

Management of Tuberculosis Training for Health Facility Staff

SECOND EDITION

G. Ensure Continuation of TB Treatment



World Health
Organization



K N C V



TUBERCULOSIS FOUNDATION

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



**ENSURE CONTINUATION OF
TB TREATMENT**



TUBERCULOSIS FOUNDATION



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Ensure Continuation of TB Treatment

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Management of Tuberculosis: Training for Health Facility Staff, 2nd ed.

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Ensure Continuation of TB Treatment

Introduction

Treatment for TB is a long process. It is critical to maintain contact with TB patients throughout treatment to ensure successful outcomes. However, sometimes circumstances interfere with maintaining contact with TB patients. Some common situations are:

- A patient interrupts treatment because of side-effects of the drugs.
- A patient goes to the hospital for emergency care and never returns to continue TB treatment.
- A patient moves to another area, and the health facility loses contact with him or her.
- A patient must travel for a few days and cannot come for directly-observed treatment.
- A patient misses several doses because of a family problem or a problem at work.
- A patient interrupts treatment because it is inconvenient.
- A patient interrupts treatment after beginning to feel better.

This module describes how to maintain contact with patients, even in difficult circumstances, and thus improve their chances of successfully completing treatment and being cured. A *Tuberculosis Treatment Referral/Transfer Form* is provided for situations in which patients must be referred for medical care or transferred because they are moving.

Objectives of this module

Participants will learn:	Refer to section(s):
• How to coordinate medical referrals and ensure that TB patients continue treatment	1
• How to coordinate the transfer of a TB patient who is moving to another area	2
• How to arrange for TB patients to continue treatment when travelling	3
• How to conduct a home visit to a patient who misses a dose	4
• How to trace a patient who interrupts treatment	5

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

1. Coordinate medical referrals

Referral to register and begin TB treatment closer to home

Sometimes, a patient may be diagnosed with TB at your health facility. However, when you speak to the patient, you may realize that it will be more convenient for the patient to receive TB treatment at a location closer to the patient's home. In this case, you would refer the patient to be **registered and start treatment** at a different health facility.

Referral for special care

If a patient is very sick (for example, has emergency signs), has major side-effects or worsening illness, it may be necessary to refer the patient to a clinician or hospital for care of the acute problem. However, sometimes after receiving treatment at the hospital, the patient thinks there is no need to return to the health facility to continue TB treatment. The patient may default.

To help prevent this situation, establish a relationship with a nearby hospital and with clinicians in the area. Through the District TB Coordinator, contact the hospital to identify the specific clinician or nurse to whom TB cases should be referred. Ask this person to tell TB patients to return to the original health facility for completion of TB treatment after referral care.

When a referral for special care is necessary, discuss the referral with the patient. Be sure to inform the patient and family of the need to return to the health facility to continue TB treatment after discharge from the clinician or hospital.

Using the Tuberculosis Treatment Referral/Transfer Form

Study the *Tuberculosis Treatment Referral/Transfer Form* on the opposite page. This form is also found in the Annex and in the *Reference Booklet*.

When a medical referral is needed, complete the top part of a *Tuberculosis Treatment Referral/Transfer Form* in triplicate and send one copy with the patient, addressed to the appropriate clinician or contact person. It is extremely important to record an accurate address in case you must find the patient later. If appropriate, include with the form a reminder that the patient should return to the original health facility to continue TB treatment after referral care is completed.

Keep one copy of the *Tuberculosis Treatment Referral/Transfer Form* and provide the third copy to the District TB Coordinator.

Tick this box when referring a patient to a different health facility to begin treatment after diagnosis of TB

Tuberculosis Treatment Referral/Transfer

Tick when a patient is moving to another district

(Complete top part in triplicate)

Tick to indicate the reason for this referral or transfer:

Referral¹ to register and begin TB treatment

Referral for special care²

or Transfer³

Date of referral/ transfer _____

Tick this when patient is referred for clinical assessment, severe illness, major side-effects, another illness, hospitalization, etc.

Name/address of referring/transferring facility

From sending facility: _____

Sending District _____

To receiving facility: _____

Receiving District _____

Name of patient _____ Age _____ Sex: M F

Address of patient (if moving, future address): _____

Diagnosis: _____

For example, write in this box 2(RHZE)/4(RH)₃

(For Transfer) District TB Register No. _____ Date TB treatment started: _____

TB Treatment Regimen:

New Retreatment

Other (CPT, ART etc):

Drugs patient is receiving _____

Remarks (e.g. side-effects observed): _____

Here, write the full name and dosage of the current drugs, for the information of non-TB physicians.

Name / signature of person sending the patient _____

Documented evidence of HIV tests (and results) during or before TB treatment should be reported.



Return this part to facility that referred/transferred patient as soon as patient has reported.

To be completed by facility receiving referred / transferred patient

District _____ Facility _____

District TB Register No. _____ Name of patient _____

The above patient reported at this facility on _____ (date)

Name /signature of person receiving the patient _____

¹ **Referral** is the process of moving a TB patient **prior to registration in a District TB Register** for the purpose of start of treatment (treatment closer to patient's home). The district receiving a "referred" patient is responsible to inform the facility sending the patient about the care provided.

² **Referral for special care** is indicated when the patient is very sick or has major side-effects and is referred to a clinician or hospital for special care. When discharged, the patient should return to the original health facility to continue TB treatment.

³ **Transfer** is the process of moving between 2 districts a **TB patient registered in a District TB Register** to continue his treatment in another area with a different *District TB Register*. The district 'transferring-out' a patient is responsible to report the treatment outcome, after getting the information from the district completing the treatment. The district receiving a patient 'transferred-in' is responsible for informing the district sending the patient 1) of the arrival of the patient and 2) at the end of the treatment, of the treatment outcome.

After referring a patient for special care, you should receive the bottom section of the form from the referral facility to confirm that the patient was received; if not, contact the clinician or hospital to find out whether the patient has been seen.

If a patient does not return to your health facility as expected to complete TB treatment, contact the hospital, clinician or District TB Coordinator to determine the patient's treatment outcome. If the outcome is unknown, and treatment has been interrupted for 2 consecutive months or more, then the outcome is recorded as "default."

2. Coordinate the transfer of a TB patient who is moving

If a registered patient will move out of the area permanently, coordinate the transfer so that the patient will continue TB treatment after moving. Find out when and where the patient is moving and identify an appropriate treatment facility in the new area.

Discuss the move and the need to continue treatment with the patient. Stress the importance of reporting to the new facility. Explain that, to be cured, the patient must continue taking all of the required drugs for the entire time required. If necessary, provide doses for several days' self-administration until the patient has reached the new home.

Use the *Tuberculosis Treatment Referral/Transfer Form* for patients who are moving. (Tick the top right box for transfers.) Complete the top part of the form in triplicate:

- one copy is for the patient to take
- one is kept at the originating health facility
- and one is for the District TB Coordinator.

Most of the information needed to complete the form should be available on the patient's *TB Treatment Card*. If possible, record the **new** address of the patient or information about how to contact the patient in the new location.

In addition to the *Tuberculosis Treatment Referral/Transfer Form*, send with the patient a copy of the *TB Treatment Card*. Keep the original *TB Treatment Card* in your files, after noting the date and location of the transfer in the "Comments" section on the back of the card.

Stress the importance of taking the *Tuberculosis Treatment Referral/Transfer Form* and copy of the *TB Treatment Card* to the new facility. Explain that these forms describe the correct drugs to give so that the patient can be cured. (Note: If pre-assembled drug boxes are used, the patient's drug box may be carried or sent to the new facility. Do not give the entire drug box to the patient to transport; give the patient only enough doses for the days of travel. For a patient who is on treatment for MDR-TB, the required drugs are not easily available, so it is especially important that the patient's drugs are sent to the destination facility.)

When the patient goes to the new facility, the bottom part of the *Tuberculosis Treatment Referral/Transfer Form* should be completed and returned to you as confirmation that the patient has reported for treatment. This is necessary so that you know the transfer was successful.

If you do not receive confirmation from the receiving health facility, contact the facility to ask whether the patient has reported for treatment. If not, tell the facility where to locate the patient. Ask the District TB Coordinator whether there is any new information about the

patient. If the transfer is never confirmed (that is, the patient never reports to the new facility), the patient’s treatment outcome will be recorded on the original *TB Treatment Card* as a “transfer out.” If the transfer is confirmed, you will ask later about the treatment outcome for the patient so that you can record it on the patient’s *TB Treatment Card*.

The *Tuberculosis Treatment Referral/Transfer Form* is essential if a patient is transferring to another district, and helpful if the patient is transferring to another health facility within the same district. In either situation, it will facilitate transfer of information on whether the patient arrived at the new facility and the treatment outcome. If a patient transfers to another district, and thus to another *District TB Register*, it is essential that the District TB Coordinator is informed by means of the *Tuberculosis Treatment Referral/Transfer Form*.

Remember that it is the **originating (first)** health facility’s responsibility to find out the treatment outcome for a patient who transfers out. The possible treatment outcomes for the transferred patient should be the same as for other patients: cure, treatment completed, died, treatment failure, or default. The outcome “transfer out” is used only if the patient was transferred and another outcome cannot be determined.

When you receive a patient from another health facility, make a note that this is a transferred patient to remind you to report the treatment outcome to the originating health facility. When any patient completes treatment, check to see whether the patient transferred in. If so, contact the originating health facility and report the treatment outcome.

A review of possible treatment outcomes is provided below.

Treatment outcomes

Treatment outcome	Definition
Cure	A patient whose sputum smear or culture was positive in the beginning of the treatment, but who was smear or culture negative in the last month of treatment and on at least one previous occasion
Treatment completed	A patient who completed treatment but who does not have a negative sputum smear or culture result in the last month of treatment ¹
Treatment failure	A patient whose sputum smear or culture is positive at 5 months or later during treatment. Also included are patients found to harbour a multidrug resistant (MDR) strain at any point in time during the treatment.
Died	A patient who dies for any reason during the course of treatment
Default	A patient whose treatment was interrupted for 2 consecutive months or more
Transfer out	A patient who has been transferred to another recording and reporting unit and for whom the treatment outcome is not known

¹ The sputum examination may not have been done, or the results may not be available. This definition applies to pulmonary smear-positive and smear-negative patients, and to patients with extrapulmonary disease.



Now do Exercise A – Written Exercise and Discussion

When you have reached this point in the module, you are ready to do Exercise A. Turn to Exercise A on page 20 and follow the instructions. There will be a group discussion after the exercise.

3. Make arrangements for patients who travel

During regular treatment visits, ask patients to be sure to inform you if they will travel, so that arrangements can be made to continue treatment without interruption.

If a patient will travel out of the area, or will be unable to have treatment directly observed for one or more days, provide instructions and drugs for a short period of self-administration. If necessary, you may provide drugs for up to 2 weeks.

If the patient's drugs are not pre-packaged, prepare a separate packet of drugs for each day that the patient will be absent. Give the patient careful instructions, orally and in writing, about how to take the drugs. Point out the number and colour of the drugs in each day's packet. Tell the patient to:

- Take the drugs at the same time each day.
- Take pills with water.
- Take all of the drugs for the day together.

Ask checking questions to make sure that the patient understands when and how to take the drugs.

On the patient's *TB Treatment Card*, make a tick (✓) when you observe treatment; then draw a line through the days on which the patient will self-administer the drugs.

Example

In the following example, the patient was directly observed and received a supply of drugs on 6 June; the patient will self-administer the drugs on 7–12 June (skipping Saturday 9 June). The patient will return to the health facility on 13 June:

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	
May							✓	✓	✓	✓	✓	—	✓	✓	✓	✓	✓	✓	—	✓	✓	✓	✓	✓	✓	—	✓	✓	✓	✓	✓	22	22	
June	✓	—	✓	✓	✓	✓	—●																											

After the period of travel, praise the patient for returning to the health facility to continue treatment. Ask whether there are any drugs left over. (Leftovers might be due to missing a dose or returning early.) Put any unused drugs back in the patient's treatment box. The patient will still need to take those doses. Missed days will simply extend the treatment period.

If the patient keeps a *TB Identity Card*, record the doses provided, instructions for taking them and the date that you expect the patient to return to your health facility to continue treatment.

If a patient is on treatment for MDR-TB, the patient must have daily (7 days per week) treatment, directly observed, so it is recommended that the patient does not travel.

If a patient will be travelling or absent for longer than 2 weeks, identify a health facility in the area where the patient will be staying. Transfer the patient to that health facility (as described in section 2 above) using the *Tuberculosis Treatment Referral/Treatment Form*. Send the patient's drugs through the District TB Coordinator if possible.

4. Conduct home visits for patients who miss a dose

If a patient misses a scheduled dose for more than 24 hours, find the patient by making a home visit within the next 24–48 hours. It is important for health facility staff to make arrangements so that home visits are possible. For example, agree on a schedule in which one health worker stays at the health facility while another does home visits.

Use the address on the patient's *TB Treatment Card* to find the patient. When you go on the home visit, take the patient's drugs with you. If the patient is not at home, ask the family or neighbours about where the patient is and why treatment was missed. If necessary, visit the contact person listed on the back of the patient's *TB Treatment Card*.

When the patient is found, talk to the patient and the family about the problem that caused the interruption in treatment. Ask questions such as:

- Why did you miss your appointment?
- What problems caused you to miss?

Ask additional questions and listen carefully to find out whether there have been difficulties related to:

- attitudes of the health facility staff who observe treatment
- waiting time at the health facility
- transportation
- work or family commitments
- side-effects of treatment
- other health problems.

When you have found the cause of the problem, try to help the patient to solve it. If a patient is also on CPT, ART or other treatments related to HIV or another illness, you may want to ask whether this treatment was also missed. If so, you may encourage the patient to resume that treatment and/or inform someone familiar with the patient's other care.

Some examples of possible causes and solutions are given in the table on the following page.

Examples of possible causes of missed doses:	Possible solutions:
Coming to the health facility is inconvenient.	Identify a convenient community TB treatment supporter.
Patient dislikes coming to the health facility because of the long queue.	Make arrangements so that TB patients do not have to wait in a queue. For example, let them enter through a back or side door.
Supervisor at work kept the patient late.	<ul style="list-style-type: none"> – Offer to talk with the supervisor and explain the importance of the treatment, or – Identify a community TB treatment supporter at work.
Patient had troublesome side-effects.	Give appropriate advice or remedies for side-effects, or refer the patient if necessary. (See side-effects tables in K: <i>Reference Booklet</i> .)
Patient had difficulty swallowing because of pain (due to oral candidiasis, common in AIDS patients).	Give appropriate advice or remedies, or refer patient as necessary.
Patient cannot leave small children at home and is tired of bringing them to the health facility.	<p>Suggest that a family member or neighbour watch the children. Remind family members and/or neighbours that the patient must continue treatment to protect their health, particularly the health of the children.</p> <p>If possible, identify a community TB treatment supporter closer to the patient's home.</p>

The patient may simply need to be motivated and reminded of the reasons not to interrupt treatment. Remind the patient of the need to take all of the recommended drugs together, for the recommended time, 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. Even after beginning to feel better, the patient must continue taking the drugs for the entire time period.

Motivate the patient with statements such as the following:

- TB can be cured if you keep coming for the medicine, and then you will not have to worry about it anymore.
- You only have 10 more doses to take every day. After that, you will come less often.
- These are the safest, most effective drugs available to treat TB anywhere in the world.
- Almost all patients who take their medicines as recommended are cured.
- If you keep taking your medicine, you will not spread TB to your family.

Give the patient the missed doses one day at a time. Do not give an extra dose on any day. Instead, extend the treatment period until all of the drugs are taken. Record the interruption of treatment by marking a zero (Ø) on the *TB Treatment Card* for each day missed. Comment on the action taken, for example, “*home visit, resumed treatment.*” Then continue recording treatment as before the interruption.

5. Trace patients who interrupt treatment

The need to trace patients who interrupt treatment is urgent to prevent drug resistance. If you cannot locate a patient who has interrupted treatment at the home address recorded on the *TB Treatment Card*, try to find the patient through the contact person listed on the back of the card. Seek information and leave messages with neighbours and relatives or at the patient's workplace. Try to find out whether the patient is just temporarily missing or has permanently moved. If the patient has moved, try to find out the new location and notify the District TB Coordinator. In this way, the patient may eventually be transferred to the care of another health facility.

If a patient is found and resumes treatment within 1 month, the same treatment should be continued and should be prolonged to compensate for missed doses.

Continue to enquire about and look for the patient for 2 months. If treatment is interrupted for 1–2 months, the patient will need a new sputum examination before the appropriate treatment can be determined.

If treatment is interrupted for 2 months or more, the patient has defaulted. The treatment outcome “default” should be entered on the *TB Treatment Card*. If the patient returns, he or she will need to be re-assessed, and will need a new sputum examination, to determine appropriate treatment. A new *TB Treatment Card* will be started if needed. See Annex B for a summary of actions to take.



STOP

Now do Exercise B – Written Exercise and Discussion

When you have reached this point in the module, you are ready to do Exercise B. Turn to page 24 and follow the instructions for Exercise B. There will be a group discussion after the exercise.

Summary of important points

- Use the *Tuberculosis Treatment Referral/Transfer Form* to coordinate referrals and transfers of TB patients.
- When a TB patient is referred to a hospital or clinician for special care, inform the patient and the receiving clinician that the patient is expected to return to the health facility for continuing TB treatment after referral care is completed.
- When a patient moves and transfers to a new treatment facility, follow up to ensure that the transfer is successfully completed. If not, help to locate the patient and ensure that the patient reports for treatment. The District TB Coordinator may also be able to locate the patient.
- It is the originating (first) health facility's responsibility to find out the treatment outcome for a patient who transfers out. Possible treatment outcomes are the same as for other patients: cure, treatment completed, died, treatment failure, default. The outcome "transfer out" is used only if the patient was transferred and another outcome cannot be determined.
- If TB patients must travel, drugs may be provided for up to 2 weeks of self-administration. (If the patient will be absent for more than 2 weeks, a transfer should be arranged.)
- If a TB patient misses a scheduled dose for more than 24 hours, make a home visit within the next 24–48 hours. Find out why the patient missed treatment, provide encouragement and help to solve any problems. Give the patient the missed doses one day at a time. Do not give an extra dose on any day.
- If a TB patient interrupts treatment, make every effort to find the patient through family, neighbours and the contact person listed on the *TB Treatment Card*.
- Actions to take after interruption of treatment are summarized in Annex B. If the patient is not found, and treatment is not resumed within 2 months, the treatment outcome is recorded as "default."

Self-assessment questions



Answer the self-assessment questions below to check what you have learned. Then compare your answers to those on pages 16–17.

1. Write “T” for true or “F” for false by the following statements:
 - _____ After a temporary referral to a clinician or hospital, a patient should return to the original health facility to continue treatment of TB.
 - _____ When a patient moves to a different health facility, the patient should take along the remainder of the anti-TB drugs.
 - _____ When a patient transfers to a new facility, that facility should notify the original health facility that the patient has reported for treatment.
 - _____ When a patient transfers, the original health facility is still responsible for finding out the patient’s treatment outcome.

2. For each of the following situations, write the appropriate treatment outcome:
 - a) A TB patient with a skin rash is referred from a health facility to a private physician. The patient never returns to the health facility. The rash went away, but the physician has not seen the patient for 2 months.

 - b) A TB patient plans to move and transfer to another health facility. You send the patient with a *Tuberculosis Treatment Referral/Transfer Form*. The receiving health facility never confirms that the patient has reported.

 - c) A TB patient transfers to a new health facility. You do not receive written confirmation, but you contact the new health facility and find out that the patient has indeed reported for treatment. At the appropriate time you contact the health facility again and discover that the patient has been cured.

 - d) A TB patient transfers out and the receiving health facility confirms the transfer. One month later the patient transfers again. The third health facility does not confirm the transfer. The patient cannot be found.

3. Write a tick (✓) by circumstances in which patients may be given drugs for self-administration:

- The patient will be travelling for 3 days.
- The patient will have a very busy week and will not have time to come for treatment. The patient is responsible and has been treated for 1 month.
- The patient is moving permanently. It will be several days before the patient can visit the new health facility.
- The patient will be away for 1 month visiting a relative.

4. Fill in the blanks:

If a patient misses a scheduled dose for more than _____ hours, make a home visit within the next ____ – ____ hours. Use the address on the patient's _____ to find the patient. Take the patient's _____ with you. Give the patient the missed doses one day at a time. Do _____ give an extra dose on any day.

5. Read the following story and answer the questions.

Nimia, an elderly woman, has missed 2 days of her first week of treatment. The health worker makes a home visit. The child who comes to the door says that Nimia has moved, and she does not know where. A neighbour says that Nimia has gone to live with her son who lives 10 minutes away by foot. The health worker goes to the son's house, where she finds Nimia. Nimia says that she missed treatment because she was moving. She moved because her former household was afraid of catching TB. She does not want to go for treatment because she does not want anyone to know that she has TB.

Tick all of the actions that would be appropriate to take:

- Offer free transportation to the health facility.
- Educate Nimia's former household and her son about TB and how it spreads.
- Insist that Nimia's former household allow her to live there.
- Remind Nimia that she will not be infectious if she takes all of her medicine.
- Ask more questions to find out whether there are any other problems interfering with coming for treatment.
- Give Nimia one of the doses that she missed.
- Get her to agree to come to the health facility the next day for the treatment.

Suggest one motivating statement that the health worker could make to Nimia:

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. (See sections 1 and 2)

T After a temporary referral to a clinician or hospital, a patient should return to the original health facility to continue treatment.

F When a patient moves to a different health facility, the patient should take along the remainder of the anti-TB drugs.

False: If pre-assembled drug boxes are used, the patient's drug box may be sent to the new facility by the District TB Coordinator or by messenger. The patient should take only enough drugs for the days of travel and moving (up to 2 weeks).

T When a patient transfers to a new facility that facility should notify the original health facility that the patient has reported for treatment.

T When a patient transfers, the original health facility is still responsible for finding out the patient's treatment outcome.

2. a. Default (See page 5)

b. Transfer out (See page 5)

c. Cure (See page 5)

d. Transfer out (See page 5)

3. Ticks indicate circumstances in which patients may be given drugs for self-administration: (See section 3)

✓ The patient will be travelling for 3 days.

✓ The patient will have a very busy week and will not have time to come for treatment. The patient is responsible and has been treated for 1 month.

✓ The patient is moving permanently. It will be several days before the patient can visit the new health facility.

 The patient will be away for 1 month. No tick: This patient will be gone for more than 2 weeks, which is too long to self-administer drugs. The patient should be transferred to a treatment facility in the area where the relative lives.

4. If a patient misses a scheduled dose for more than 24 hours, make a home visit within the next 24 – 48 hours. Use the address on the patient's TB Treatment Card to find the patient. Take the patient's drugs with you. Give the patient the missed doses one day at a time. Do not give an extra dose on any day. (See section 4)

5. Actions that would be appropriate are ticked: (See section 4)

Offer free transportation to the health facility. No tick: There is no evidence that lack of transportation was the reason that Nimia missed treatment.

Educate Nimia's former household and her son about TB and how it spreads.

Insist that Nimia's former household allow her to live there. No tick: There is no reason to insist, although perhaps her former household will invite her to return when they understand more about TB. Since there are children in her former household, it may be better for Nimia to stay with her son until she is non-infectious. In the meantime, all children under 5 should be checked for TB, as well as others in the household who have cough.

Remind Nimia that she will not be infectious if she takes all of her medicine.

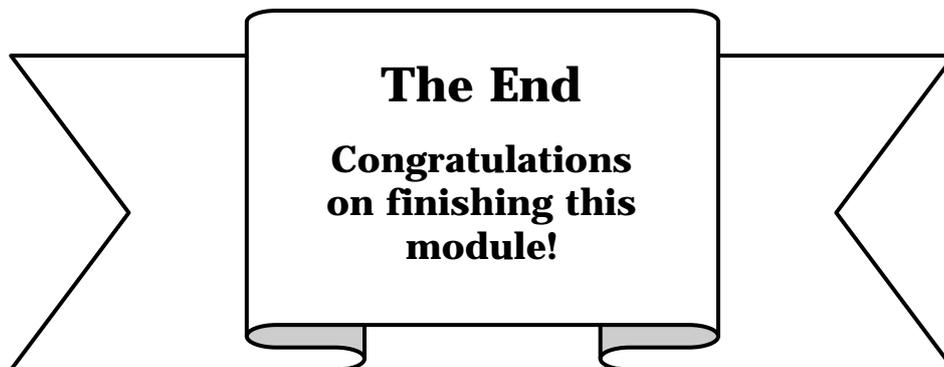
Ask more questions to find out whether there are any other problems interfering with coming for treatment.

Give Nimia one of the doses that she missed.

Get her to agree to come to the health facility the next day for the treatment.

Examples of motivating statements:

- Your illness can be cured if you keep coming for treatment.
- You will protect your family and friends by taking your medicines as recommended.
- We look forward to seeing you tomorrow.
- If you have a problem in the future, please tell us about it. Maybe we can help.

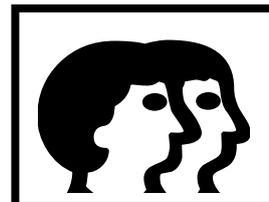


Exercises for Module G:
Ensure Continuation of TB Treatment



Exercise A

Written Exercise and Discussion – Coordinating transfers and referrals



In this exercise, you will practise some of the steps in a successful transfer of a TB patient from one health facility to another.

First, you will complete a *Tuberculosis Treatment Referral/Transfer Form* for a patient named Tesfaye Jifar, who has been receiving treatment at the Maturana Health Centre, in the Kalbit District, located at M. Ghandi Road 274, Lakari. (Refer to the *Reference Booklet* if needed.)

Mr Jifar will be moving to the city of Samarkola because he believes that he can find work there. Mr Jifar will leave tomorrow, 16 June. It will take a few days to complete the move. He will live with his brother, Sakib Jifar, while he looks for work. His brother's address is: Garan Du Street 137, Samarkola. The closest health facility will be the Samarkola Health Centre, Block 4, Nehru Place. This health centre is in the Samarkola District.

Complete the blank *Tuberculosis Treatment Referral/Transfer Form* on page 22 for Mr Jifar. Use the information above and on Mr Jifar's *TB Treatment Card* (page 21).

When you have completed the *Tuberculosis Treatment Referral/Transfer Form* for Mr Jifar, ask a facilitator to check your work.

After a facilitator checks your work, continue with this exercise on page 23.

Exercise A

Tuberculosis Treatment Card

District TB Register No. 798

Name: Tesfaye Jifar

Sex: M F Date of registration in District TB Register: 26 March 2009

Age: 32 Health facility: Maturana H, Centre

Address: M. Ghandi Rd, 56, Lakari

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) 3 S

Cotrimoxazole ARV Other

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

Disease site (check one)
 Pulmonary Extrapulmonary, specify

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

Sputum smear microscopy				Weight (kg)
Month	Date	Lab No.	Result	
0	2-3-09	527	++	49
2	6-5-09	1061	neg	51

TB/HIV		
	Date	Result*
HIV test	27-2-09	neg
HIV test		
CPT start		
ART start		

* (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																															Number doses this month	Total number doses given	Drugs given to supporter				
	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			Date	Doses			
March							✓	✓	—	✓	✓	✓	✓	✓	✓	—	✓	✓	✓	∅	✓	—	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	21	21				
April	✓	✓	✓	✓	—	✓	✓	✓	✓	✓	✓	—	✓	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	25	46		
May	✓	✓	—	✓	✓	✓	✓	✓	—	✓	✓																							10	56			

II. CONTINUATION PHASE

Number of tablets per dose, doses per week
 (RH)3 (RHE) Other

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																															Number doses this month	Total number doses given						
	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								
May																																							
June	✓		✓		✓		—	✓		✓		✓		—	✓		—	✓		—	✓		—	✓		—	✓		—	✓		—	✓		—	✓		8	8
July																																							
Aug																																							

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.

Household contacts

First names and surnames	Age	Relationship to case	Date seen	Result
Priyanka Jifar	30	wife	11-3-09	neg
Soha Ali	3	daughter	11-3-09	healthy

Treatment outcome
 Date of decision 15 June 09
 Cure
 Treatment completed
 Died
 Treatment failure
 Default
 Transfer out

Comments: Transferred on 15 June to Samarkola H.C. in Samarkola. Gave 2 doses for self-admin on 17 & 19 June.

Name and address of contact person: Karisma Khan, National St Apt 100, Lakari

Tuberculosis Treatment Referral/Transfer

(Complete top part in triplicate)

Tick to indicate the reason for this referral or transfer:

Referral¹ to register and begin TB treatment Referral for special care² or Transfer³

Date of referral/ transfer _____

Name/address of referring/transferring facility

From sending facility: _____
_____ Sending District _____

To receiving facility: _____
_____ Receiving District _____

Name of patient _____ Age _____ Sex: M F

Address of patient (if moving, future address): _____

Diagnosis: _____

(For Transfer) District TB Register No. _____ Date TB treatment started: _____

TB Treatment Regimen:

New Retreatment

Other (CPT, ART etc):

Drugs patient is receiving _____

Remarks (e.g. side-effects observed): _____

Name / signature of person sending the patient _____

Documented evidence of HIV tests (and results) during or before TB treatment should be reported.



Return this part to facility that referred/transferred patient as soon as patient has reported.

To be completed by facility receiving referred / transferred patient

District _____ Facility _____

District TB Register No. _____ Name of patient _____

The above patient reported at this facility on _____ (date)

Name / signature of person receiving the patient _____

¹ **Referral** is the process of moving a TB patient **prior to registration in a District TB Register** for the purpose of start of treatment (treatment closer to patient's home). The district receiving a "referred" patient is responsible to inform the facility sending the patient about the care provided.

² **Referral for special care** is indicated when the patient is very sick or has major side-effects and is referred to a clinician or hospital for special care. When discharged, the patient should return to the original health facility to continue TB treatment.

³ **Transfer** is the process of moving between 2 districts a **TB patient registered in a District TB Register** to continue his treatment in another area with a different *District TB Register*. The district 'transferring-out' a patient is responsible to report the treatment outcome, after getting the information from the district completing the treatment. The district receiving a patient 'transferred-in' is responsible for informing the district sending the patient 1) of the arrival of the patient and 2) at the end of the treatment, of the treatment outcome.

Exercise A, continued

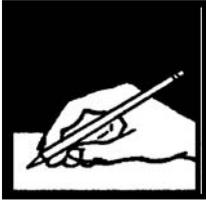
Answer the following questions related to Mr Jifar's transfer:

1. Two weeks have passed since Mr Jifar's transfer. When you last saw Mr Jifar at Maturana, you gave him two doses for self-administration. You have not yet received confirmation that Mr Jifar has reported to the Samarkola Health Centre for treatment. What should you do?
2. A health worker from the Samarkola Health Centre locates Mr Jifar, who resumes treatment after missing 2 weeks of doses. The health centre sends you confirmation that Mr Jifar has reported for treatment. In what month should you contact the Samarkola Health Centre to find out Mr Jifar's treatment outcome?
3. On 1 October, you learn that Mr Jifar completed TB treatment at the Samarkola Health Centre but did not have a final sputum examination. What is the treatment outcome for Mr Jifar?
4. Record the final treatment outcome on Mr Jifar's *TB Treatment Card*.

Tell a facilitator when you are ready for the group discussion.

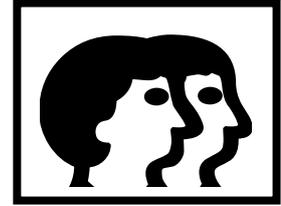


GO BACK to page 7, section 3,
and read until the next stop sign.



Exercise B

Written Exercise and Discussion – Tracing patients who miss a dose or interrupt treatment



In this exercise, you will discuss how to prevent patients from missing doses and interrupting treatment, and how to trace patients who do miss doses or interrupt treatment. To prepare for the discussion, answer the following questions about your health facility:

1. At your health facility, what are common reasons that patients miss scheduled doses?
2. How could these causes be prevented or lessened?
3. Does your health facility make home visits to patients who miss a dose?
 - If no, why not? (Next go to question 5 below.)
 - If yes, how do you manage to leave the health facility to find and visit patients?
4. If a patient cannot be located at home, what steps do you take to trace the patient?
5. If you answered no to question 3, what changes would be needed to enable you to make home visits and trace missing patients from your health facility?

Are these changes feasible? If not, whom could you ask for help to make changes?

Tell a facilitator when you are ready for the group discussion.



GO BACK to page 13. Read and work to
the end of the module (page 17).

Annexes

A. <i>Tuberculosis Treatment Referral/Transfer Form</i>	28
B. <i>Summary of actions after interruption of TB treatment</i>	29

Tuberculosis Treatment Referral/Transfer

(Complete top part in triplicate)

Tick to indicate the reason for this referral or transfer:

Referral¹ to register and begin TB treatment Referral for special care² or Transfer³

Date of referral/ transfer _____

Name/address of referring/transferring facility

From sending facility: _____
 _____ Sending District _____

To receiving facility: _____
 _____ Receiving District _____

Name of patient _____ Age _____ Sex: M F

Address of patient (if moving, future address): _____

Diagnosis: _____

(For Transfer) District TB Register No. _____ Date TB treatment started: _____

TB Treatment Regimen:

New Retreatment

Other (CPT, ART etc):

Drugs patient is receiving _____

Remarks (e.g. side-effects observed): _____

Name / signature of person sending the patient _____

Documented evidence of HIV tests (and results) during or before TB treatment should be reported.



Return this part to facility that referred/transferred patient as soon as patient has reported.

To be completed by facility receiving referred / transferred patient

District _____ Facility _____

District TB Register No. _____ Name of patient _____

The above patient reported at this facility on _____ (date)

Name / signature of person receiving the patient _____

¹ **Referral** is the process of moving a TB patient **prior to registration in a District TB Register** for the purpose of start of treatment (treatment closer to patient's home). The district receiving a "referred" patient is responsible to inform the facility sending the patient about the care provided.

² **Referral for special care** is indicated when the patient is very sick or has major side-effects and is referred to a clinician or hospital for special care. When discharged, the patient should return to the original health facility to continue TB treatment.

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Summary of actions after interruption of TB treatment

Interruption for less than 1 month

- Trace the patient
- Determine and address the cause of interruption
- Continue treatment and prolong it to compensate for missed doses

The need to trace patients who interrupt treatment is urgent to prevent drug resistance.

Interruption for 1 up to 2 months

First:	Then, take action based on results of sputum examination:	
<ul style="list-style-type: none"> • Trace the patient • Solve the cause of interruption • Collect 2 sputum samples and send for microscopy 	If all smears are negative, or if patient has extrapulmonary TB	Continue treatment and prolong it to compensate for missed doses. Ensure that the total number of doses planned for the initial phase and continuation phase are given.
	If one or more smears are positive	Restart the same regimen.

Interruption for 2 months or more (default)

First:	Then, take action based on results of sputum examination:	
<ul style="list-style-type: none"> • Trace the patient • Solve the cause of the interruption, if possible • Collect 2 sputum samples for smear microscopy, culture and DST 	If all smears are negative, or if patient has extrapulmonary TB	Clinician decides on individual basis whether to restart or continue treatment, or prescribe no further treatment.
	If one or more smears or cultures return positive	Clinician selects treatment regimen based on likelihood of MDR-TB, how quickly DST results will be available and policy on starting MDR-TB regimens.

