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WHO/HTM/TB/2006.373

Revised TB recording and reporting forms and registers – *version 2006*

Prepared by the Expert Group on TB Recording and Reporting forms and registers
WHO Stop TB Department, Geneva, September 2006

rm17570

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Acknowledgements

In addition to review by the WHO Strategic and Technical Advisory Group for TB, the following people reviewed the forms and provided valuable comments: Avijit Choudhury, William Coggin, Amal Galal, Wieslaw Jakuboviak, John Mansoer, Anna Nakanwagi-Mukwaya, Patricia Whitesell Shirey, Kelly Stinson, Douglas Fraser Wares, and the 105 countries who responded to the WHO field test survey.

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1. Rationale and process of the revision

1.1. Aims of the revision

The Stop TB Department (STB) of the World Health Organization (WHO), in collaboration with technical partners, embarked upon a revision of the TB recording and reporting (R&R) system **to align the forms and registers to the new Stop TB Strategy.** The revision facilitates the monitoring of the 6 components and 18 sub-components of the Stop TB Strategy, which itself was developed to help achieve the Millennium Development Goals.

Collection of TB data is part of the general health information system, the aims of which are:

1. To ensure high-quality patient care, a continuum of care, information-sharing with patients and transfer of information between health facilities.
2. To aid staff in providing adequate services to individual patients.
3. To allow managers at different levels in the national TB control programme (NTP) to monitor programme performance in a standardized and internationally comparable way.
4. To provide the basis for programmatic and policy development.

1.2. Process of the revision

The revision started in April 2005, as described below.

- The Expert Group on the TB Recording and Reporting information system (the Expert Group), which includes 30 members from the United States Centers for Disease Control and Prevention (CDC), the KNCV Tuberculosis Foundation (KNCV), the International Union Against Tuberculosis and Lung Disease (The Union), six WHO regional offices and selected country NTP managers, met four times (in April, May and September 2005 and June 2006).
- Draft revised forms and registers for field testing and guidelines for field testing were developed between April and September 2005 through exchange and consultation between experts from the main technical partners (WHO, The Union, KNCV, CDC, Global Drug Facility), Stop TB Partnership working groups and subgroups (DOTS expansion, TB/HIV, multidrug-resistant TB (MDR-TB), childhood TB, new TB diagnosis (cf http://www.stoptb.org/wg/tb_hiv/), public–private mix, TB and poverty (http://www.stoptb.org/wg/dots_expansion/subgroup_tor.asp) and countries' stakeholders.
- These draft revised forms, registers and guidelines were posted in Word format (English and French versions) on the World Wide Web in early November 2005 for country field testing and adaptation.
- Information on the draft forms was shared with the six WHO regional offices and through them with most of the NTP managers.
- The e-mail address to receive comments (TBrecordingandreporting@who.int) was also communicated to countries for comments and information; it was used extensively to respond to a WHO survey of country field testing of the forms and registers (490 messages received).
- A survey on country field testing of the forms and registers was conducted by WHO. Among 105 countries responding to the survey questionnaire, nearly 3/4 (74 countries) had recently revised their forms, 2/3 of them to incorporate collaborative TB/HIV

activities; 1/3 of countries used aggregated or individual electronic reporting and recording systems (e-R&R).
- Field testing of the forms and registers was conducted for eight months by countries with participation from technical partners (CDC, KNCV, The Union, WHO) in selected areas.
- A manuscript titled "Revising the Tuberculosis (TB) Recording and Reporting Information System" was offered to the International Journal of Tuberculosis and Lung Disease and is currently under review.

The revised documents presented here are the product of lengthy discussions that have generally resulted in delicate compromises to accommodate a wide variety of wishes and requirements of the different organizations, working groups and individuals.

1.3. **Presentation of the revision**

The Expert Group developed the revised forms and registers in three complementary parts for country adaptation:

Part I. Essential TB data
Part II. Essential TB data in settings using routine culture
Part III. Additional TB data

Annexes present the existing WHO-recommended TB forms and registers that were used as the basis for changes.

This document is not a guideline. Instead, it focuses on the changes made to the current set of TB recording forms and registers. For convenience, additional or modified data are circled in blue in each set of forms (part I, II, III); removed data are circled in a red dashed line (annexes page 56–71). The rationale for the changes is described below.

References to current WHO-recommended forms are from *Management of tuberculosis: training for district TB coordinators* (WHO/HTM/TB/2005.347a–m) and *Management of tuberculosis: training for health facility staff* (WHO/CDS/TB/2003.314a–k). References for definitions and TB indicators are from the *Compendium of indicators for monitoring and evaluating national tuberculosis programs* (WHO/HTM/TB/2004.344) and *A guide to monitoring and evaluation for collaborative TB/HIV activities* (WHO/HTM/TB/2004.342; WHO/HIV/2004.09).

Additionally, the Expert Group made a recommendation to WHO and partners to provide guidance to NTPs to expand and improve their e-R&R systems as they adopt the new, revised R&R system.

1.4. Next steps

1.4.1. Endorsement

The revised forms and registers have been endorsed by the WHO Strategic and Technical Advisory Group for TB (STAG-TB), KNCV, the Union and CDC.

1.4.2. Dissemination and implementation of the revised forms and registers

The final version of the revised TB R&R forms will be **launched on 30 October 2006** at the Core Group meeting of the Stop TB Partnership Working Groups in Paris, and on 31 October 2006 at the 37th Union World Conference on Lung Health in Paris.

Dissemination. The revised forms and registers will be posted on the web and widely circulated to all NTP managers and stakeholders through e-mail and during meetings and country visits. CDs of this document will be distributed to partners and countries through WHO regional offices. Guidelines and training materials on the forms and registers will be also published in WHO publications currently under development, such as the *Tuberculosis handbook* and the next version of the training courses *Management of tuberculosis: training for district TB coordinators* and *Management of tuberculosis: training for health facility staff*.

Implementation. Forms, guidelines and training materials will be adopted and adapted at country level based on the generic documents. Implementation of these revisions will be undertaken together with the other new components of the Stop TB Strategy globally by the DOTS Expansion Working Group and at country level by NTPs. Use of most of the revised forms and registers will require on-the-spot training and supervision. Use of additional forms such the *Yearly Report on Programme Management in Basic Management Unit* (form 10) will require more extensive training. Monitoring of the implementation of these revised forms and registers will require a repeat survey, to be conducted by WHO at the end of 2007.

1.4.3. Electronic TB recording and reporting (e-R&R)

E-R&R has not received sufficient attention in TB control and is critical as data demands expand. e-R&R should use the same structure as the paper-based TB information systems.

The e-R&R expert group will succeed the R&R expert group and include additional experts recruited for their skills in information technology. The aims are **to promote the development and use of e-R&R that conforms to a set of uniform standards**. The STB TB Strategy and Health Systems (TBS) team will facilitate and coordinate the work of the e-R&R group. A budgeted plan including technical support will be developed.

Next steps are:

- Provide **different e-RR systems** with clear guidelines on when and how to develop (adapt) a certain system that is most advantageous to the country.
- Monitor e-R&R implementation at country level.
- Develop **guidelines on data quality control** for paper and e-R&R systems.
- Train a pool of consultants who will be able to support e-R&R implementation.
- Explore the e-R&R private market.
- Meet regularly (frequency to be defined by TBS).

Revised TB recording and reporting forms and registers

2. Part I: Essential TB data

Additional or modified data are circled in blue in each form:

Removed data are circled in a red dashed line in the current set of forms (annexes, pages 56-71).

Request for Sputum Smear Microscopy Examination

The completed form with results should be sent promptly by laboratory to the referring facility

Referring facility[1] _____ Date _____

Name of patient _____ Age _____ Sex: ☐ M ☐ F

Complete address _____

_____

Reason for sputum smear microscopy examination:

☐ Diagnosis

OR ☐ Follow-up Number of month of treatment: _____ BMU TB Register No.[2] _____

Name and signature of person requesting examination _____

1. Including all public and private health facility/providers
2. Be sure to enter the patient's BMU TB Register No. for follow-up of patients on chemotherapy

---

RESULTS (to be completed in the laboratory)

Laboratory Serial No. _____

Date collected[3]	Sputum Specimen	Visual appearance[4]	RESULTS				
			NEG	(1-9)	(+)	(++)	(+++)
	1						
	2						
	3						

3. To be completed by the person collecting the sputum
4. Blood-stained, muco-purulent, saliva

Examined by _____

Date _____ Signature _____

Form 1, Request for Sputum Smear Microscopy Examination

Added data (circled in blue) and justification:

- "Referring facility" is added in the subtitle and replaces the item "name of the health facility". This change will facilitate the monitoring of public–private mix (PPM) activities, component 4 of the Stop TB Strategy (engage all care providers), allow a linkage with the added column "referring facility" in the *Laboratory Register* and form the basis for PPM reporting in the *Yearly Report on Programme Management in BMU*. The wording is also consistent with the *TB Suspects Register* and *TB Treatment Transfer/Referral* form.
- Additional footnote 1 aims to promote the use of this form by all public and private facilities, complying with component 4 of the Stop TB Strategy (engage all care providers), and proficient collaboration.
- Additional footnote 3 allows the monitoring of the number of samples sent and corresponding date of collection.

Modified data (circled in blue) and justification:

- "Sputum smear microscopy examination" is used in place of "sputum examination" (throughout the forms).
- "BMU" is used in place of "District" according to the definition in the *Compendium of indicators for monitoring and evaluating national tuberculosis programs* (WHO/HTM/TB/2004.344).
- "Visual appearance" is included in the results table allowing a separate answer for each specimen. Laboratory experts considered it important to know the visual appearance of the sputum in order to assess whether or not it was an appropriate sample.
- Results "NEG" and "1–9" replace the previous grading (–) and "scanty", as recommended by the Stop TB laboratory strengthening subgroup and according to the updated laboratory guidelines under development.
- "Name and signature of person requesting examination" replaces "signature of specimen collector". This minor change aims to increase the quality of work by allowing personal assessment and individual responsibility.
- Name of person examining the specimen is added to increase the quality of work by allowing personal assessment and individual responsibility.

Removed data (circled in red in annex 1, page 57) and justification:

- "District" was removed because it is included in the previous question on "complete address".
- "TB suspect No." was removed because the *TB Suspects Register* is considered an additional TB data (Part III) ie not adopted by all countries. However, in countries using the *TB Suspects Register*, this information will remain.
- "Disease site" was considered outside the scope of laboratory tasks and thus removed.

TB Laboratory Register

Lab. serial No.	Date specimen received	Name (in full)	Sex M/F	Age	Complete address (patients for diagnosis)	Name of referring facility [1]	Reason for sputum smear microscopy examination		Results of sputum smear microscopy examinations [2]			BMU and TB Register No. (after registration) [3]	Remarks
							Diagnosis (tick)	Follow-up (month)	1	2	3		

Footnotes appearing on first page of the register only

1 Facility that referred (sent) the patient (or specimen or slides) for sputum smear microscopy examination. Use standardized type of referring facility according to block 2 of the *Yearly Report on Programme Management in BMU*. Referring facility is defined as any health care providers formally engaged in any of the following TB control functions (DOTS): referring TB suspects/cases, laboratory diagnosis, TB treatment and patient support during treatment.

2 Indicate the result for each specimen: (NEG): 0 AFB/100 fields; (1-9) exact number if 1 to 9 AFB/100 fields; (+): 10-99 AFB/100 fields; (++): 1-10 AFB/ field; (+++): > 10 AFB/ field

3 Only for newly diagnosed sputum smear microscopy positive TB cases. Determine and write the name of the BMU and the *TB Register* No. of the patient. The aim is to crosscheck regularly whether all sputum smear microscopy positive patients are entered into a *BMU TB Register* and are receiving treatment.

Form 2, TB Laboratory Register

Two columns have been added to monitor the PPM contribution to referral activities, component 4 of the Stop TB Strategy (engage all care providers) and to cross-check or trace diagnosed and treated cases. Other changes are minor, and explained below.

Added data (circled in blue) and justification:

- Column 7: "Name of referring facility" and footnote 1 are keys to recording and reporting in the *Yearly Report on Programme Management in BMU,* the PPM contribution on referral activities, component 4 of the Stop TB Strategy (engage all care providers). Linkage and wording are consistent with information recorded in form 1, *Request for Sputum Smear Microscopy Examination*, *TBTreatment Referral/Transfer* form and *TB Suspects Register*. List of referring facility should be consistent with the referral box of the *TB Treatment Card* and should be adapted to local context.
- Column 8, sub-columns diagnosis and follow up - "tick " and "month" were added. This additional information on month of control in the column diagnosis allows assessment of the month 2 result which is considered key to assessing the quality of laboratory control as a whole.
- Column 10: "BMU and *BMU TB Register No*." and related footnote 3 are added to cross-check diagnosed cases and treated cases in the same BMU, and trace diagnosed cases who are referred to another BMU.
- Reminder: footnotes may appear only on the first page of the register and not necessarily on each page.

Modified data (circled in blue) and justification:

- Column 2: "date specimen received" replaces "date". It aims to clarify the recording date according to receipt of the first set of specimens. This allows for better consistency between districts and gives the possibility to assess the lead time between the date of diagnosis and the date treatment starts, assuming the specimen is examined the same day upon arrival as recommended in the WHO guidelines.
- Column 6: "Address (patients for diagnosis)" replaces "complete address (for new patients)". This is more consistent with the wording used in column 8, sub-column "diagnosis". The complete address is not always necessary in this register: if a patient does not come back for his positive result, he should be traced using the complete address available on the "*Request for Sputum Smear Microscopy Examination*" form.
- Column 9: "result of sputum smear microscopy examination" replaces "Microscopy result" for wording consistency. Additional footnote 2 states the new spelling (NEG) for negative result and new grading (1-9) for low positive results.

Removed data (circled in red in annex 3 page 59) and justification:

- Column 6 and 9: minor editing change described in the above paragraph.

Tuberculosis Treatment Card

BMU TB Register No._____

Name: _____

Sex: ☐ M ☐ F Date of registration: _____

Age: _____ Health facility: _____

Address: _____

_____

Name / address of community treatment supporter (if applicable)

_____

Disease site (check one)

☐ Pulmonary ☐ Extrapulmonary, specify _____

Type of patient (check one)

☐ New ☐ Treatment after default
☐ Relapse ☐ Treatment after failure
☐ Transfer in ☐ Other, specify _____

I. INITIAL PHASE - prescribed regimen and dosages

CAT (I, II , III): ☐

Number of tablets per dose and dosage of S:

(RHZE)	S

Referral by :

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

Cotrimoxazole	ARV	Other

Sputum smear microscopy				Weight (kg)
Month	Date	Lab No.	Result	
0				

TB/HIV		
	Date	Result*
HIV test		
CPT start		
ART start		

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

Tick appropriate box after the drugs have been administered

Daily supply: enter ✓. Periodic supply: enter X on day when drugs are collected and draw a horizontal line (——●) through the number of days supplied. Ø = 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

II. CONTINUATION PHASE

Number of tablets per dose

(RH)	(RHE)	Other

Daily supply: enter ✓ . Periodic supply, enter X on day when drugs are collected and draw a horizontal line (——●) through the number of days supplied. Ø = 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

X-ray (at start)
Date:
Results *(-), (+), ND*

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

Comments: _____

_____

_____

_____

_____

Treatment outcome
Date of decision ____
☐ Cure
☐ Treatment completed
☐ Died
☐ Treatment failure
☐ Default
☐ Transfer out

_____

_____

_____

_____

_____

_____

Name and address of contact person: _____

Form 3, Tuberculosis Treatment card

Added data (circled in blue) and justification:

Front

- The block on referral is added to allow recording of the community contribution of the to referral activities in the *TB Register* (Additional data, Part III, form D) and reporting of it in the *Yearly Report on Programme Management in BMU* (form 10, block 3). This complies with component 5 of the Stop TB Strategy (empower people with TB, and communities). A community member is defined as trained and regularly supervised informal practitioners, community workers/volunteers, family members, friends providing services outside a facility (health institution). List of referral box of the *TB Treatment Card* should be consistent with the referring facility in the *BMU TB Register* and in the *Yearly Report on Programme Management in BMU* and should be adapted to the local context.
- Two blocks on TB/HIV activities and on other drugs are added to allow recording of the TB/HIV activities in the *BMU TB Register* and reporting in the quarterly reports. This complies with component 2 of the Stop TB Strategy (address TB/HIV). Measures to improve confidentiality should accompany recording of HIV status. The *TB Treatment Card* must be accessible only by those who need to know the information, usually those providing direct patient care. It should be stored in a secure location (such as a locked cabinet). Confidentiality applies to all of the recording and reporting forms, regardless of whether the forms contain information on HIV status.

Back

- Two blocks on X-ray and HIV care have been added to take into account the increased use of X-ray and HIV care for HIV-positive TB cases.

Modified data (circle in blue) and justification:

Front

- Categories I, II and III are grouped into one box.
- Anti-TB drugs and doses are grouped into three TB drug presentations.
- Footnote on table of drug administration for initial and continuation phase is similar with the four types of marks (✓, X, ——● and Ø). These marks facilitate the calculation of drugs self-administered, given to supporters, or supervised by health staff.

Back

- Anti-TB drugs and doses are grouped into three TB drug presentations.

Removed data (circled in red in annex 4, page 60) and justification:

Front

- Boxes on drug frequency are removed according to the preferred TB regimen (WHO/CDS/TB/2003.313, revised chapter 4, June 2004 http://www.who.int/tb/publications/cds_tb_2003_313/en/index.html).
- Four columns on number of doses this month and total doses given, and date and doses given to the treatment supporter have been removed because they were considered redundant with the information provided in the table on daily/monthly distribution of drugs.

Back

- Boxes on drug frequency have been removed according to the preferred TB regimen.
- Two columns on number of doses this month and total doses given have been removed because they were considered redundant with the information provided in the table on daily/monthly distribution of drugs.

Tuberculosis Identity Card

Name _____ BMU TB Register No. _____

Address _____ Date of registration: _____

Sex: ☐ M ☐ F Age _____ Date treatment start _____

Health facility: _____

Supporter (name and address) _____

Sputum smear microscopy				Weight (kg)
Month	Date	Lab No.	Result	
0				

Disease site (check one)

☐ Pulmonary ☐ Extrapulmonary, specify _____

Type of patient (check one)

☐ New ☐ Treatment after default
☐ Relapse ☐ Treatment after failure
☐ Transfer in ☐ Other specify _____

I. INITIAL PHASE

CAT (I, II , III): ☐

Drugs and dosage:	(RHZE)	S	Other

II. CONTINUATION PHASE

Drugs and dosage:	(RH)	(RHE)	Other

Appointment dates: _____

_____

_____

_____

_____

_____

REMEMBER

Form 4, TB Identity Card

Identity card remains similar with minor modifications.

Added data (circled in blue) and justification: none

Modified data (circled in blue) and justification:

- Categories I, II, and III are grouped into one box.
- Anti-TB drugs and doses are grouped into three TB drug presentations.

Removed data (circled in red) and justification: none

Basic Management Unit TB Register – Left side of the register book

Date of registration	BMU TB No.	Name	Sex M/F	Age	Address	Health facility[1]	Date treatment started	Treatment category[2]	Site P / EP	Type of patient[3]					
										N	**R**	**F**	**D**	**T**	**O**

Footnotes appearing on first page of the register only.

1 Facility where patient's treatment card is kept. In case several copies are kept, the most peripheral facility should be entered. Use standardized type of health facilities according to block 2 of the *Yearly Report on Programme Management in BMU*. Health facility is defined as any health institution with health care providers formally engaged in any of the following TB control functions (DOTS): referring TB suspects/cases, laboratory diagnosis, TB treatment and patient support during treatment.

2 Enter the treatment category:

CAT I: New case of sputum smear microscopy positive, severe sputum smear microscopy negative PTB & EPTB e.g. 2(RHZE)/4(RH)

CAT II: Re-treatment e.g. 2(RHZE)S/1(RHZE)/5(RHE)

CAT III: New sputum smear microscopy negative PTB and EPTB e.g. 2(RHZE)/4(RH)

3 Tick only one column:

N=New – A patient who has never had treatment for TB or who has taken antituberculosis drugs for less than 1 month.

R=Relapse – A patient previously treated for TB, declared cured or treatment completed, and who is diagnosed with bacteriological (+) TB (sputum smear microscopy or culture).

F=Treatment after failure – A patient who is started on a re-treatment regimen after having failed previous treatment.

D=Treatment after default – A patient who returns to treatment, positive bacteriologically, following interruption of treatment for 2 or more consecutive months.

T=Transfer in – A patient who has been transferred from another TB Register to continue treatment. This group is excluded from the *Quarterly Reports on TB Case Registration and on Treatment Outcome*.

O=Other previously treated– All cases that do not fit the above definitions. This group includes sputum smear microscopy positive cases with unknown history or unknown outcome of previous treatment, previously treated sputum smear microscopy negative, previously treated EP, and chronic case (i.e. a patient who is sputum smear microscopy positive at the end of re-treatment regimen).

Basic Management Unit TB Register – Right side of the register book

Results of sputum smear microscopy and other examination										Treatment outcome & date							TB/HIV activities		Remarks
Before treatment				2 or 3 months [1]		5 months		End of treatment		Date	Outcome [5]						ART Y/N Start date	CPT Y/N Start date	
Sputum smear micros-copy result [2]	Date/ Lab. No,	HIV result [3] Date	X-ray Result [4]	Sputum smear micros-copy result [2]	Date/ Lab. No.	Sputum smear micros-copy result [2]	Date/ Lab. No.	Sputum smear micros-copy result [2]	Date/ Lab. No.		Cure	Treatment Completed	Treatment Failure	Died	Default	Transfer			

Footnotes appearing on first page of the register only

1 CAT I patients have follow-up sputum smear microscopy examination at 2 months; CAT II patients have follow-up sputum smear microscopy examination at 3 months. CAT I patients with initial phase of treatment extended to 3 months have follow-up sputum examinations at 2 AND 3 months with results registered in the same box.

2 (ND): Not done; (NEG): 0 AFB/100 fields; (1-9): exact number if 1 to 9 AFB/100 fields; (+): 10-99 AFB/100 fields; (++): 1-10 AFB/ field; (+++): > 10 AFB/ field

3 (Pos): Positive; (Neg): Negative; (I): Indeterminate; (ND): Not Done/unknown. Documented evidence of HIV test performed during or before TB treatment is reported here. Measures to improve confidentiality should accompany recording of HIV status in the TB patient record or registers

4 (Pos): Suggestive of TB, (Neg): Not suggestive of TB; (ND): Not Done.

5 **Tick only one column for each patient:**

Cure: Sputum smear microscopy positive patient who was sputum negative in the last month of treatment and on at least one previous occasion.

Treatment completed: Patient who has completed treatment but who does not meet the criteria to be classified as a cure or a failure.

Treatment failure: New patient who is sputum smear microscopy positive at 5 months or later during treatment, or who is switched to Category IV treatment because sputum turned out to be MDRTB. Previously-treated patient who is sputum smear microscopy positive at the end of his re-treatment or who is switched to Category IV treatment because sputum turned out to be MDRTB.

Died: Patient who dies from any cause during the course of treatment.

Default: Patient whose treatment was interrupted for 2 consecutive months or more.

Transfer out: Patient who has been transferred to a health facility in another BMU and for whom treatment outcome is not known.

Form 5, BMU TB Register

Added data (circled in blue) and justification:
Left side: data for TB case registration (i.e. before treatment start)

- Reminder: footnotes may appear only on the first page of the register and not necessarily on each page.
- Footnotes on "health facility" column 7 aim to clarify the location of the *TB Treatment Card* in the setting of decentralized TB services. Column 7also highlights the links with the *Yearly Report on Programme Management in BMU* and instructs how to record and report on the PPM contribution to treatment (component 4 of the Stop TB Strategy) in the *Yearly Report on Programme Management in BMU*.
- Definition of treatment failure has been modified according to the Stop TB Working Group on MDR-TB.
- Footnote on the last column "type of patient" sub-column "Other previously treated" provides a new definition of other cases which aims to differentiate previously treated cases with positive sputum smear microscopy (Relapse, Treatment after failure and Treatment after default) from other types of previously treated cases.

Right side: data for TB treatment outcome

- HIV test result is placed at the beginning of the right side page to be consistent with the recommended test at the beginning of TB treatment (or even earlier) i.e. to test all TB cases at the beginning of treatment. This information will be reported in the *Quarterly Report on TB Case Registration* only. Measures to improve confidentiality should accompany recording of HIV status. The *BMU TB Register* must be accessible only by those who need to know the information, usually those providing direct patient care. It should be stored in a secure location (such as a locked cabinet). Confidentiality applies to all of the recording and reporting forms, regardless of whether the forms contain information on HIV status.
- Additional column on "X-ray before treatment" and its footnote are consistent with the increased use of X-ray in the diagnosis of sputum smear microscopy negative TB.
- Date of treatment outcome is presented as a separate column.
- Two columns were added on TB/HIV activities (ART, CPT) to comply with the Stop TB Strategy component 2 (TB/HIV activity). They are included in this page because they are provided during the course of TB treatment (even if started earlier).
- Footnote 2 presents sputum smear microscopy results according to guidance provided by the Stop TB subgroup on laboratory strengthening and according to the *TB Laboratory Register* recording.

Modified data (circled in blue) and justification:

- Title: "District" is replaced by “Basic Management Unit" according to the definition in the *Compendium of indicators for monitoring and evaluating national tuberculosis programs* (WHO/HTM/TB/2004.344), page 10.
- "Complete address" is replaced by "address" since the complete address is given on the *TB Treatment Card* and does not need to be repeated here.

Removed data (circled in red in annex 5, page 62) and justification: none

Quarterly Report on TB Case Registration in Basic Management Unit

Name of BMU: _____ Facility:_____

Name of TB Coordinator:_____ Signature: _____

Patients registered during[1]

__ _____ quarter of year_____

Date of completion of this form: _____

Block 1: All TB cases registered [2]

Pulmonary sputum smear microscopy positive				New pulmonary sputum smear microscopy negative			Pulmonary sputum smear microscopy not done / not available			New extrapulmonary			Other previously treated [3]	TOTAL All cases
New cases	Previously treated			0-4 yrs	5-14 yrs	≥ 15 yrs	0-4 yrs	5-14 yrs	≥ 15 yrs	0-4 yrs	5-14 yrs	≥ 15 yrs		
	Relapses	After failure	After default											

Block 2. New pulmonary sputum smear microscopy positive cases – Age group

Sex	0-4	5-14	15–24	25–34	35–44	45–54	55–64	≥ 65	Total
M									
F									

Block 3: Laboratory activity - sputum smear microscopy[4]

No. of TB suspects examined for diagnosis by sputum smear microscopy	No. of TB suspects with positive sputum smear microscopy result

Block 4: TB/HIV activities [2]

	No. patients tested for HIV before or during TB treatment [5]	No. patients HIV positive [5]
New sputum smear microscopy positive TB		
All TB cases		

1 Registration period is based on date of registration of cases in the *TB Register*, following the start of treatment. Q1: 1 January–31 March; Q2:1 April–30 June; Q3: 1 July–30 September; Q4:1 October–31 December.

2 'Transferred in' and chronic cases are excluded. In areas routinely using culture, a separate form for unit using culture should be used.

3 Other previously treated cases include pulmonary cases with unknown history of previous treatment, previously treated sputum smear microscopy negative pulmonary cases and previously treated extrapulmonary cases. 'Transferred in' and chronic cases are excluded.

4 Data collected from the TB *Laboratory Register* based on "Date specimen received" in the laboratory during the quarter, without including patients with examination because of follow-up.

5 Documented evidence of HIV tests (and results) performed in any recognized facility before TB diagnosis or during TB treatment (till end of the quarter) should be reported here.

Form 6, Quarterly Report on TB Case Registration in Basic Management Unit

Added data (circled in blue) and justification:

- "Basic Management Unit" is added in the title according to the definition in the *Compendium of indicators for monitoring and evaluating national tuberculosis programs* (WHO/HTM/TB/2004.344), page 10.
- Pulmonary sputum smear microscopy not done/not available is added to monitor cases without sputum smear microscopy examination. Corrective measures to decrease the number of diagnosed cases without sputum smear microscopy are expected if better reported.
- Age breakdown 0–14 years is divided into two paediatric groups (0–4 years and 5–14 years).
- Block 4 on TB/HIV activities was added as HIV testing and results are the cornerstone of TB/HIV activities and HIV testing is recommended to be performed before TB treatment starts (eventually among TB suspects or before being referred to facilities with capacity to diagnose TB). Breakdown by sputum smear microscopy positive cases and all TB cases is proposed to monitor the HIV positivity rate among confirmed sputum smear microscopy positive TB cases.

Modified data (circled in blue) and justification:

- Title: "District" is replaced by “Basic Management Unit" according to the definition in the *Compendium of indicators for monitoring and evaluating national tuberculosis programs* (WHO/HTM/TB/2004.344), page 10.
- Smear (+) and smear (–) are spelt out as "sputum smear microscopy positive" and "sputum smear microscopy negative."
- "Other" became "other previously treated" and the footnote definition is more detailed and specific than in the previous version. Previously treated sputum smear microscopy negative pulmonary cases and previously treated extrapulmonary cases are more clearly included in this group in this version.
- Block 3 on laboratory activities was included in the quarterly report on programme management but rarely adopted. Inclusion of these items in this report will ensure the proper feedback on laboratory activity.

Removed data (circled in red in annex 7 page 65) and justification: none

Quarterly Report on TB Treatment Outcome and TB/HIV Activities in BMU

Name of BMU: _____ Facility:_____ Name of TB Coordinator:_____ Signature: _____	Patients registered during[1] __ _____ **quarter of year**_____ Date of completion of this form: _____

Block 1: TB treatment outcomes [1]

Type of case	Total number of patients registered during quarter *	Treatment outcomes						Total number evaluated for outcomes: (sum of 1 to 6)
		Cure (1)	Treatment completed (2)	Died (3)	Treatment failure [2] (4)	Default (5)	Transfer out (6)	
New sputum smear microscopy positive								
Previously treated sputum smear microscopy positive								
All other cases (Sputum smear negative, smear not done, EP, other previously treated [3])								

* These numbers are transferred from the *Quarterly Report on TB Case Registration* for the above quarter. Specify any exclusion. _____
_____

Block 2: TB/HIV activities [1]

	No. patients on CPT [4]	No. patients on ART [5]
All TB cases		

1 Quarter: This form applies to patients registered (recorded in the *BMU TB Register*) in the quarter that ended 12 months ago. For example, if completing this form at the close of the second quarter then record data on patients registered in the 2nd quarter of the previous year.
2 Includes patients switched to Cat.IV because sputum sample taken at start of treatment turned out to be MDRTB.
3 Other previously treated cases include pulmonary cases with unknown history of previous treatment, previously treated sputum smear microscopy negative pulmonary cases, and previously treated extrapulmonary cases. 'Transferred in' and chronic cases are excluded.
4 Includes TB patients continuing on CPT started before TB diagnosis and those started during TB treatment (till last day of TB treatment).
5 Includes TB patients continuing on ART started before TB diagnosis and those started during TB treatment (till last day of TB treatment).

Form 7, Quarterly Report on TB Treatment Outcome and TB/HIV Activities in BMU

Added data (circled in blue) and justification:

- "Basic Management Unit" is added in the title according to the definition in the *Compendium of indicators for monitoring and evaluating national tuberculosis programs* (WHO/HTM/TB/2004.344), page 10.
- Delivery of CPT and ART for HIV-positive TB patients and corresponding footnote are added on this form.

Modified data (circled in blue) and justification:

- Smear (+) and smear (–) are spelt out as sputum smear microscopy positive and sputum smear microscopy negative for better consistency.
- The three separate treatment outcomes for Relapse, Treatment after failure and Treatment after default are grouped into one outcome for previously treated sputum smear microscopy positive cases. This grouping is more specific because it excludes previously treated sputum smear microscopy negative or sputum smear microscopy not done, and previously treated extrapulmonary TB cases. The current breakdown of previously treated cases is often not filled out at the district/BMU level due to limited number of previously treated cases per breakdown and is not often analysed.
- Treatment outcomes for sputum smear microscopy negative TB cases are grouped with extrapulmonary and other previously treated TB cases. This is seen as an important indicator for monitoring the impact of HIV on TB.

Removed data (circled in red in annex 8, page 66) and justification: none

Note: HIV testing is reported only once in the *Quarterly Report on TB Case Registration* following the recommended strategy to test TB cases before TB treatment starts (eventually among TB suspects or before being referred to facilities with capacity to diagnose TB).

Quarterly Order Form for TB Drugs with Patient Kits in Basic Management Unit

Forms to be adapted according to the national treatment regimen, and available patient kits

Name of BMU: _____ Facility: _____ Name and signature: _____	_____ ***quarter of year***_____ Date of completion of this form: _____

Block 1: Patient kits of anti-TB drugs (for adult patients)--needs based on morbidity (case notification)

Kit	A No. of cases [1]	B Required buffer stock B = A	C Stock of new kits on last day of previous quarter	D Stock of repackaged kits on last day of previous quarter	E Number of kits to order E = A+B-C-D
Kit1 and 3: 2(RHZE)/4(RH)					
Kit2: 2S(RHZE)/1(RHZE)/5(RHE)					
Other kit					

Block 2: Anti-TB drugs tablets for children (0-14 yrs)--needs based on morbidity (case notification)

Drug /unit tablets	(1) Paediatric 2(RHZ)/4(RH)			(2) Required buffer stock	(3) Stock last day previous quarter	(4) Total order
	Case [1]	Factor [2]	Total (1)	(2) = (1)	(3)	(4) = (1) + (2) - (3)
(R60/H30/Z150)		X 168				
(R60/H30)		X 336				

Block 3: Other anti-TB drugs and items [3]--needs based on consumption

Drug / item Specify drug strength	Unit	(a) Average quarterly consumption based on last year's consumption	(b) Required buffer stock (b) = (a)	(c) Stock in tablets/ vials/items on last day previous quarter	(d) Number tablets/items to order (d) = (a) + (b) - (c)

1 Enter the number of cases enrolled in the previous quarter (from the *Quarterly Report on TB Case Registration*).
2 Factors are proposed by GDF and can be adapted at country level.
3 Depending on the TB control treatment policy, you may need to add paediatric anti-TB drugs (E100, Z150, H50); loose tablets of individual anti-TB drugs for side-effect management; isoniazid for preventive therapy for children and for PLWHA; co-trimoxazole for HIV-positive TB patients; ART for HIV+TB patients; items such as *TB Register* and forms, HIV test kits, etc.

Quarterly Order Form for TB Drugs with Blisters and Unit Tablets/Vials in BMU

Forms to be adapted at country level according to the national treatment regimen, and available blisters following WHO recommended regimen

Name of BMU: _____ Facility: _____	_____ ***quarter of year***_____
Name and signature: _____	Date of completion of this form: _____

Block 1: Anti-TB drugs blisters and unit tablets/vials--needs based on morbidity (case notification)

Drug	A Cat I and III: 2(RHZE)/4(RH)			B Cat II: 2(RHZE)S/1(RHZE)/5(RHE)			C Paediatric (0-14 yrs) 2(RHZ)/4(RH)			D Requirement of last quarter	E Required buffer stock	F Stock last day previous quarter	G Total order
	Cases [1]	Factor [2]	Total A	Cases [1]	Factor [2]	Total B	Cases [1]	Factor [2]	Total C	D = A+B+C	E=D	F	G=D+E - F
Blisters[3]													
(R150/H75/Z400/E275)		X 6			X9								
(R150/H75)		X 12											
(R150/H75/E275)					X15								
Unit tablets/vials													
S1g					X56								
Syringes needles					X56								
Water for injection					X56								
(R60/H30/Z150)								X168					
(R60/H30)								X336					

Block 2: Other anti-TB drugs and items [4]--needs based on consumption

Drug / item Specify drug strength	Unit	(a) Average quarterly consumption based on last year's consumption	(b) Required buffer stock	(c) Stock in tablets/vials/items last day previous quarter	(d) No. of tablets/items to order (d) = (a) + (b) - (c)

1 Enter the number of cases enrolled in the previous quarter (from the *Quarterly Report on TB Case Registration*).
2 Factor for blisters and tablets are proposed by GDF and can be adapted at country level.
3 Blister of 28 tablets.
4 Depending on the TB control treatment policy, you may need to add paediatric anti-TB drugs (E100, Z150, H50); loose tablets of individual anti-TB drugs for side-effect management; isoniazid for preventive therapy for children and for PLWHA; co-trimoxazole for HIV-positive TB patients; ART for HIV+TB patients; items such as *TB Register* and forms, HIV test kits, etc.

Quarterly Order Form for TB Drugs with Unit Tablets/vials in BMU

Forms to be adapted according to the national treatment regimen, and available unit tablets/vials following WHO recommended regimen

Name of BMU: _____ Facility: _____	_____ ***quarter of year***_____
Name and signature: _____	Date of completion of this form: _____

Block 1: Anti-TB drugs units--needs based on morbidity (case notification)

Drug / Item	A Cat I and III: 2(RHZE)/4(RH)			B Cat II: 2(RHZE)S/1(RHZE)/5(RHE)			C Paediatric (0-14 yrs) 2(RHZ)/4(RH)			D Requirement of last quarter	E Required buffer stock	F Stock last day previous quarter	G Total order
	Cases[1]	Factor[2]	Total A	Cases[1]	Factor[2]	Total B	Cases[1]	Factor[2]	Total C	D = A+B+C	E=D	F	G=D+E - F
Unit tablets/vials													
(R150/H75/Z400/E275)		X168			X252								
(R150/H75)		X 336											
(R150/H75/E275)					X420								
S1g					X56								
Syringes needles					X56								
Water for injection					X56								
(R60/H30/Z150)								X168					
(R60/H30)								X336					

Block 2: Other anti-TB drugs and items [3]--needs based on consumption

Drug / item Specify drug strength	Unit	(a) Average quarterly consumption based on last year's consumption	(b) Required buffer stock (b) = (a)	(c) Stock in tablets/ vials/items last day previous quarter	(d) No. of tablets/items to order (d) = (a)+ (b) - (c)

1 Enter the number of cases enrolled in the previous quarter (from the *Quarterly Report on TB Case Registration*).
2 Factors are proposed by GDF and can be adapted at country level.
3 Depending on the TB control treatment policy, you may need to add paediatric anti-TB drugs (E100, Z150, H50); loose tablets of individual anti-TB drugs for side-effect management; isoniazid for preventive therapy for children and for PLWHA; co-trimoxazole for HIV-positive TB patients; ART for HIV-positive TB patients; items such as *TB Register* and forms, HIV test kits, etc.

Form 8, 8A, 8B, Quarterly Order Form for TB Drugs with Patients Kit, Blisters or Unit Tablets/vials

Added data (circled in blue) and justification:

- These three forms are developed based on the removed WHO *Quarterly Reports on Programme Management (A, B, C)* and on the Union Quarterly Order forms. The same principles apply to these forms, such as the morbidity calculation (previous case notification) rather than consumption (previous quantities used), buffer stock equivalent to requirement, and use of a pull system (bottom-up order) rather than push system (top-down approach). The three options are presented according to the anti-TB drug presentation in patient kits (8), blisters (8 A) or tablet/vial units (8 B). Open patient kits are repackaged at the BMU level.
- Paediatric strength and formulation are added based on the paediatric treatment most commonly used 2(RHZ)/4(RH).
- The factors used in each form are based on GDF criteria and could be adapted to countries where average weight is higher.
- Additional forms could be developed for the intermediate level based on the same structure.

Modified data (circled in blue) and justification: none

Removed data (circled in red in annex 9, page 67) and justification:

- Quarterly reports on programme management (A, B, C) were removed due to limited uptake by countries.

Quarterly Order Form for Laboratory Supplies in Basic Management Unit

Laboratory supply orders are prepared every 3 months with needs based on consumption

Name of BMU: _____ Facility: _____ Name and signature: _____	_____ ***quarter of year*** _____ Date of completion of this form: _____

Laboratory items	Measurement unit	(a) Average quarterly consumption[1]	(b) Required buffer stock (b) = (a)	(c) Stock in unit last day previous quarter	(d) No.of units to order (d) = (a)+ (b) - (c)
Basic fuchsin					
Methylene blue					
Immersion oil					
Sulphuric acid					
Phenol					
Methanol					
Slides					
Sputum containers					
HIV rapid test kit 1					
HIV confirmation test kit 2					

1 Based on the last year consumption

OR

LABORATORY USING PREPARED SOLUTION

Laboratory items	Measurement unit	(a) Average quarterly consumption[1]	(b) Required buffer stock (b) = (a)	(c) Stock in unit last day previous quarter	(d) Number unit to order (d) = (a)+ (b) - (c)
Staining solution					
Decolouration solution					
Counterstaining solution					
Immersion oil					
Slides					
Sputum containers					
HIV rapid test kit 1					
HIV confirmation test kit 2					

1 Based on the last year's consumption

Form 9, Quarterly Order Form for Laboratory Supplies

Added data (circled in blue) and justification:

- This form was developed based on the removed WHO *Quarterly Reports on Programme Management (A, B, C)*. The calculation of the order is based on consumption (previous quantities used) rather than morbidity (previous number of TB cases), buffer stock equivalent to consumption, pull system (bottom-up order) rather than push system (top-down approach). The two options are presented according to the reagent presentation.
- Additional forms could be developed for the intermediate level based on the same structure.

Modified data (circled in blue) and justification: none

Removed data (circled in red in annex 9 page 67) and justification:
Quarterly Report on Programme Management (A, B, C).

Tuberculosis Programme

Form 10

Yearly Report on Programme Management in Basic Management Unit

Name of BMU: _____ Facility: _____ Year:_____ Date of completion of this form: _____ Signature: _____

Block 1: Health care facilities/providers involved in TB control

Facility/provider type [1]	Total number of facilities in the BMU[2] (a)	Facilities providing any TB control services [3]		Facilities with laboratory facilities					Facilities providing HIV services	
		Target cumulative number to involve[3] (b)	Cumulative number actually involved (c)	Target cumulative No. to involve in sputum smear miicroscopy[4] (d)	Cumulative No. involved in sputum smear microscopy (e)	Out of (e), No. involved in Lab. Quality Assurance (f)	Out of (e), No. providing culture services (g)	Out of (e) No. providing DST services (h)	Out of (c), No. providing HIV testing & counsel. to all TB patients (i)	Out of (c) No. providing ART to TB patients (j)
Public facility										
Private facility/provider										
Others [5]										

Block 2: Contribution by health care facilities/ providers in TB control

	No. of new sputum smear microscopy positive cases diagnosed in a year		No. of new sputum smear microscopy positive cases started on treatment in year
TOTAL [6, 7]			
Facility /provider type[1]	Referred by[8]	Diagnosed by[9]	Treated by[10]
Self-referral			
Public facility			
Private facility /provider			
Others			

Block 3: Contribution by trained and supervised community in TB control [11]

No. new sputum smear microscopy positive cases referred by the community	No. new sputum smear microscopy positive cases receiving treatment support by the community

1 ***Health facility*** is defined as any health institution with health care providers formally engaged in any of the following TB control functions (DOTS): referring TB suspects/cases, laboratory diagnosis, TB treatment and patient support during treatment. Facility types are indicative, consistent with the referral box of the *TB Treatment Card* and should be adapted to local context.

2 Known number of existing facilities (provider) in the BMU. The table may be adapted with more rows to incorporate facilities that are relevant for the country.

3 Facilities (providers) formally engaged in any of the following TB control functions (DOTS): referring TB suspects/cases, laboratory diagnosis, TB treatment and patient support during treatment.

4 The cumulative number of facilities (providers) that was planned to be involved in the year of the report.

5 Other categories may include PHC facility, medical college, private NGO hospital, private NGO clinic, private practitioners, corporate health facilities, prison health service, army health facilities, pharmacies, traditional healers, etc.

6 Total number of new smear positive patients diagnosed and recorded in the *TB Laboratory Register* for the year.

7 Total number of new smear positive patients recorded in the *BMU TB Register* for the year.

8 New smear positive cases referred for diagnosis by each facility/provider category, as recorded in the column for "name of referring health facility" in the *TB Laboratory Register*.

9 New smear positive cases diagnosed by each facility/provider category recorded in the *TB Laboratory Register* of the facility/provider of microscopy service.

10 New sputum smear positive cases treated by respective provider category, as recorded in the column "health facility" in the *BMU TB Register*.

11 This block is filled based on the individual *TB Treatment Card* (referral box, name of treatment supporter) or from the *TB Register* (form D of the additional TB data -part 3). ***Community*** is defined as trained and regularly supervised informal practitioners, community worker/volunteer, family members, friends providing services outside a facility (health institution).

Note: This form could be filled only for selected period of time and for selected BMU.

Block 4: Staff position and training [1]

Category of staff involved in NTP [2]	Number of positions established/ sanctioned [3] (a)	Of them (a), number of positions filled	Of them (a), number trained in NTP in the past 12 months [4]	Total trained in NTP
A. ALL HEALTH FACILITIES				
Medical Officer				
Registered Nurse/Registered Midwife/Enrolled Nurse/Enrolled Midwife				
Health Assistant/Medical Assistant/Clinical Officer				
Laboratory Technician/ Microscopist				
Pharmacist				
Counsellor				
Other categories (specify) [5]				
B. BMU LEVEL				
BMU TB Coordinator				
BMU TB/HIV Coordinator				
BMU Laboratory Supervisor				
BMU Supervisor				
BMU Drug Store Manager				
Statistical Assistant				
Other categories (specify)				

1 Health facility to fill in section A; BMU Level to fill in Section A with cumulative data for all health facilities in BMU plus BMU (district)-specific positions.
2 Including private providers, community workers, etc.
3 Part time posts are considered as one position.
4 Trained in NTP is defined as having attended a standardized competency (skills)-based training course designed by NTP for the specific job functions according to the NTP manual.
5 If TB-HIV collaborative activities are part of NTP, add additional staff categories as relevant based on job functions.

Note

- Similar form for Provincial Level should be filled with cumulative data for all health facilities in province, Section B with cumulative data for all BMU in province plus province-specific positions.
- Similar form for Central Level should be filled with cumulative data for all health facilities in country, Section B with cumulative data for all BMU in country plus central -specific positions.

Form 10, Yearly Report of Programme Management in BMU

Added data (circled in blue) and justification:

- The yearly report is a new programme management tool that allows monitoring of components 3, 4 and 5 of the Stop TB Strategy, especially
  - engage all care providers: sub-component public-public, and public-private mix approaches (block 1 and 2);
  - empower people with TB and communities: sub-component community participation in TB care (block 3); and
  - contribute to health system strengthening: sub-component improve human resources (block 4).
- Filling in this new form requires extensive initial and on-site training and perhaps phased implementation.
- Block 1, 2 and 3 could be collected from all or selected BMUs for the whole year or for a selected quarter. Data for block 4 on human resources should be collected on a routine basis in all BMU. A similar form could be used for provincial and central levels with cumulative aggregated data.
- Block 1 monitors the process of involving relevant health-care providers formally engaged in any of the following TB control functions (DOTS): referring TB suspects/cases, laboratory diagnosis, TB treatment and patient support during treatment; and in collaborative TB/HIV activities and MDRTB-related activities. In order to accurately fill the form, ***mapping*** of existing health facilities is required at the beginning of the reporting year. Furthermore, ased on the mapping, ***targets*** should be set for the number of health facilities of different categories to involve. Finally, BMU managers need to keep a ***log*** of activities concerning the involvement of different health-care providers.
- Block 2 provides data on the relative contribution by different health-care providers to case detection (referral and diagnosis) and treatment under DOTS. Block 2 is thus closely linked to Block 1. *TB Laboratory Register* and *BMU TB Register* will generate the data required to complete this block.
- Block 3 provides data on the relative contribution by the community to case detection (referral for diagnosis) and treatment support. *The TB Treatment Card* (box on community for referral and treatment supporter's name) or *BMU TB Register* (see additional columns on community in form V part II or form D part III) will generate the data required to complete this block.
- Block 4 aims to monitor that different types of staff at the BMU have the skills, knowledge and attitudes necessary (in other words are competent) to successfully implement and sustain TB control activities, and that sufficient numbers of staff of all categories involved in TB control (clinical and managerial) exist at all levels.

Modified data (circled in blue) and justification: none

Removed data (circled in red) and justification: none

Tuberculosis Treatment Referral/Transfer

(Complete top part in triplicate)

Tick for this referral or transfer: ☐ Referral[1] or ☐ Transfer[2] Date of referral/ transfer _____

Name/address of referring/transferring facility

From sending facility: _____ Sending BMU _____

To receiving facility: _____ Receiving BMU _____

Name of patient _____ Age _____ Sex: ☐ M ☐ F

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

_____

Diagnosis:_____

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

*CAT I, II, III ☐ 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.

✂ _____

For use by facility receiving referred / transferred patient

BMU _____ Facility _____

BMU TB Register No. _____ Name of patient _____

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

Name / signature of person receiving the patient _____ Date _____

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

---

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

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

Note: A facility referring or transferring large numbers of patients such as large hospitals may use separate forms for referral and transfer and may have a specific register for referrals.

Form 11, Tuberculosis Treatment Referral/Transfer

Added data (circled in blue) and justification:

- Definition of Transfer and Referral is added in each form to clarify the difference and improve the respective follow-up for the related tasks.
- Box is added on other treatment such as ART or CPT.
- Name of person sending and receiving the patient is added to improve the follow-up.

Modified data (circled in blue) and justification:

- Sending and receiving BMU / facilities are presented more explicitly.
- Category of treatment is presented in more concise way.
- BMU replaces District.

Removed data (circled in red in annex 10, page 71) and justification:

- Reason for transfer/referral is included in its definition.

Revised TB recording and reporting forms and registers

3. Part II: Essential TB data in basic management unit using routine culture

Additional or modified data are circled in blue in each form:

Removed data are circled in a red dashed line in the current set of forms (annexes, pages 56-71).

Rationale for changes related to use of culture seen in the following forms:

- Although high-quality sputum smear microscopy remains the cornerstone for case detection and TB control in general, culture and drug susceptibility tests (DST) are increasingly important and necessary to test re-treatment cases, patients with suspected drug-resistant TB, and sputum smear microscopy negative cases when indicated. In many settings culture and DST services are being introduced in a phased manner at appropriate referral levels of the health system. To conform to the Stop TB Strategy, in order of priority and depending on available laboratory capacity, culture and DST should be routinely used to monitor drug-resistant TB, including periodical testing related to drug resistance prevalence surveys, to diagnose drug-resistant TB, to diagnose sputum smear microscopy negative TB and to diagnose TB among HIV-positive patients and children.

- The emergence of resistance to drugs used to treat TB, and particularly MDR-TB, has become a significant public health problem in a growing number of countries and an obstacle to effective TB control. In countries where drug resistance has been identified, specific measures need to be taken within the TB control programme to address the problem through appropriate management of patients. Culture and DST have already been introduced as routine diagnostic procedures in several settings with a high burden of MDRTB.

- In high HIV prevalence countries, the incidence of sputum smear microscopy negative TB has increased substantially. There is need for improved diagnosis of sputum smear microscopy negative TB. In countries with suitable infrastructure and laboratory capacity, culture and indicated DST can contribute to this.

The revised forms and registers for settings with routine culture and DST services will facilitate the monitoring of the use of culture and DST in these settings. The use of these forms is increasingly important in settings with a high burden of MDRTB.

In principle the forms are the same as presented in the previous chapter. The added data are the same for all data outside culture and DST. For settings routinely performing culture, relevant data elements for culture and DST have been added.

Recording of laboratory results for cultures follows the recommendations of the Stop TB Working Group on DOTS Expansion / laboratory strengthening sub-group including recording and reporting of those cultures which become contaminated.

Recording of drug susceptibility results also follows the international recommendations of the laboratory strengthening capacity sub-group. Given the variability of second-line drug susceptibility testing, only results from first-line anti-TB drugs are recorded here.

The *Quarterly Report on TB Case Registration in BMU using Routine Culture* records age and sputum smear microscopy breakdown by positive and negative culture status. This will facilitate the recording and reporting of sputum smear microscopy negative, culture positive TB cases, as well as those TB cases where the culture is negative.

The *Quarterly Report on TB Treatment Outcome and TB/HIV Activities in BMU using Routine Culture* will facilitate the evaluation of outcome by culture status; note that culture not done is grouped with negative culture. It also measures the number of TB suspects with a positive culture, and allows measurement of treatment outcomes for some key sputum smear microscopy and culture combinations.

The *Quarterly Order Form for Culture and DST Laboratory Supplies in Basic Management Unit* captures the laboratory needs to perform cultures and DST for TB cases.

Request for Sputum Smear Microscopy, Culture, Drug Susceptibility Test

The completed form with results should be sent promptly by the laboratory to the referring facility

Referring facility [1]: _____ Date _____

Name of patient _____ Age _____ Sex: ☐ M ☐ F

Complete patient's address _____

_____

Test(s) requested (check any that are needed):

☐ **Smear microscopy** ☐ **Culture** ☐ **Drug susceptibility testing**

Reason for sputum smear microscopy examination (check one):

☐ Diagnosis

☐ Follow-up Number of month of treatment _____ BMU TB Register number[2] _____

Reason for culture examination: _____

_____

Reason for DST: _____

_____

Name and signature of person requesting examination: _____

1 Including all public and private health facilities/providers
2 Be sure to enter the patient's BMU TB Register No. for follow-up of patients on chemotherapy

SPUTUM SMEAR MICROSCOPY RESULTS (to be completed in laboratory)

Date collected[3]	Sputum specimen	Laboratory serial No.	Visual appearance[4]	Result (check one)				
				NEG	1- 9	(+)	(++)	(+++)
	1							
	2							
	3							

Date _____ Examined by (name and signature) _____

3 To be completed by the person collecting the sputum
4 Blood-stained, muco-purulent, saliva

CULTURE RESULTS (to be completed in laboratory)

Date collected	Specimen	Laboratory serial No.	Result (check one)					Contam-inated
			Neg	(1–9)	(+)	(++)	(+++)	
	1							
	2							

Date _____ Examined by (name and signature) _____

No. growth reported	Neg
Fewer than 10 colonies	Exact number
10 -100 colonies	(+)
More than 100 colonies	(+ +)
Innumerable or confluent growth	(+ + +)

DST RESULTS (to be completed in laboratory)

Date collected	Specimen	Laboratory serial No.	S	H	R	E	Z	Km	Am	Cm	Ofx	Pto/ Eto	Other
	1												
	2												

R: Resistant; S: Susceptible; C: Contaminated; Nd Not done

Date _____ Examined by (name and signature) _____

Basic Management Unit TB Laboratory Register for Culture - Left side of the register book

Date specimen received	Lab serial number	Type of specimen received	Referring health facility[1]	Patient's name	Patient's address if new patient	Sex M/F	Age	Date specimen collected	Date specimen inoculated

1 Facility that referred (sent) the patient (or specimen) for culture. Use standardized type of health facilities according to block 2 of the *Yearly Report on Programme Management in BMU*. Health facility is defined as any health institution with health care providers formally engaged in any of the following TB control functions (DOTS): referring TB suspects/cases, laboratory diagnosis, TB treatment and patient support during treatment.

Basic Management Unit TB Laboratory Register for Culture - Right side of the register book

Reason for examination		Result of culture[3]	Result of confirmatory test for *M. Tuberculosis* (+) (-)	Culture sent for DST (yes) (no)	Name of person reporting results	Signature	Date culture results reported	Comments
Diagnosis[1]	Follow-up[2]							

Footnotes appearing on first page of the register only

1 New patients or patients starting a re-treatment regimen.
2 Indicate months of treatment at which follow-up examination is performed.
3 Outcome of culture reported as follows:

No. growth reported	Neg
Fewer than 10 colonies	Exact number of colonies
10 –100 colonies	(+)
More than 100 colonies	(+ +)
Innumerable or confluent growth	(+ + +)

Tuberculosis Programme

Form III

Tuberculosis Treatment Card

BMU TB Register No. _____

Name: _____ _____

Sex: ☐ M ☐ F Date of registration: _____

Age: _____ Health facility: _____

Address: _____

Name / address of community treatment supporter (if applicable)

_____

Sputum smear microscopy				Weight (kg)
Month	Date	Lab No.	Result	
0				

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, specify _____

Culture		
Date result	Result *(Neg),(Pos),Nd, contaminated*	Lab No.

DST	
Date:	
Result *(R, S, Nd, contaminated)*	
H	
R	
E	
S	

TB/HIV		
	Date	Result*
HIV test		
CPT start		
ART start		

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

I. INITIAL PHASE - prescribed regimen and dosages

CAT (I, II , III): ☐

Number of tablets per dose and dosage of S:

(RHZE)	S	Other	Cotrimoxazole	ARV

Tick appropriate box after the drugs have been administered

Daily supply: enter ✓. Periodic supply: enter X on day when drugs are collected and draw a horizontal line (——●) through the number of days supplied. Ø = 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

II. CONTINUATION PHASE

Number of tablets per dose

(RH)	(RHE)	Other

Daily supply: enter ✓ . Periodic supply, enter X on day when drugs are collected and draw a horizontal line (——●) through the number of days supplied. Ø = 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

X-ray (at start)

Date:

Results *(-), (+), ND*

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

Comments: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Treatment outcome

Date of decision ____

☐ Cure

☐ Treatment completed

☐ Died

☐ Treatment failure

☐ Default

☐ Transfer out

Name and address of contact person: _____

Tuberculosis Identity Card

Name:_____ BMU TB Register No. _____

Address _____ Date of registration: _____

Sex: ☐ M ☐ F Age:_____ Date treatment start _____

Health facility: _____

Supporter (name and address) _____

Sputum smear microscopy				Weight (kg)
Month	Date	Lab No.	Result	
0				

Disease site (check one)
☐ Pulmonary ☐ Extrapulmonary, specify _____

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

Culture			DST	
Date result	Result *(Neg),(+), Nd, contaminated*	Lab No.	Date: Result *(R, S, Nd, contaminated)*	
			H	
			R	
			E	
			S	

I. INITIAL PHASE

CAT (I, II , III): ☐

Drugs and dosage:	(RHZE)	S	Other

II. CONTINUATION PHASE

Drugs and dosage:	(RH)	(RHE)	Other

Appointment dates: _____

_____

_____

_____

REMEMBER

TB Register in Basic Management Unit using Routine Culture and DST – Left side of the register book

Date of registration	BMU TB No.	Name	Sex M/F	Age	Address	Health facility [1]	Community support [2]		Date treatment started	Treatment category [3]	Site P / EP	Type of patient [4]					
							Referral for diagnosis	For treatment				N	R	F	D	T	O

Footnotes appearing on first page of the register only

1 Facility where patient's treatment card is kept. In case several copies are kept, the most peripheral facility should be entered. Use standardized type of health facilities according to block 2 of the *Yearly Report on Programme Management in BMU*. Health facility is defined as any health institution with health care providers formally engaged in any of the following TB control functions (DOTS): referring TB suspects/cases, laboratory diagnosis, TB treatment and patient support during treatment.

2 Community support is provided by trained and supervised informal practitioners, community worker/volunteer, family members, friends providing services outside a facility (health institution).

3 Enter the treatment category:

CAT I: New case
CAT II: Re-treatment e.g. 2(RHZE)S/1(RHZE)/5(RHE)
CAT III: New sputum smear microscopy negative PTB and EPTB e.g. 2(RHZE)/4(RH)

4 Tick only one column :

N=New – A patient who has never had treatment for TB or who has taken antituberculosis drugs for less than 1 month.

R=Relapse – A patient previously treated for TB, declared cured or treatment completed, and who is diagnosed with bacteriological positive TB (sputum smear microscopy positive or culture positive).

F=Treatment after failure – A patient who is started on a re-treatment regimen after having failed previous treatment.

D=Treatment after default – A patient who returns to treatment, positive bacteriologically, following interruption of treatment for 2 or more consecutive months.

T=Transfer in – A patient who has been transferred from another *TB Register* to continue treatment. This group is excluded from the *Quarterly Reports on TB Case Registration and on Treatment Outcome.*

O=Other previously treated – All cases that do not fit the above definitions. This group includes sputum smear microscopy positive cases with unknown history or unknown outcome of previous treatment, previously treated sputum smear microscopy negative cases, previously treated EP and chronic case (i.e. a patient who is sputum smear microscopy positive at the end of a re-treatment regimen).

TB Register in Basic Management Unit using Routine Culture and DST – Right side of the register book

Results of sputum smear microscopy and other examinations											Treatment outcome & date		TB/HIV activities		Remarks
Before treatment					2 or 3 months [1]		5 months		End of treatment						
Sputum smear micros-copy date/No./ Result [2]	HIV result [3]/ Date	X-ray Result [4]/ date	Culture date/No./ Result [5]	DST date/No./ Result [6]	Sputum smear micros-copy No./ Result [2]	Culture No./ Result [5]	Sputum smear micros-copy No./ Result [2]	Culture No./ Result [5]	Sputum smear micros-copy No./ Result [2]	Culture No./ Result [5]	Date	Outcome in text [7]	ART Y/N Start date	CPT Y/N Start date	

Footnotes appearing on first page of the register only

1 CAT I patients have follow-up sputum smear microscopy examination at 2 months; CAT II patients have follow-up sputum smear microscopy examination at 3 months. CAT I patients with initial phase of treatment extended to 3 months have follow-up sputum smear microscopy examinations at 2 AND 3 months with results registered in the same box.

2 (ND): Not done; (NEG): 0 AFB/100 fields; (1-9): Exact number if 1 to 9 AFB/100 fields; (+): 10-99 AFB/100 fields; (++): 1-10 AFB/ field; (+++): > 10 AFB/ field

3 (Pos):Positive; (Neg):Negative; (I):Indeterminate; (ND):Not Done / unknown. Documented evidence of HIV test performed during or before TB treatment is reported here. Measures to improve confidentiality should accompany recording of HIV status.

4 (Pos): Suggestive of TB; (Neg): Not suggestive of TB; (ND): Not Done.

5 (Pos): Positive; (Neg): Negative; (ND): Not Done.

6 (ResistR): Resistant to Rifampicin; (ResistH): Resistant to Isoniazid; (ResistE): Resistant to Ethambutol; (ResistStrept): Resistant to Streptomycin; (ResistRH): Resistant to Rifampicin and Isoniazid;
(Suscept): Susceptible; (ND): Not Done.

7 Write clearly ONE of the following outcomes per patient:

Cure: Patient with culture or sputum smear microscopy positive at the beginning of the treatment who was culture or sputum smear microscopy negative in the last month of treatment and on at least one previous occasion.

Treatment completed: Patient who has completed treatment but who does not meet the criteria to be classified as a cure or a failure.

Treatment failure: New patient who is culture or sputum smear microscopy positive at 5 months or later during treatment, or who is switched to Category IV treatment because sputum smear microscopy turned out to be MDRTB. Previously-treated patient who is culture or sputum smear microscopy positive at the end of his re-treatment or who is switched to Category IV treatment because sputum turned out to be MDRTB.

Died: Patient who dies from any cause during the course of treatment.

Default: Patient whose treatment was interrupted for 2 consecutive months or more.

Transfer out: Patient who has been transferred to a health facility in another BMU and for whom treatment outcome is not known.

Tuberculosis Programme Form VI

Quarterly Report on TB Case Registration in Basic Management Unit using Routine Culture

Name of BMU _____ Facility _____ Name of TB Coordinator:_____ Signature: _____	Patients registered during[1] _____ **quarter of** year_____ Date of completion of this form: _____

Block 1: All TB cases registered [2]

Pulmonary sputum smear microscopy positive												New pulmonary sputum smear microscopy negative						New pulmonary sputum smear microscopy not done / not available			New Extrapulmonary			Other previously treated [4]	TOTAL all cases
New cases						Previously treated						0-4 yrs		5-14 yrs		≥15 yrs		0-4 yrs	5-14 yrs	≥15 yrs	0-4 yrs	5-14 yrs	≥15 yrs		
0-4 yrs		5-14yrs		≥15 yrs		Relapse		After failure		After default															
Cu (+)	Cu (-)	Cu (+)	Cu (-)	Cu (+)	Cu (-)	Cu (+)[3]	Cu (-)	Cu (+)[3]	Cu (-)	Cu (+)[3]	Cu (-)	Cu (+)	Cu (-)	Cu (+)	Cu (-)	Cu (+)	Cu (-)								

Block 2. New pulmonary sputum smear microscopy positive cases - Age group

Sex	0-4	5-14	15-24	25-34	35-44	45-54	55-64	≥ 65	Total
M									
F									

Block 3: Laboratory activity - sputum smear microscopy and culture[5]

No. of TB suspects examined for diagnosis by sputum smear microscopy (a)	Out of (a), No. with positive sputum smear microscopy
No. of TB suspects examined for diagnosis by sputum culture (b)	Out of (b), No. with positive culture

Block 4: TB/HIV activities

	No. patients tested for HIV before or during TB treatment [6]	No. patients HIV positive [6]
New sputum smear microscopy positive TB		
All TB cases		

1 Registration period is based on date of registration of cases in the *TB Register*, following the decision to start treatment. Q1: 1 January–31 March; Q2:1 April –30 June; Q3: 1 July–30 September; Q4:1 October–31 December.
2 'Transferred in' and chronic cases are excluded.
3 Previously treated cases with sputum smear microscopy negative and culture positive are included in this box.
4 Other previously treated cases include pulmonary cases with unknown history, unknown result of previous treatment, previously treated sputum smear microscopy negative and culture negative pulmonary cases and previously treated extrapulmonary cases. 'Transferred in' and chronic cases are excluded.
5 Data collected from the TB *Laboratory Register* based on "Date specimen received" in the laboratory during the quarter, without including patients with examination because of follow-up.
6 Documented evidence of HIV tests (and results) performed in any recognized facility before TB diagnosis or during TB treatment (till end of the quarter) should be reported here.

Tuberculosis Programme Form VII

Quarterly Report on TB Treatment Outcomes and TB/HIV Activities in BMU using Routine Culture

Name of BMU: _____ Facility:_____ Name of TB Coordinator:_____ Signature: _____	Patients registered during[1] __ ____ **quarter of** year_____ Date of completion of this form: _____

Block 1: TB treatment outcomes

Type of case	Total number of patients registered during quarter *	Treatment outcomes						Total number evaluated for outcomes: (sum of 1 to 6)
		Cure (1)	Treatment completed (2)	Died (3)	Treatment failure [2] (4)	Default (5)	Transfer out (6)	
New sputum smear microscopy positive and/or culture positive								
New sputum smear microscopy and culture negative or unknown								
New extrapulmonary								
Relapses sputum smear microscopy positive and/or culture positive								
Treatment after failure sputum smear microscopy positive and/or culture positive								
Treatment after default sputum smear microscopy positive and/or culture positive								
Other previously treated [3]								

* These numbers are transferred from the *Quarterly Report on TB Case Registration* for the above quarter. Specify any exclusion*:* _____

_____

Block 2: TB/HIV activities (same quarter analysed as Block 1)

	No. patients on CPT [4]	No. patients on ART [5]
All TB cases		

1 Quarter: This form applies to patients registered (recorded in the *BMU TB Register*) in the quarter that ended 12 months ago. For example, if completing this form at the beginning of the 3rd quarter, record data on patients registered in the 2nd quarter of the previous year.
2 Include patients switched to Cat IV because sputum sample taken at start of treatment turned out to show MDRTB.
3 Includes pulmonary cases with unknown result of previous treatment, previously treated sputum smear microscopy and culture negative pulmonary cases, and previously treated extrapulmonary cases.
4 Includes TB patients continuing on CPT started before TB diagnosis or those started during TB treatment (till last day of TB treatment).
5 Includes TB patients continuing on ART started before TB diagnosis AND those started during TB treatment (till last day of TB treatment).

Quarterly Order Form for Culture and DST Laboratory Supplies in Basic Management Unit

Laboratory supply orders are prepared every 3 months with needs based on consumption[1]

Name of BMU: _____ Facility: _____ Name and signature: _____	_____ ***quarter of year***_____ Date of completion of this form: _____

Laboratory items	Measurement unit	(a) Average quarterly consumption[1]	(b) Required buffer stock (b) = (a)	(c) Stock in unit last day previous quarter	(d) No. of units to order (d) = (a)+(b)-(c)
Culture[2]					
Culture media vials (tubes)					
Triple packaging system					
Pipette/Loops					
Media prepared on site[2]					
L-Jensen powder					
Tube/vial with caps					
Pipette /Loops					
DST with liquid media[2]					
Vials with lyophilized TB media					
Pipette or syringe					
Antibiotic powder R					
Antibiotic powder H					
Antibiotic powder S					
Antibiotic powder E					
DST with solid media prepared on site[2]					
L-Jensen powder					
Tube/vial with caps					
Pipette/Loops					
Antibiotic powder R					
Antibiotic powder H					
Antibiotic powder S					
Antibiotic powder E					
DST with solid media received from NRL[2]					
Culture medium vials with R					
Culture medium vials with H					
Culture medium vials with S					
Culture medium vials with E					
Pipette/Loops					

1 Based on the last year's consumption
2 Adapt to country setting and logistic option.

Revised TB Recording and Reporting forms and registers

4. Part III: Additional TB data in Basic Management Unit

Additional or modified data are circled in blue in each form:

Removed data circled in red dashed line in the current set of forms (annexes, pages 56-71)

Rationale

Additional forms which are optional are presented in this part III. These forms are the *Register for TB Suspects, Register for TB Contacts, Quarterly Report on Sputum Smear Microscopy Conversion* and, *Register of Referred TB Cases.*

Additional data which are optional are listed and can be added to the essential forms presented in parts I and II.

Electronic recording and reporting, especially if it is based on individual registration, will modify the scope of reported data. However, **electronic quarterly reports need to remain minimal** at every level of care for better use of generated data.

Tuberculosis Programme

Form A

Year _____

Register of TB Suspects

Date	TB Suspect Number	Name of TB Suspect	Age M	Age F	Complete Address	Result of HIV test *	Date sputum collected	Date sputum sent to laboratory	Date results received	Results of Sputum Examinations 1	2	3	TB Treatment Card Opened (record date)	Observations/ Clinician's Diagnosis
					_____									
					_____									
					_____									
					_____									
					_____									
					_____									
					_____									
					_____									
					_____									
					_____									
					_____									
					_____									

***** (Pos) Positive; (Neg) Negative; (I) Indeterminate; (ND) Not Done / unknown. Documented evidence of HIV test performed during or before TB treatment is reported here.

Below are possible additions to forms presented in part I or II

Form B: TB Laboratory Register
One additional column: "HIV result" may be added after the column "Results of sputum smear microscopy examination".

Form C: Tuberculosis Treatment Card
Front of card: four additional columns: Box on daily anti-TB drug administration during initial phase may be presented with four additional columns (as presented in the current version, annex 4 - front): 1. No. doses this month, 2. Total No. doses given, 3. Drugs given to supporter - date, 4. Drugs given to supporter - doses.
Back of card: two additional columns: Box on daily anti-TB drug administration during continuation phase may be presented with two additional columns (as presented in the current version, annex 4 - back): 1. No. doses this month, 2. Total no. doses given.

Form D: Basic Management Unit TB Register (as shown in the *TB Register in BMU using Routine Culture and DST*, form V, page 45)
Left side of the register book
Two additional columns on "Community support, referral for diagnosis" and "Community support for treatment" may be added after the column "Health facility." These two columns will summarize the community contribution to TB control and will facilitate the report in block 3 of the *Yearly Report on Programme Management*, form 10.
Add footnote: Community support is provided by trained and supervised informal practitioners, community workers/volunteers, family members, friends providing services outside a facility (health institution).

Right side of the register book,
First column "HIV result, date" may become "HIV result, date, Pre-ART Register number"
"ART, Y/N, start date" may become " ART, Y/N, start date, ART Register number"

Form E: Quarterly Report on TB Case Registration in Basic Management Unit
Block 1: Three age breakdowns (0–4 years; 5–14 years; ≥15 years) instead of two (0–14 years; ≥15 years) may be used in the columns "New pulmonary sputum smear microscopy negative", "Pulmonary sputum smear microscopy not done/not available", New extrapulmonary"
Block 2: Age breakdown 0–14 may be divided into two age breakdowns (0–4 years and 5–14 years).
Block 3: Two columns may be added: "Out of column 1, number tested for HIV", "Out of column 2, number with HIV positive test"

Year _____

Register of TB Contacts

Facility _____

Name Index case	Age	Sex	BMU TB Register No	Name of contact [1]	Address of contact	Method of screening [2]	Result of screening [2]	Remarks

1 List all contacts consecutively under the name of the index case. (Definition of contact is to be included.)
2 List and code are to be defined.

Quarterly Report on Sputum Smear Microscopy Conversion

Name of BMU: _____ Facility: _____ Name and signature: _____	_____ ***quarter of year***_____ Date of completion of this form: _____

Number of new sputum smear microscopy positive cases registered in quarter recorded above[2]	Sputum smear microscopy not done at either 2 or 3 months	Sputum smear microscopy conversion at:	
		2 months	3 months
Total converted at 2 or 3 months:			

[1] Quarter: This form applies to patients registered (recorded in the *BMU TB Register*) in the quarter that ended 3 months ago. For example, if completing this form at the beginning of the 3rd quarter, record data on patients registered in the 1st quarter.

[2] This number should match the number of new sputum smear microscopy positive cases in Block 1, Column 1, first row of the *Quarterly Report on TB Case Registration* previously completed for patients registered in this quarter.

Quarterly Report on TB Treatment Outcomes and TB/HIV activities in BMU

Name of BMU: _____ Facility:_____ Name of TB Coordinator:_____ Signature: _____	**Patients registered during**[1] **______ quarter of year_____** Date of completion of this form: _____

Block 1: TB treatment outcomes

Type of case	Total number of patients registered during quarter *	Treatment outcomes						Total number evaluated for outcomes: (sum of 1 to 6)
		Cure (1)	Treatment completed (2)	Died (3)	Treatment failure [2] (4)	Default (5)	Transfer out (6)	
New sputum smear microscopy positive								
New sputum smear microscopy negative								
New sputum smear microscopy not done								
New extrapulmonary								
Relapse								
Treatment after failure								
Treatment after default								
Other previously treated [3]								

* These numbers are transferred from the *Quarterly Report on TB Case Registration* for the above quarter. Specify any exclusion. _____

Block 2: TB treatment outcomes of HIV-positive patients

Type of case	Total number of HIV-positive TB patients Block 3, Column (a)*	Treatment outcomes						Total number evaluated for outcomes: (sum of 1 to 6)
		Cure (1)	Treatment completed (2)	Died (3)	Treatment failure [2] (4)	Default (5)	Transfer out (6)	
All TB cases								
New sputum smear microscopy pos. TB								

** Of these TB/HIV patients, _____ (number), specify any exclusion: _____*

Block 3: TB/HIV activities (same quarter analysed as Block 1)

	No. patients tested for HIV [4]	No. patients HIV-positive(a) [4]	No. patients on CPT [5]	No. patients on ART [6]
All TB cases				
New sputum smear microscopy positive TB				

1 Quarter: This form applies to patients registered (recorded in the *BMU TB Register*) in the quarter that ended 12 months ago. For example, if completing this form at the close of the second quarter then record data on patients registered in the 2nd quarter of the previous year.
2 Include patients switched to Cat IV because sputum sample taken at start of treatment turned out to be MDRTB.
3 Include pulmonary cases with unknown result of previous treatment, previously treated sputum smear microscopy negative pulmonary cases, or previously treated sputum smear microscopy not done pulmonary cases and previously treated extrapulmonary cases.
4 Documented evidence of HIV tests (and results) performed in any recognized facility before TB diagnosis or during TB treatment (till last day of TB treatment) should be reported here.
5 Includes TB patients continuing on CPT started before TB diagnosis or those started during TB treatment (till last day of TB treatment).
6 Includes TB patients continuing on ART started before TB diagnosis AND those started during TB treatment (till last day of TB treatment).

Year _____

Register of Referred TB Cases

Facility _____

Serial No.	Date	Name	Age	Sex	Disease site (P/EP)	Sending Unit/Service	Date Treatment started (if started)	Referred to (facility/BMU)	Date of arrival	Remarks

Form to be used only in facilities referring a large number of TB suspects.

WHO recommended TB recording and reporting forms and registers

5. Annexes: Current TB forms and registers

 removed data are circled in a red dashed line in each form.

Source:
Management of tuberculosis: training for district TB coordinators, (WHO/HTM/TB/2005.347a-m) and Management of tuberculosis: training for health facility staff, (WHO/CDS/TB/2003.314a-k)

Annex 1

TB LABORATORY FORM

REQUEST FOR SPUTUM EXAMINATION

Name of health facility _____ Date _____

Name of patient _____ Age _____ Sex: M ☐ F ☐

Complete address _____

_____ District _____

Reason for examination:

Diagnosis π TB Suspect No. _____

OR Follow-up π Patient's District TB No..* _____

Disease site: Pulmonary ☐ Extrapulmonary ☐ (specify) _____

Number of sputum samples sent with this form _____

Date of collection of first sample _____ Signature of specimen collector _____

* Be sure to enter the patient's District TB No. for follow-up of patients on TB treatment.

RESULTS (to be completed by Laboratory)

Lab. Serial No. _____

(a) Visual appearance of sputum:

Mucopurulent ☐ Blood-stained ☐ Saliva ☐

(b) Microscopy:

DATE	SPECIMEN	RESULTS	POSITIVE (GRADING)			
			+++	++	+	scanty (1–9)
	1		☐	☐	☐	☐
	2		☐	☐	☐	☐
	3		☐	☐	☐	☐

Date _____ Examined by (Signature) _____

The completed form (with results) should be sent to the health facility and to the District Tuberculosis Unit.

Annex 2

Year _____

REGISTER OF TB SUSPECTS

Facility _____

Date	TB Suspect Number	Name of TB Suspect	Age		Complete Address	Date Sputum Sent to Lab	Date Results Received	Results of Sputum Examinations			TB Treatment Card Opened? (record date)	Observations/ Clinician's Diagnosis
			M	F				1	2	3		

Annex 3

TB LABORATORY REGISTER

Lab Serial No.	Date	Name (in full)	Sex M/F	Age	Complete address (for new patients)	Name of referring health facility	Reason for examination*		Microscopy results			Remarks
							Diagnosis	Follow-up	1	2	3	

* If sputum is for diagnosis, write a tick under diagnosis. If the sputum is for follow-up, write the patient's District TB Number under follow-up.

Annex 4

TUBERCULOSIS TREATMENT CARD

Name _____ District TB No. _____

Complete address_____ Health facility _____

Sex: M ❑ F ❑ Age _____

Name and address of community treatment supporter (if applicable) _____

_____

Disease site

Pulmonary ❑ Extrapulmonary ❑ (specify) _____

Type of patient

New ❑ Treatment after failure ❑

Relapse ❑ Treatment after default ❑

Transfer in ❑ Other (specify) ❑ _____

I. INITIAL PHASE — Prescribed regimen and dosages

Tick frequency: Daily ❑ 3 times/week ❑

Tick category and indicate number of tablets per dose and dosage of S (grams):

CAT I	CAT II	CAT III	CAT IV
New case ❑ (smear-positive, or seriously ill smear-negative, or EP)	Re-treatment ❑	New case ❑ (smear-negative or EP)	Chronic or MDR-TB ❑
HR Z E [S]	HR Z E S	HR Z E	

HR: isoniazid and rifampicin Z: pyrazinamide E: ethambutol S: streptomycin

Results of sputum examination				Weight (kg)
Month	Date	Smear	Lab. No.	
0				

Tick appropriate box after the drugs have been administered

Drugs given to supporter

MONTH \ DAY	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	DATE	DOSES

Please turn over for continuation phase

II. CONTINUATION PHASE — Prescribed regimen and dosages

Tick frequency: Daily ☐ 3 times/week ☐

Tick category:

CAT I
New case ☐
(smear-positive, or seriously ill smear-negative or EP)

CAT II
Re-treatment ☐

CAT III
New case ☐
(smear-negative or EP)

CAT IV
Chronic or MDR-TB ☐

Indicate number of tablets per dose:

CAT I: ☐ (4 months) HR
or
☐ (6 months) HE

CAT II: ☐☐ (5 months) HR E

CAT III: ☐ (4 months) HR
or
☐ (6 months) HE

CAT IV: ☐☐☐☐

MONTH \ DAY	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

Enter 4 on day of directly observed treatment. For a self-administered regimen, enter **X** on day when drugs are collected. Any time drugs are given for self-administration, draw a horizontal line (———) through the number of days' supply given.

Observations:

_____

_____

_____

_____

Name and address of contact person _____

Treatment outcome

Date of decision _____

Cure ☐
Treatment completed ☐
Treatment failure ☐
Died ☐
Default ☐
Transfer out ☐

Annex 5

DISTRICT TB REGISTER – LEFT SIDE OF THE REGISTER BOOK

Date of Regis-tration	District TB No.	Name	Sex M/F	Age	Complete address	Health Facility	Date Treatment started	Treatment category*	Disease site P / EP	Type of patient**					
										N	**R**	**F**	**D**	**T**	**O**

*** Enter the treatment category:**

CAT I: New smear positive case, or
New case (seriously ill smear negative or seriously ill EP)
e.g. $2(HRZE)/4(HR)_3$

CAT II: Re-treatment
e.g. $2(HRZE)S/1(HRZE)/5(HR)_3E_3$

CAT III: New case (smear negative or EP)
e.g. $2(HRZ)/4(HR)_3$

**** Enter only one code:**

N: New – A patient who has never had treatment for TB or who has taken antituberculosis drugs for less than 1 month.

R: Relapse – A patient previously treated for TB, declared cured or treatment completed, and who is diagnosed with bacteriologically positive (smear or culture)TB.

F: Treatment after failure – A patient who is started on a re-treatment regimen after having failed previous treatment.

D: Treatment after default – A patient who returns to treatment, positive bacteriologically, following interruption of treatment for 2 or more months.

T: Transfer in – A patient who has been transferred from another TB Register to continue treatment.

O: Other – All cases that do not fit the above definitions. This group includes chronic case, a patient who is sputum (+) at the end of a re-treatment regimen.

Annex 5

DISTRICT TUBERCULOSIS REGISTER – RIGHT SIDE OF THE REGISTER BOOK

Results of sputum examination												Treatment outcome & date ††						Remarks
Before treatment			2 or 3 months†			5 months			End of treatment									
Date	result.	Lab No.	Date	Result	Lab No.	Date	Result	Lab No.	Date	Result.	Lab No.	Cure	Completed	Failure	Died	Default	Transfer out	

†CAT I patients have follow-up sputum examination at 2 months; CAT II patients have follow-up sputum examination at 3 months.

†† **Enter date in the appropriate column:**

Cure: Sputum smear (+) patient who is sputum (–) in the last month of treatment and on at least one previous occasion.

Treatment completed: Patient who has completed treatment but who does not meet the criteria to be classified as a cure or a failure.

Treatment failure: Patient who is sputum smear (+) at 5 months or later during treatment *(also a patient who was initially smear (–) and became smear-positive at 2 months).*

Died: Patient who dies from any cause during the course of treatment.

Default: Patient whose treatment was interrupted for 2 consecutive months or more.

Transfer out: Patient who has been transferred to another recording and reporting unit and for whom treatment outcome is not known.

Annex 6

QUARTERLY REPORT ON SPUTUM CONVERSION

Name of district: _____ District no: _____ Name of District TB Coordinator: _____ Signature: _____	***Patients registered during _____ quarter of year_____****
	Date of completion of this form: _____

Number of new smear positive cases registered in quarter recorded above**	Smear not done at either 2 or 3 months	Sputum conversion at:	
		2 months	3 months
Total converted at 2 or 3 months:			

* Quarter: This form applies to patients registered (recorded in the *District Tuberculosis Register*) in the quarter that ended 3 months ago. For example, if completing this form at the beginning of the 3rd quarter, record data on patients registered in the 1st quarter.

****** This number should match the number of new smear positive cases in Block 1, Column 1, of the *Quarterly Report on TB Case Registration* previously completed for patients registered in this quarter.

Annex 7

QUARTERLY REPORT ON TB CASE REGISTRATION

Name of district: _____ District no.: _____ Name of District TB Coordinator: _____ Signature: _____	***Patients registered during _____ quarter of year_____*** Date of completion of this form: _____

Block 1. NEW CASES

Pulmonary			**Extrapulmonary (3)**		**Total (4)**
Smear (+) (1)	**Smear (–) or not tested (2)**				
	<15 years	≥15 years	<15 years	≥15 years	

Block 2. NEW PULMONARY SMEAR (+) CASES ONLY, FROM BLOCK 1 ABOVE, BY SEX AND AGE GROUP

Age group in years								
Sex	0–14	15–24	25–34	35–44	45–54	55–64	≥ 65	Total
M								
F								

Block 3. PREVIOUSLY TREATED CASES (Smear-positive)*

Relapse	**Treatment after failure**	**Treatment after default**	**Other****

* In areas routinely using culture, a separate form for reporting culture-positive patients should be used.
** Other cases may include patients with unknown history of previous treatment.

Annex 8

QUARTERLY REPORT ON TREATMENT OUTCOMES

Name of district:_____ District no.:_____	Name of District TB Coordinator:_____ Signature: _____	***Patients registered during _____ quarter of year _____**** Date of completion of this form: _____

Type of case		Total number of pulmonary patients registered during the quarter reported on**	Treatment outcomes						Total number evaluated for outcomes: Sum of columns 1 to 6
			Cure (1)	Treatment completed (2)	Died (3)	Treatment failure (4)	Default (5)	Transfer out (and outcome unknown) (6)	
1. New	1.1 Smear (+)								
	1.2 Smear (–)								
2. Re-treatment (smear-positive)* **	2.1 Relapses								
	2.2 Treatment after failure								
	2.3 Treatment after default								

* Quarter: This form applies to patients registered (recorded in the *District Tuberculosis Register*) in the quarter that ended 12 months ago. For example, if completing this form at the beginning of the 3rd quarter, record data on patients registered in the 2nd quarter of the previous year.

** These numbers are transferred from the *Quarterly Report on TB Case Registration* for the above quarter. Of these patients, _____ (number) were excluded from evaluation for the following reasons: _____

*** In areas routinely using culture, a separate form for culture-positive patients should be used.

Annex 9

QUARTERLY REPORT ON PROGRAMME MANAGEMENT
PART A – DISTRICT LEVEL

District name and No. _____ Year _____ Quarter _____

District TB Coordinator _____ Date of completion _____

1. Number of TB cases registered during the above quarter by treatment status:

Patient's type	**Diagnostic category**	**Number registered and started treatment**	**Number registered but not yet treated**	**Total registered**
New smear (+)	Category I			
New smear (–) severe forms	Category I			
New extrapulmonary severe forms	Category I			
Relapse	Category II			
Other re-treatment smear (+)	Category II			
New smear (–) (less severe forms)	Category III			
New extrapulmonary (less severe forms)	Category III			
Total				

2. Report number of drugs in the district store*:

	(HRZE) H 75, R 150, Z 400, E 275	(HRZ) H 75, R 150, Z 400 mg	(HR) H 150, R 150 g	(HE) H 150, E 400	E 400 mg	S 1 g
Stock on 1st day of the quarter						
Amount received from the regional TB coordinator						
Amount consumed						
Stock on last day of the quarter						

* Adapt type of drugs according to your country's treatment regimens.

3. Consumption of other items during the quarter:

	Sputum containers	Microscope slides
Stock on 1st day of the quarter		
Amount received from the regional or central level		
Amount used for patients		
Stock on last day of the quarter		

4. Supervisory activities:

	Number of health units in district	Number of health units visited	Number of days spent in supervision
Supervisory visits to health units			

5. Sputum examination for case-finding and follow-up by microscopy:

Number of suspects examined by microscopy for case-finding	
Number of sputum examinations for case-finding	
Number of smear-positive patients discovered	
Number of patients examined by microscopy for follow-up	

QUARTERLY REPORT ON PROGRAMME MANAGEMENT
PART B – REGIONAL LEVEL

Region name and No. _____ Year _____ Quarter _____

Regional TB Coordinator _____ Date of completion _____

1. Number of districts in the region involved in the expanded DOTS strategy:
Number of districts that started the expanded DOTS strategy during the quarter: _____
Total No. of districts participating in the expanded DOTS strategy at end of the quarter: _____
Total number of districts in the region: _____

2. No. of Quarterly Programme Management Reports received from participating districts:
Received and enclosed: _____ Reports not received from the following districts:
District No.: _____ _____ _____ _____

3. Supervisory activities:
Total No. of supervisory visits by regional coordinator to districts during the last quarter:_____
Number of districts that received supervisory visits at least once during last quarter: _____
Number of districts not visited by regional TB coordinator during the previous quarter: _____
District No.: _____ _____ _____ _____

4. Report on number of drugs in the regional store*:

	(HRZE) H 75, R 150, Z 400, E 275	(HRZ) H 75, R 150, Z 400 mg	(HR) H 150, R 150	HE H 150, E 400	E 400 mg	S 1 g
Stock on 1st day of the quarter						
Amount received from the central unit						
Amount distributed to districts						
Stock on last day of the quarter						

* Adapt type of drugs according to your country's treatment regimens.

5. Consumption of other items during the quarter:

	Sputum containers	Microscope slides
Stock on 1st day of the quarter		
Amount received from the central unit		
Amount distributed to districts		
Stock on last day of the quarter		

QUARTERLY REPORT ON PROGRAMME MANAGEMENT
PART C - NATIONAL LEVEL

Year _____ Quarter _____ Date of completion_____

1. Number of regions in the country involved in the expanded DOTS strategy:
Number of regions that started the expanded DOTS strategy during the quarter: _____
Total no. of regions participating in the expanded DOTS strategy at end of the quarter: _____
Total number of regions in the country: _____

2. No. of Quarterly Programme Management Reports received from participating regions:
Received and enclosed: _____ Reports not received from the following regions:
Region No.: _____ _____ _____ _____

3. Supervisory activities:
Total no. of supervisory visits by national supervisors to regions during the last quarter:_____
Number of regions that received supervisory visits at least once during last quarter: _____
Number of regions not visited by national supervisors during the previous quarter: _____
Region No.: _____ _____ _____ _____

4. Report on number of drugs in the national store*:

	(HRZE) H 75, R 150 Z 400, E 275	(HRZ) H 75, R 150, Z.400 mg	(HR) H 150, R 150	HE H 150, E 400	E 400 mg	S 1 g
Stock on 1st day of the quarter						
Amount received						
Amount distributed to regions						
Stock on last day of the quarter						

* Adapt type of drugs according to your country's treatment regimens.

5. Consumption of other items during the quarter:

	Sputum containers	Microscope slides
Stock on 1st day of the quarter		
Amount received		
Amount distributed to regions		
Stock on last day of the quarter		

Annex 10

TUBERCULOSIS REFERRAL/TRANSFER FORM

(Complete top part in triplicate)

Tick and comment to indicate the reason for this referral or transfer:

Referral to register and begin TB treatment

Referral for _____
_____
_____

Transfer (registered patient is moving)

Name/address of referring/transferring facility_____
_____

Name/address of facility to which patient is referred/transferred _____
_____

Name of patient _____ Age _____ Sex: M F

Address (if moving, future address) _____
_____

Name and address of contact person for patient _____
_____

Diagnosis*_____

District TB No.* _____ Date treatment started*_____

Category of treatment:*

CAT I New case, smear-positive
CAT II Re-treatment
CAT III New case, smear-negative or extrapulmonary
CAT IV Chronic or MDR-TB

Drugs patient is receiving _____
_____

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

Signature _____ Position _____ Date of referral/transfer_____

**Complete if known. If this is a referral for diagnosis, these items may be unknown.*

For use by facility to which patient has been referred or transferred:

Name of facility _____

District _____ Date _____

Name of patient _____District TB No. _____

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

Signature _____Position_____

Send this part back to referring/transferring facility as soon as patient has reported.