

**REPUBLIC OF KENYA**



**MINISTRY OF HEALTH**

**NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM**

## **Presumptive DS TB/ Presumptive DR TB register**

NAME OF FACILITY: \_\_\_\_\_ NAME OF DEPARTMENT \_\_\_\_\_

The contents of this register are strictly confidential  
Disclosure of information in this register to a third party is punishable by law

July 2016



## KEY

CCC	Comprehensive Care Clinic/Centre
CHV	Community Health Volunteer
DR TB	Drug Resistant Tuberculosis
DS TB	Drug Sensitive (susceptible) TB
F	Female
M	Male
Mo	Months
N	No
ND	Not Done
Neg	Negative
NSG	Not Suggestive
PLHIV	People Living with HIV
Pos	Positive
SG	Suggestive
TB	Tuberculosis
Y	Yes
Yrs	Years

## Gene Xpert Test results

MTB + RR	Mycobacterium Tuberculosis positive, Rifampicin Resistant
MTB + RS	Mycobacterium Tuberculosis positive, Rifampicin Sensitive
MTB –ve	Mycobacterium Tuberculosis Negative
ND	Not done

## INSTRUCTIONS

Column Label	Column ID	Description
Serial Number	(a)	This is a number given by the health facility and shows the chronological order in which patients are started on treatment. It is a cumulative number that starts at the beginning of every year.
Patient Department No. eg Patient HCC or OPD Number	(b)	This is a number given to a client on arrival at the service delivery points e.g HCC, OPD.
Date	(c)	This is the date on which the presumed TB/DR-TB case was registered at the facility: DD/MM/YYYY
Full Names (3)	(d)	This is the patient's name. There must be 3 names. First/Middle/Last
Sex	(e)	Indicate gender by use of M for Male and F for Female
Age	(f)	Enter Age in completed years and months. For children under one year, indicate in months only
Nationality	(g)	This is the current citizenship of the patient
Physical address & Phone Number	(h)	This is the landmark nearest to where the client resides. It could be a school, mosque, church, market. Include the client's cell phone number.
Referred by CHV (Yes/No)	(i)	Indicate if the client has been referred by a community health volunteer (CHV)
HIV Results (Pos/Neg/Declined) and Date of test	(j)	Indicate the client's HIV status and the date when the test was done
Date sputum collected at the facility	(k)	Indicate the date when sputum was collected from the client
Investigation Results and Date of Results	(l,m,n)	Indicate the results of lab investigations done (Xpert,Sputum Microscopy,Culture)
Xray Results and Date of Results	(o)	Indicate the results of X-ray (Suggestive (SG), Not Suggestive (NSG), Not Done (ND))
Outcome of Investigation	(p)	This shows whether a client is a confirmed TB/DR-TB or has no TB
Started anti-TB Treatment (Y/N)	(q)	Indicate if the confirmed TB/DR-TB case has been started on treatment
IPT started (Y/N)	(r)	Indicate if an eligible IPT client has been initiated on IPT



**Presumptive DS TB/ Presumptive DRTB Register**

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	R
Serial No.	Patient department No. eg Patient CCC or OPD No	Date	Full Names (3)	Sex M/F	Age in Yrs/Mo	Nationality	Physical Address & phone number	Referred by CHV (Y/N)	HIV test results (Pos/Neg/declined) and date of test	Date Sputum collected at the facility	Investigation <b>Results</b> and <b>Date</b> of results				Outcome of Investigation (TB, DRTB or no TB)	Started anti-TB treatment (Y/N)	IPT started ( Y/ N)	Remarks
											GeneXpert MTB +, RR MTB+, RS MTB – ND	Sputum Microscopy (Pos/Neg/ND)	Culture (Pos/Neg /ND)	Xray (SG/NSG/ND)				

<b>INDICATOR:</b>	No of Presumptive Cases _____	No. of Presumptive Cases referred by CHV _____
	No. of Presumptive cases clinically confirmed to have TB _____	No. of presumptive cases confirmed to have TB _____
	No. of Presumptive cases bacteriological confirmed to have TB _____	Number of presumptive TB cases confirmed to have TB put on treatment _____
	No. confirmed by GeneXpert _____	HIV status for Presumptive TB patients Pos _____ Neg _____ ND _____
	No. confirmed by smear microscopy _____	



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