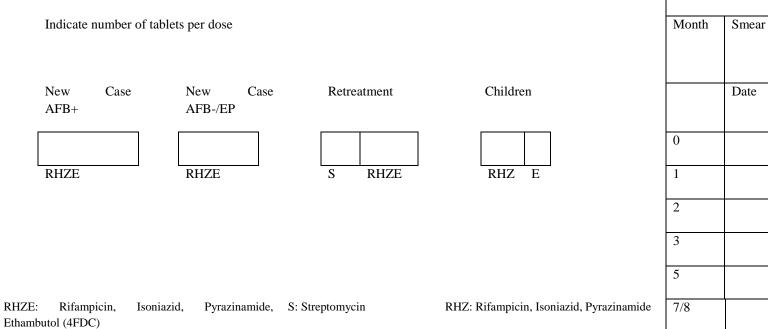
FIRST LINE TB PATIENT TREATMENT CARD (insert the new one)

TB 01

INTENSIVE PHASE :



Laboratory Results

Lab

. No.

Resul

t

Body Weight 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

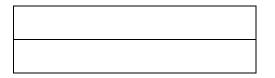
Month	Year	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
	ONTINU IASE	U A T	ΓΙΟ	N	r t	Indio num able dose	ets		of per				New	case	2				Retr	eatm	ent						Chi	ildrer	1			
											RI	H		(4	Moi	nths)	R	HE				(5 N	Ionth	s, da	ily)	RH			(4	Mon	ths)	

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	3 1

Remarks

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



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 MB: stop after completing 12*course (6 blister packs)*

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	Ε	S	Km	Cm	Mfx/Lfx	Eto/Pto	PAS	Cs	BDQ	DLM	LZD	CFZ

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

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

 \rightarrow = (Draw a line) Observed by treatment supporter

N = Not supervised

 \emptyset = 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	1 0	11	1 2	13	1 4	15	1 6	17	1 8	19	2 0	21	2 2	23	2 4	25	2 6	27	2 8	29	3 0	31
										-						_		-								-		-		-	

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

 \rightarrow = (Draw a line) Observed by treatment supporter

N = Not supervised

 \emptyset = Drugs not taken

Comments: _____

Treatment Outcome:

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

C) Filling of Facility Monthly Report Form for First line TB and Leprosy Medicines

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

Facility Number:_____Name of the facility: _____

Name of the council_____

___Reporting Period-Month/Year:___

	Month of treatment	1	2	3	4	5	6	7	8	9	10	11	12
ТВ	Number of adult patients (New) and Retreatment												
	Number of Children (New) and retreatment												
	Number of adults on IPT												
	Number of Children on IPT												
LEPROSY	Number of adults on MB regimen												
	Number of adults on PB regimen												
	Number of Children on MB regimen												
	Number of Children on PB regimen												

Submission date:

FO BI	E FILLED BY	T DTLC			ТО	BE	FILLED	BY	DISTRICT
nent	Total quantity needed by HF	Quantity to issue	Unit of	Quantity to issue (converted to unit of measure)	Quantity		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

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

Regimen 2a	Long In	dividualiz	ed Regi	men	Km/Z/Eto/Cs/Lfx/Bdq/B6						
Month of treatment	1	2	3	4	5	6	7	8			

No.	of	Patient(s)-					
Intensive	e Phase						

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

Regimen 2b	egimen 2b Long Individualized Regimen					Km/Z/Eto	/Cs/Lfx/Dln	n/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	Lon	g Individua	alized Regi	men		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 Indivi	dualized R	Cm/Z/	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												

D	•	1
- K(egimen	.58
	Simon	~u

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 ind	lividualize	d Regime	n 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
No. of Patient(s) Intensive Phase	-										

Regimen 4	Pre-XD	R-TB	Cm/Z/Eto/Cs/Lfx/Bdq/Lnz/B6									
Month of treatment	1	2	3	4	5	б	7	8				
No. of Patient(s) Intensive Phase)-											
Month of treatment	9	10	11	12	13	14	15	16	17	18	19	

No.	of	Patient(s)-						
Intensive								

Regimen 5 XDR-TB Cm/Z/PAS/Cfz/Lfx/Bdq/Lnz/Amox/Clav/B6

Month of treatment	1	2	3	4	5	6	7	8	9	10	11	12
No. of Patient(s) Intensive Phase	-											

Month of treatment	13	14	15	16	17	18	19	20	21	22	23	24
No. of Patient(s)- Intensive Phase												