South African Department of Health
National Tuberculosis Control Programme

Drug Resistant-TB Register

Health

Department:
Health
REPUBLIC OF SOUTH AFRICA

DR-TB Unit:..... Province:.....

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

SOUTH AFRICAN NATIONAL TUBERCULOSIS CONTROL PROGRAMME DR-TB Unit QUARTER YEAR

PATIENT INFORMATION							REFERRING UNIT	TYPE OF DR - TB (Tick one column under MDR-TB or XDR-TB)						INITIAL LABORATORY RESULTS (of the specimen taken before referral to DR unit, i.e. at PHC level/private sector/military services/mining sector/correctional services)															START OF CURRENT TREATMENT	CURRENT TREATMENT (Tick each drug in use)																	
TB REGISTRATION NUMBER	SURNAME (Upper space)	ID NUMBER or DATE OF BIRTH (yymmdd)	GENDER (M / F) (Upper space)	PREVIOUS DRUG HISTORY [a] 1= N, 2= PT 1, 3= PT 2	PATIENT CATEGORY [b] 1 = New, 2 = Relapse, 3 = TAD, 4 = TF1, 5 = TF2, 6 = Transfer In, 7 = Other	Pulmonary or Extra Pulmonary TB (Ptb or EPTB)	REFERRING FACILITY (Upper space)																						Treatment start date dd/mm/yyyy (Upper space)	Upper space = Tick Lower space = Date drug started																	
							PREVIOUS TB REGISTRATION NUMBER OR DR-TB REGISTRATION NUMBER FROM REFERRING UNIT (if applicable) (Lower space)	Mono resistant or Poly resistant TB [c] (M or P)	RR-TB			XDR-TB		Xpert MTB/RIF date	Smear date	Culture date	LPA date	RESULT OF DRUG SUSCEPTIBILITY TESTING (DST) Indicate R for resistant, S for sensitive or ND for not done													Place Treatment started: 1 = DR-TB Unit 2 = Community (Lower space)																	
####/yyyy	FIRST NAME (S) (Lower space)		AGE (Lower Space)						RR	MDR-TB Confirmed	MDR-TB Not confirmed	Confirmed	Not confirmed	Result	Result	Result	Result	R	H	Z	E	S	Am	Km	Cm	Ofx	Lfx	Mfx	Eto	Bdq		Z	E	Am	Km	Cm	Ofx	Lfx	Mfx	Eto	PAS	Cs	Trd	Cfz	Amx/Cla	Lzd	High dose INH	Clr	Bdq	Other (specify)

Baseline laboratory results on admission to DR-TB Unit			
Smear		Culture	
Date	Result	Date	Result

Smear (S) and Culture (C) results during treatment *(if more than one smear and/or culture are done in a month, enter the most recent result)*

Month 1		Month 2		Month 3		Month 4		Month 5		Month 6		Month 7		Month 8		Month 9		Month 10		Month 11		Month 12	
dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy	
S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C

Month 13		Month 14		Month 15		Month 16		Month 17		Month 18		Month 19		Month 20		Month 21		Month 22		Month 23		Month 24	
dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy	
S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C

Month 25		Month 26		Month 27		Month 28		Month 29		Month 30		Month 31		Month 32		Month 33		month 34		Month 35		Month 36	
dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy		dd/mm/yyyy	
S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C	S	C

TB Culture Conversion Date	End of Injectable Phase Date	End of Treatment Date	HIV INFORMATION			TREATMENT OUTCOME		REMARKS
						24 months	36 months	
			HIV STATUS Pos/ Neg/ Unk	CPT started (Y/N)	ART started (Y/N)	DATE [d] *dd/mm/yyyy (Upper space)*	DATE [d] *dd/mm/yyyy (Upper space)*	
						OUTCOME [e] *(Lower space)*	OUTCOME [e] *(Lower space)*	

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