



Treatment Outcome of a New Active or Re-treatment Tuberculosis Case

EFFECTIVE JANUARY 2011

CONFIDENTIAL
WHEN COMPLETED

1. Reporting province/territory <input type="text"/>	2. Register case number <input type="text"/>	3. Unique identifier <input type="text"/>	4. Date of birth Year <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/>	5. Sex Male <input type="checkbox"/> Female <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/>																													
6. If transfer from diagnosing province/territory, please state treating province/territory <input type="text"/>		7. Register case number (if different from 2 above) <input type="text"/>		8. Unique identifier (if different from 3 above) <input type="text"/>																													
9. Provincial/territorial case date Year <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/>		10. Date treatment started Year <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/>		11. Last day of treatment Year <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/>																													
12. Did resistance develop during treatment? 1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No ↓ If yes, please check drug(s) (check all that apply) <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> INH <input type="checkbox"/> EMB <input type="checkbox"/> RMP <input type="checkbox"/> PZA </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Streptomycin <input type="checkbox"/> PAS <input type="checkbox"/> Kanamycin <input type="checkbox"/> Rifabutin <input type="checkbox"/> Capreomycin <input type="checkbox"/> Amikacin <input type="checkbox"/> Ofloxacin <input type="checkbox"/> Moxifloxacin <input type="checkbox"/> Ethionamide <input type="checkbox"/> Linezolid </div> <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Unknown			13. What was the treatment outcome? (Check one only) 1 <input type="checkbox"/> Cure – negative culture at completion of treatment* 2 <input type="checkbox"/> Treatment completed – without culture at end of treatment* 3 <input type="checkbox"/> Death before or during treatment ➔ Date of death: Year <input type="text"/> <input type="text"/> <input type="text"/> Month <input type="text"/> <input type="text"/> Day <input type="text"/> <input type="text"/> 1 <input type="checkbox"/> TB was the cause of death 2 <input type="checkbox"/> TB contributed to death but was not the underlying cause 3 <input type="checkbox"/> TB did not contribute to death 4 <input type="checkbox"/> Transferred to new country – outcome of treatment unknown (specify new country) _____ 5 <input type="checkbox"/> Failure – continued or recurrent positive cultures after 4 or more months of treatment 6 <input type="checkbox"/> Absconded (lost to follow-up before completion of 80% of doses) 7 <input type="checkbox"/> Treatment ongoing 8 <input type="checkbox"/> Treatment discontinued due to adverse event 9 <input type="checkbox"/> Other (specify) _____ 10 <input type="checkbox"/> Unknown * if MDR-TB please see guidelines for definitions																														
14. Treatment regimen (for drugs taken ≥1 month) (check all that apply) <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> INH <input type="checkbox"/> EMB <input type="checkbox"/> RMP <input type="checkbox"/> PZA </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;"> <input type="checkbox"/> Streptomycin <input type="checkbox"/> PAS <input type="checkbox"/> Kanamycin <input type="checkbox"/> Rifabutin <input type="checkbox"/> Capreomycin <input type="checkbox"/> Amikacin <input type="checkbox"/> Ofloxacin <input type="checkbox"/> Moxifloxacin <input type="checkbox"/> Ethionamide <input type="checkbox"/> Linezolid </div> <input type="checkbox"/> No drugs prescribed <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify) _____			15. Major mode of treatment: 1 <input type="checkbox"/> DOT (Directly Observed Therapy) ➔ 2 <input type="checkbox"/> Daily, self-administered 1 <input type="checkbox"/> Modified 3 <input type="checkbox"/> Other (specify) _____ 2 <input type="checkbox"/> Standard 3 <input type="checkbox"/> Enhanced 8 <input type="checkbox"/> Other (specify) _____ 9 <input type="checkbox"/> Unknown																														
17. Contact investigation results <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;"></th> <th style="width:15%; text-align: center;">Close</th> <th style="width:15%; text-align: center;">Casual</th> <th style="width:15%; text-align: center;">Community</th> </tr> </thead> <tbody> <tr> <td>TOTAL number of contacts identified</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>The number of contacts evaluated</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>The number of active TB cases found among the contacts</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>The number of contacts diagnosed with LTBI</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>The number of contacts beginning treatment</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td>The number of contacts completing treatment</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> </tbody> </table>				Close	Casual	Community	TOTAL number of contacts identified	_____	_____	_____	The number of contacts evaluated	_____	_____	_____	The number of active TB cases found among the contacts	_____	_____	_____	The number of contacts diagnosed with LTBI	_____	_____	_____	The number of contacts beginning treatment	_____	_____	_____	The number of contacts completing treatment	_____	_____	_____	16. Adherence estimate (% of medication received) 1 <input type="checkbox"/> 80%+ 2 <input type="checkbox"/> 50-79% 3 <input type="checkbox"/> < 50% 9 <input type="checkbox"/> Unknown		
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