



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

EFFECTIVE JANUARY 2011

CONFIDENTIAL  
WHEN COMPLETED

<b>1. Reporting province/territory</b> <input type="text"/>	<b>2. Register case number</b> <input type="text"/>	<b>3. Unique identifier</b> <input type="text"/>	<b>4. Date of birth</b> Year    Month    Day <input type="text"/>	<b>5. Sex</b> Male    Female 1 <input type="checkbox"/> 2 <input type="checkbox"/>																													
<b>6. If transfer from diagnosing province/territory, please state treating province/territory</b> <input type="text"/>		<b>7. Register case number (if different from 2 above)</b> <input type="text"/>		<b>8. Unique identifier (if different from 3 above)</b> <input type="text"/>																													
<b>9. Provincial/territorial case date</b> Year    Month    Day <input type="text"/>		<b>10. Date treatment started</b> Year    Month    Day <input type="text"/>		<b>11. Last day of treatment</b> Year    Month    Day <input type="text"/>																													
<b>12. Did resistance develop during treatment?</b> 1 <input type="checkbox"/> Yes    2 <input type="checkbox"/> No ↓ <b>If yes, please check drug(s) (check all that apply)</b> <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			<b>13. What was the treatment outcome? (Check one only)</b> 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    Month    Day <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																														
<b>14. Treatment regimen (for drugs taken ≥1 month) (check all that apply)</b> <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) _____			<b>15. Major mode of treatment:</b> 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																														
<b>17. Contact investigation results</b> <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><b>TOTAL number of contacts identified</b> .....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>The number of contacts evaluated .....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>The number of active TB cases found among the contacts .....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>The number of contacts diagnosed with LTBI .....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>The number of contacts beginning treatment .....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>The number of contacts completing treatment .....</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>				Close	Casual	Community	<b>TOTAL number of contacts identified</b> .....	_____	_____	_____	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 .....	_____	_____	_____	<b>16. Adherence estimate (% of medication received)</b> 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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