

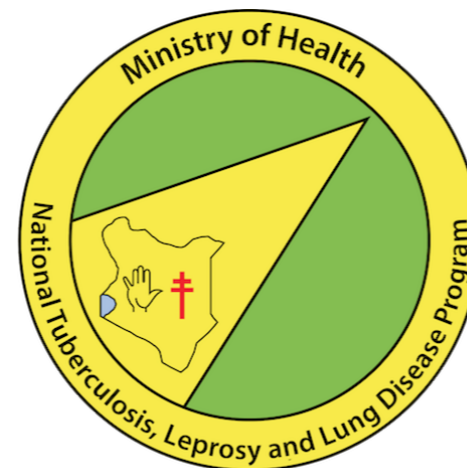
REPUBLIC OF KENYA



MINISTRY OF HEALTH

Contact Register

Name of Facility: _____



April 2017



Key indicators for children <5 years; and those =>5 years

Inputs	Description	Source	Comments
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.
I	No of contacts with known HIV status	Contact register	Count all who have a negative and positive HIV test results from column "R"
H	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	B / A
I	Proportion of contacts with symptom screen	C / B
J	Proportion of contacts started on TB treatment	D / C
K	Proportion of contacts initiated on IPT	$F / [C - (D + E)]$
L	Proportion of contacts with either TB treatment or IPT	$(D + F) / (C - E)$
M	Proportion of contacts completing IPT	G / F
NB:		

Index Case Information										Contact Information						TB Symptom Screen										
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)		

		If Symptomatic, Evaluate for TB										IPT (indicate date when patient collected medicine and number of dose dispensed)						Follow-up after treatment completion									
Fatigue/reduced playfulness? (Y/N)	TB Symptom Screening Outcome: Symptomatic (S) or Asymptomatic (AS)	GEN-EX-PERT (MT-B+RR, MT-B+RS, MTB-ND)	Microscopy (POS/NEG/ND) Include specimen type and collection date	Culture (POS/NEG/ND/Contaminated) Include specimen type and collection date	Man-toux 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				

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			



Developed and Printed with the support of USAID through the Tuberculosis Accelerated Response and Care (TB ARC) Activity