Contact Register

Name of Facility: ________________________________

April 2017
A. No. of index cases
TB4 register
Must come from TB4 register (and not contact register) to ensure that index cases with zero contacts are included

B. No. of contacts identified
Contact register
Relies upon proper listing of all contacts in the register (not just those who arrive at the clinic to be evaluated)

C. No. screened for TB symptoms
Contact register
Based upon if there are answers to all of the symptom questions

D. No. initiated on TB treatment
Contact register
Can be verified against TB4 register (or TIBU) if desired

E. No. referred out for IPT
Contact register
Will include those referred to CCC and those transferred out to a different facility.

F. No. initiating IPT at this clinic
Contact register
Excludes those who are referred out or started on treatment for TB disease.

G. No. completing IPT at this clinic
Contact register
Must be marked at Treatment Complete -- pick-up dates for medications is not sufficient.

H. No of contacts with known HIV status
Contact register
Count all who have a negative and positive HIV test results from column "R".

I. No of HIV-positive contacts
Contact register
Count all who have a positive HIV test results from column "R".

Indicators Description Formula

H. No. of contacts identified per index case \( \frac{B}{A} \)
I. Proportion of contacts with symptom screen \( \frac{C}{B} \)
J. Proportion of contacts started on TB treatment \( \frac{D}{C} \)
K. Proportion of contacts initiated on IPT \( \frac{F}{[C \cdot (D + E)]} \)
L. Proportion of contacts with either TB treatment or IPT \( \frac{D + F}{[C - (D + E)]} \)
M. Proportion of contacts completing IPT \( \frac{G}{F} \)

NB: Key indicators for children <5 years; and those =>5 years
If Symptomatic, Evaluate for TB

Fatigue/reduced playfulness? (Y/N)

TB Symptom Screening:
Symptomatic (S) or Asymptomatic (AS)

Genotyping Outcomes:
MTB+RR, MTB+RS, MTB-

Include specimen type and collection date

Microscopy (POS/NEG/ND)
Include specimen type and collection date

Culture (POS/NEG/ND/Contaminated)
Include specimen type and collection date

Manintoux test results in children (POS/NEG/ND) and date done

Chest X-ray results (SG/NSG/ND) and date done

"Outcome of evaluation" For DSTB/DRTB: date TB treatment started and Facility IPT initiation (if already on IPT) indicate date and Facility Referred out for IPT (Y/N)? Indicate facility or clinic name

Month 1
Month 2
Month 3
Month 4
Month 5
Month 6

IPT treatment outcome (see key below) and date

Reason for discontinuation of IPT (see key below) and date

Month 6 f/u TB status (see key below)

Month 12 f/u TB status

Month 18 f/u TB status

Month 24 f/u TB status

Remarks

TB Symptoms: Evaluation for TB

T1 (emirate state/transmitting patient) collected medicine and signature of item dispensed

Follow-up after treatment completion

IPT outcomes

Reasons for discontinuation of IPT

Treatment completed TC
Poor adherence PA
Discontinuation TNC
Adverse Drug reaction ADR
Lost to follow up LTF
Active TB disease ATB
Died D
Other OTR
Transferred out TO

IPT initiation

Date

Factors for discontinuation of IPT

Movement completed

Stay adherence

Visit

Age

Sex

Physical Address and Phone Number

Date screened for TB symptoms

HIV status (POS/NEG/Declined/Not Done) and date of test

Weight (kg)

Height/length in cm

Z score/BMI for age

Cough? (Y/N)

Chest pain or breathlessness/difficulty in breathing (Y/N)

Fever? (Y/N)

Weight Loss/Failure to Thrive? (Y/N)

Night sweats (Y/N)

Index Case Information

Contact Information

TB Symptom Screening

Date

Contact register serial number

Index Case TB serial number

TB notification/registration number (Put the complete number)

Name of Index case (Bacteriologically positive PTB patient or child < 5 yo) -- 3 Names

Index case telephone number and Physical address

Is index case DSTB or DRTB

Index case Age in years

Index case sex (M/F)?

Index Case Relationship to Contact (mother, father, other)

Name of Contact (3 names)

Is this contact invitation (CI) or contact tracing (CT)

Age (Years or Months)

Sex (M/F)

Physical Address and Phone Number

Index Case Information

Contact Information

TB Symptom Screening

Date

Contact register serial number

Index Case TB serial number

TB notification/registration number (Put the complete number)

Name of Index case (Bacteriologically positive PTB patient or child < 5 yo) -- 3 Names

Index case telephone number and Physical address

Is index case DSTB or DRTB

Index case Age in years

Index case sex (M/F)?

Index Case Relationship to Contact (mother, father, other)

Name of Contact (3 names)

Is this contact invitation (CI) or contact tracing (CT)

Age (Years or Months)

Sex (M/F)

Physical Address and Phone Number

Date screened for TB symptoms

HIV status (POS/NEG/Declined/Not Done) and date of test

Weight (kg)

Height/length in cm

Z score/BMI for age

Cough? (Y/N)

Chest pain or breathlessness/difficulty in breathing (Y/N)

Fever? (Y/N)

Weight Loss/Failure to Thrive? (Y/N)

Night sweats (Y/N)