, this role play will focus just on the messages related to HIV and TB.

Background

The patient in this role play is a 20-year-old woman named Salma Masud. She lives in an area where many people are infected with HIV. She is newly diagnosed with sputum smear-positive TB. A rapid HIV test done several days ago was positive. At the time that she was informed of her HIV status, a health worker counselled her about the result and they discussed her feelings about it.

Today, she has returned to the health facility for her second day of directly-observed treatment for TB. She wants to talk about HIV.

Instructions for the health worker

Your goal is to use good communication skills to provide the relevant messages about HIV and TB.

Follow the *Guide for informing patients about HIV and TB* (in the *Reference Booklet*).

You will not need any *TB Treatment Card* or props in this role play. Use the information in the box below.

Information for the health worker – Role Play Exercise D

The patient's name is Salma Masud. She is 20 years old. You already know that she is married, is pregnant and has a child. She has TB, and began directly-observed treatment at the health facility yesterday.

She tested HIV-positive a few days ago. She was counselled at the time she received the HIV test result, but most of the session was devoted to discussing her feelings. She needs more counselling about HIV and her TB treatment.

Instructions for the patient

As the patient, respond realistically to the health worker. The box below provides background information such as your name, age, attitude and personal circumstances. You may make up additional information (consistent with the role) as needed.

Information for the patient – Role Play Exercise D

Your name is Salma Masud. You are 20 years old and pregnant, but you do not appear obviously pregnant yet. You are married and have one child already.

Several days ago, you tested positive for HIV. You were shocked and upset. The health worker who told you the result was very kind to you. She told you a lot of information about HIV, but you do not remember much of it.

Today you want to learn more about HIV. You are worried about your unborn child. Your husband told you about a man at the factory who had HIV and got TB and died. Your husband is worried about you and will come to be tested himself when he has a day off from work.

Instructions for the observer

Use the *Guide for informing patients about HIV and TB* (in the *Reference Booklet*) as you observe the role play. Tick in the margin as the health worker uses communication skills, asks questions and gives messages. After the role play, comment on what was done well and what could be improved.

Tell a facilitator when everyone in your group has had a turn playing the role of the health worker in this exercise. Then turn the page and think about the questions that will be discussed by the group.



Exercise E

Written Exercise - Problem Solving

For each situation listed in the left column, briefly describe what you would say or do.

| What would you say or do if....? | Briefly write your ideas below: |
|--|---------------------------------|
| A new patient wants to take the drugs unsupervised at home. | |
| The patient has missed 1 day of treatment. | |
| The patient does not want to have a sputum examination after 5 months of treatment. | |
| The patient says her husband has a bad cough but does not have time to be tested for TB. | |
| The patient is afraid to tell her family that she has TB. | |
| A family member says that the TB patient cannot stay at home because the children will catch TB. | |
| The patient questions the need to use condoms since he does not have HIV. | |

Please discuss your answers with a facilitator.



GO BACK to page 29. Read and work to the end of the module.

Annex: Script for demonstration

Initial patient information about TB

Sputum samples for the patient, Mr Abouya, were collected 1 week ago and were sent to the laboratory. Today, Mr Abouya has returned for the result of his sputum tests.

Nurse Sarina: Hello, Mr Abouya. How are you feeling today?

Mr Abouya: I still have trouble breathing, and I am still coughing.

Nurse Sarina: I am sorry you do not feel well. I am glad you returned today for the results of your sputum examination. I have some important news for you.

Mr Abouya: What is this news?

Nurse Sarina: You have tuberculosis, or TB, in your lungs. The good news is that TB can be cured by taking drugs that we can provide here at no cost to you.

Tell me, what have you heard about the disease tuberculosis?

Mr Abouya: I have heard that it makes you very weak, and you must stay in bed and rest and eat special foods. Many people die from it.

Nurse Sarina: Without correct treatment, it is true that a person can die from TB. Your lungs have been damaged by TB, and that is why you cannot breathe easily. But you can be cured. You will not have to stay in bed, and special foods are not needed. The important thing is to take certain drugs regularly, for a number of months.

What do you think may have caused your illness?

Mr Abouya: Maybe I got it from drinking bad water.

Nurse Sarina: Actually, TB is caused by germs that spread in the air. When an infected person coughs or sneezes or sings, that person sprays TB germs in the air. Others may then breathe in these germs and become infected. It is easy to pass germs to family members when people live close together. Anyone can get TB.

Mr Abouya: What about my family? Will they get it?

Nurse Sarina: There are ways to prevent spreading TB. Since you have TB germs in your lungs, you should cover your mouth when coughing or sneezing. You should also open windows and doors in your home to allow fresh air to flow through.

If you take regular treatment, you will not be infectious after 2–3 weeks. Then you must continue treatment so that you can be cured, and so that you do not become infectious again.

Who else lives in your home?

Mr Abouya: I have three children, my wife and my mother.

Nurse Sarina: I am going to list all the members of your household here (*She shows him the back of the TB Treatment Card.*) What is your wife's name, and how old is she? (*Nurse writes on the card as he speaks.*)

Mr Abouya: Her name is Tanya, and she is 32. My mother's name is Olbae. She is 59, I think.

Nurse Sarina: How old are the children?

Mr Abouya: Lucien is 10 years old; Amari is 8 years old; and Pascal is 4 years old.

Nurse Sarina: Good. So there are six of you living in the household. Is there anyone else living there?

Mr Abouya: No one else.

Mr Abouya: OK. Now, because Pascal is so young, I want you to bring him in to be checked for TB symptoms. Signs of TB in adults are usually cough, bloody sputum, night sweats, fever and weight loss. In children, the signs are not so easy to detect, and young children have increased risk of severe TB. I would like you to bring in Pascal so that I can check him carefully for signs of TB.

Does anyone in your home have a cough?

Mr Abouya: My mother has been coughing, I think.

Nurse Sarina: Then you must bring her for TB testing also. We need to test any members of your household who are under 5 years of age or who have a cough.

So tell me, whom will you bring for testing?

Mr Abouya: Pascal and my mother.

Nurse Sarina: Yes, and any others in your household if they develop cough.

I have another question for you. Do you know your HIV status? I ask this because HIV-positive people are more likely than others to get TB. If you have HIV, you can receive care to make you feel better and live longer. If you have TB and HIV, I must know this to give you the proper counselling and watch for side-effects of treatment. Have you been tested for HIV?

Mr Abouya: Yes. I was tested about a year ago, and the test was negative.

Nurse Sarina: OK. Do you have any documentation of that test?

Mr Abouya: The test was done here. You must have the record here. My wife was tested also.

Nurse Sarina: I will look for that. We do recommend that all TB patients be tested for HIV, even if you were tested before. Would you be willing to be tested again today?

Mr Abouya: *(He rubs his face.)* This is really a lot to think about. I am worried about my TB, and my family. Can I have the HIV test some other day?

Nurse Sarina: I understand that you are most worried about the TB today, so I will explain now exactly how the TB treatment will work. We can discuss HIV testing another day soon.

Now I need to ask you a few questions to find out the best drugs for you. It is very important to answer truthfully so that we can choose the correct drugs:

First, have you ever been treated for tuberculosis before?

Mr Abouya: No.

Nurse Sarina: Have you ever taken injections for more than 1 or 2 weeks?

Mr Abouya: No.

Nurse Sarina: Have you ever taken a medicine that turned your urine orange or red?

Mr Abouya: No.

Nurse Sarina: You will take the drugs that we give to new patients who have never been treated for TB before. You will need to take 4 tablets every day, except Sundays, for the next 2 months or until all of these tablets are used. Because it is so important to take all of the drugs every day, the government health services insist on directly-observed treatment. That means that a health worker must watch you swallow the drugs.

Mr Abouya: What are you saying? That I must come here to take these drugs?

Nurse Sarina: It is important that someone watch you take the drugs each day. How far away is your home from here?

Mr Abouya: My home is 10 minutes by bus, but I work near here.

Nurse Sarina: What are your working hours? Can you leave work to come here briefly each day? You will not have to wait in line. You can come straight back to take the drugs.

Mr Abouya: I could come on my way to the bus in the afternoon, at about 17:00, but I do not understand why I cannot take the drugs home.

Nurse Sarina: We cannot give you the drugs to take home because it is government policy that you must take them under supervision. The reason is to make sure that you take all of the tablets to be cured. It is very dangerous to stop treatment,

miss daily doses, or take only some of the tablets, because then the disease may become incurable. Now do you understand why it is important to come here for the drugs?

Mr Abouya: I suppose so.

Nurse Sarina: To be cured, you must take all of the treatment. If by chance you have to travel or move during the treatment, you must let me know so we can make arrangements.

I know this is a lot of information. Do you have any questions?

Mr Abouya: After 2 months will I be cured?

Nurse Sarina: After 2 months, we will do another sputum test to see how you are doing. You will need at least another 4 months of treatment, but you will probably not have to come here as often, just 3 times a week.

Do you have any more questions?

Mr Abouya: Not today. (*He sighs...*)

Nurse Sarina: I understand that it seems like a lot of trouble, but it is worth it to be cured. Let me fill in your *TB Treatment Card*, and then I will give you your first tablets.

(*Nurse Sarina writes busily on a TB Treatment Card.*)

I have your address as Rivna Road in Arulla quarter. Can you tell me exactly where on the road?

Mr Abouya: Right next to the tobacco shop.

Nurse Sarina: Can you tell me the name and address of a contact person who usually knows where you are? This is just in case we need to reach you and you are not home.

Mr Abouya: Mr Tahmeed at the tobacco shop can find me.

Nurse Sarina: Do you smoke, Mr Abouya?

Mr Abouya: No. I smoked as a young man, but I stopped when I got married.

Nurse Sarina: That is good. Smoking is bad for your health, as we all know, and especially if you have TB. Not smoking will help your lungs to get healthy and stay healthy. (*She gets out a drug box and a packet of tablets and a glass of water. She places the tablets in his hand.*) Here is your first day's dose—4 red tablets. Please take these now while I watch.

(*Mr Abouya swallows the tablets.*) Every day, I will take 4 red tablets like these from this box for you. The tablets in this box are only for you, and there are enough tablets for your entire treatment.

Before you go, let me warn you of one thing that may surprise you. Your urine will probably turn an orange or red colour while you are taking these drugs. This is expected and nothing to be concerned about.

Now let's confirm: When will I see you here tomorrow?

Mr Abouya: At 5:00 in the afternoon.

Nurse Sarina: Good. That will be fine since the health centre is open until 17:30. Be sure to come straight back to find me. I will tell Faru at the door to expect you. When will you bring your son Pascal and your mother for testing?

Mr Abouya: Not tomorrow, but soon.

Nurse Sarina: Remember that it is very important for them to be tested. If your wife can bring them, I will explain more about TB to her also.

Mr Abouya: Thank you. I will see you tomorrow.

