

FIRST LINE TB PATIENT TREATMENT CARD (insert the new one)

TB 01

INTENSIVE PHASE :

Indicate number of tablets per dose

New Case
AFB+

RHZE

New Case
AFB-/EP

RHZE

Retreatment

S RHZE

Children

RHZ E

RHZE: Rifampicin, Isoniazid, Pyrazinamide, S: Streptomycin
Ethambutol (4FDC)

RHZ: Rifampicin, Isoniazid, Pyrazinamide

| Laboratory Results | | | | |
|--------------------|-------|--------|-----------|-------------|
| Month | Smear | | Lab . No. | Body Weight |
| | Date | Result | | |
| 0 | | | | |
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 5 | | | | |
| 7/8 | | | | |

For patients on health-facility DOT, write the number of dose on the date of DOT. For patients on home-based DOT, draw a horizontal line to indicate the number of days supply given to supporter, and then write number of dose on return date

| Month | Year | 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 |
|-------|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**CONTINUATION
PHASE**

Indicate
number of
tablets per
dose

New case

Retreatment

Children

RH (4 Months) RHE (5 Months, daily) RH (4Months)

For patients on health-facility DOT, write the number of dose on the date of DOT. For patients at home-based DOT draw a horizontal line to indicate the number of days' supply given to support and then write number of doses on return date.

| Month | Year | 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 |
|-------|------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Remarks

Treatment outcome Date : Cure Treatment Completed Treatment Failure Died Default Transfer out

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A) Recording the Attendance on a Leprosy Patient Treatment Card

EXAMPLE LEPROSY PATIENT TREATMENT CARD

NEW ADULT PATIENT ON MB

| Year | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | Cumulative doses |
|------|---|---|---|---|---|---|---|---|---|----|----|----|------------------|
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

PB stop after completing six-month course (6 blister packs)

MB: stop after completing 12-month course (12 blister packs)

B) Filling of Doses Dispensed to Drug Resistant TB Patient on the Patient Treatment Card

Patient name: _____ MDR TB Registration No. _____

Treatment Regimen (date treatment started and dosage [mg], change of dosage, and cessation of drugs)

| Date | H | R | Z | E | S | Km | Cm | Mfx/Lfx | Eto/Pto | PAS | Cs | BDQ | DLM | LZD | CFZ |
|------|---|---|---|---|---|----|----|---------|---------|-----|----|-----|-----|-----|-----|
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
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Administration of drugs (one line per month) INTENSIVE PHASE OF TREATMENT

| 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 |
|-------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Mark in the boxes: X = Directly observed (in hospital or by DOT Nurse)

→ = (Draw a line) Observed by treatment supporter

N = Not supervised

∅ = Drugs not taken

Date of Discharge from inpatient care to District level care:

Patient name: _____ MDR TB Registration No. _____

Administration of drugs (continued) CONTINUATION PHASE OF TREATMENT

| Mont h | 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 |
|-----------|---|---|---|---|---|---|---|---|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
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Mark in the boxes: X = Directly observed (in hospital or by DOT Nurse)

→ = (Draw a line) Observed by treatment supporter

N = Not supervised

Ø = Drugs not taken

Comments: _____

Treatment Outcome:

| Outcome | Mark one | Date |
|-------------------|----------|------|
| Cured | | |
| Completed | | |
| Died | | |
| Failed | | |
| Lost to follow up | | |
| Not evaluated | | |

Name of treating clinician/DTLC: _____ **Signature:** _____

Date: ____ / ____ / ____

Facility type(GOV/NGO/FBO/OTHER): _____

Name of the council _____ Reporting Period-Month/Year: _____ Submission date: _____

[illegible]

| TO BE FILLED BY DTLC | | | | | TO BE FILLED BY DISTRICT PHARMACIST | |
|----------------------|-----------------------------|-------------------|-----------------|--|--|---------|
| Item | Total quantity needed by HF | Quantity to issue | Unit of measure | Quantity to issue (converted to unit of measure) | Quantity issued | Remarks |
| *D | $F=E*2$ | $G=F-A$ | U | G/U | | |
| | | | Blister/28 | | | |
| | | | Blister/28 | | | |
| | | | Blister/28 | | | |
| | | | Vial | | | |
| | | | Ampoule | | | |
| | | | Blister | | | |
| | | | Blister | | | |
| | | | Blister/6 | | | |
| | | | Box/100 | | | |
| | | | Blister/6 | | | |
| | | | Blister | | | |
| | | | Blister | | | |
| | | | Box/100 | | | |
| | | | Blister/28 | | | |
| | | | | | | |

REMARKS

PREPARED BY:.....

SIGNATURE.....

CHECKED BY:

SIGNATURE.....

APPROVED BY:.....

SIGNATURE.....

Health Facility Monthly Reporting Form for Drug Resistant (DR) TB Medicines

MINISTRY OF HEALTH-ZANZIBAR

FACILITY MONTHLY REPORT FORM FOR DRUG RESISTANT - TB MEDICINES

Facility
Name _____

Type of facility GOV/PRIVATE/FBO OTHERS _____

District _____

Submission Date _____

Reporting
period _____

Month of Treatment

Regimen 1

Short regimen

Km/Mfx/Pto/Cfz/Z/H/E

| | | | | | | | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|-----------------------|---|---|---|---|---|----|----|
| Month of treatment | 1 | 2 | 3 | 4 | 5 | 6 | Month of treatment | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| No. of Patient(s)- Intensive Phase | | | | | | | Continuation Phase | | | | | | | |

Regimen 2a

Long Individualized Regimen

Km/Z/Eto/Cs/Lfx/Bdq/B6

| | | | | | | | | |
|--------------------|---|---|---|---|---|---|---|---|
| Month of treatment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|--------------------|---|---|---|---|---|---|---|---|

| | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|
| No. of Patient(s)- Intensive Phase | | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|--|

| | | | | | | | | | | |
|---------------------------------------|---|----|----|----|----|----|----|----|----|----|
| Month of treatment | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 |
| No. of Patient(s)- Intensive Phase | | | | | | | | | | |

Regimen 2b

Long Individualized Regimen

Km/Z/Eto/Cs/Lfx/Dlm/B6

| | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|
| Month of treatment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| No. of Patient(s)- Intensive Phase | | | | | | | | |

| | | | | | | | | | | | | |
|---------------------------------------|---|----|----|----|----|----|----|----|----|----|----|----|
| Month of treatment | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| No. of Patient(s)- Intensive Phase | | | | | | | | | | | | |

Regimen 2c

Long Individualized Regimen

Cm/Z/Eto/Cs/Lfx/Bdq/B6

| | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|
| Month of treatment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| No. of Patient(s)- Intensive Phase | | | | | | | | |

| | | | | | | | | | | | | |
|---------------------------------------|---|----|----|----|----|----|----|----|----|----|----|----|
| Month of treatment | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| No. of Patient(s)- Intensive Phase | | | | | | | | | | | | |

Regimen 2d

Long Individualized Regimen

Cm/Z/Eto/Cs/Lfx/Dlm/B6

| | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|
| Month of treatment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| No. of Patient(s)- Intensive Phase | | | | | | | | |

| | | | | | | | | | | | | |
|---------------------------------------|---|----|----|----|----|----|----|----|----|----|----|----|
| Month of treatment | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| No. of Patient(s)- Intensive Phase | | | | | | | | | | | | |

Regimen 3a

Long individualized Regimen without new drugs

Km/Z/Eto/Cs/Lfx/B6

| | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|
| Month of treatment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| No. of Patient(s)- Intensive Phase | | | | | | | | |

| | | | | | | | | | | | | |
|---------------------------------------|---|----|----|----|----|----|----|----|----|----|----|----|
| Month of treatment | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| No. of Patient(s)- Intensive Phase | | | | | | | | | | | | |

Regimen 3b

Long individualized Regimen without new drugs

**Cm/Z/Eto/Cs
/Lfx/B6**

| | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|
| Month of treatment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| No. of Patient(s)- Intensive Phase | | | | | | | | |

| | | | | | | | | | | | | |
|---------------------------------------|---|----|----|----|----|----|----|----|----|----|----|----|
| Month of treatment | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
| No. of Patient(s)- Intensive Phase | | | | | | | | | | | | |

Regimen 4

Pre-XDR-TB

Cm/Z/Eto/Cs/Lfx/Bdq/Lnz/B6

| | | | | | | | | |
|---------------------------------------|---|---|---|---|---|---|---|---|
| Month of treatment | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| No. of Patient(s)- Intensive Phase | | | | | | | | |

| | | | | | | | | | | | | |
|--------------------|---|----|----|----|----|----|----|----|----|----|----|----|
| Month of treatment | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|--------------------|---|----|----|----|----|----|----|----|----|----|----|----|

