

Audit of management of TB in HIV co-infected patients: survey of clinic arrangements

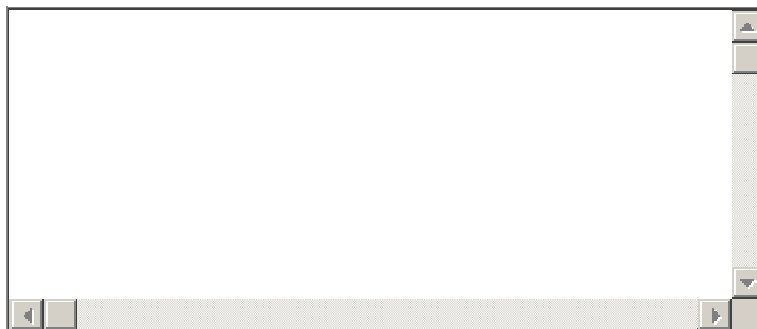
Please complete this questionnaire if your clinic/department provides *HIV* treatment and care for adult patients, whether or not you also manage TB in co-infected patients. There is a matching questionnaire for completion by clinics/departments which manage TB (irrespective of patients' HIV status) but do not provide HIV treatment and care.

Please do not use your browser "Back" or "Forward" buttons while filling in the questionnaire - your answers will be lost if you do. You can move between pages using the "Next page" and "Previous page" buttons at the bottom of the page. Your final answers are not saved until you click on the "Submit form" button at the end.

Please describe your arrangements for care of HIV/TB co-infected patients (tick all options that apply):

- There is an integrated department in which the same clinical team provides care for HIV/TB co-infected patients, HIV patients without TB, and TB patients without HIV
- HIV and TB clinicians work together through a regular joint clinic for co-infected patients
- HIV clinicians manage uncomplicated TB cases in co-infected patients, while referring more complicated cases to TB clinicians
- HIV clinicians manage HIV-related aspects of care for co-infected patients in liaison with TB clinicians who manage their TB-related aspects of care
- Different arrangement, please describe:

Please describe any ways in which you feel these arrangements might be improved:



If your department does not provide integrated HIV and TB care, then please give details of the TB service with which you work most closely:

Department:

Hospital/organisation:

Town/city:

Please also pass on the message asking your colleagues at the above department to complete the matching questionnaire for TB care providers.

Guidance recommends that every TB patient (except inpatients) should have a named key worker/case manager, usually a specialist TB nurse or a nurse whose responsibilities include TB. His/her role includes risk assessment, patient education and support, promoting TB treatment adherence and completion, coordinating care with other providers, arranging contact management and screening, and reporting on surveillance systems and treatment completion.

In your area, who would normally act as TB key worker for a patient with HIV/TB co-infection?

Nurse specialist in both HIV and TB

HIV nurse specialist

TB nurse specialist

Other clinician, please state:

Not clear

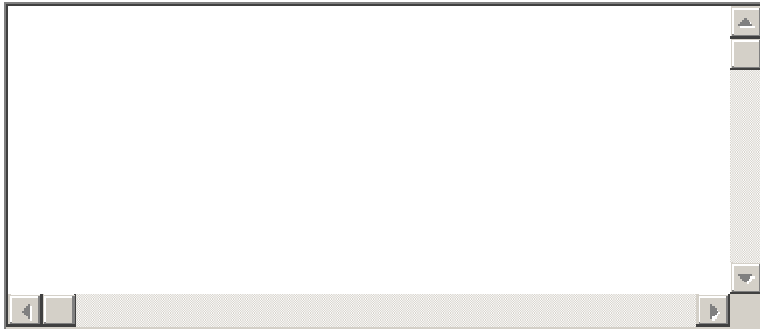
Does your department/clinic provide HIV training for *generic* TB key workers in your area (ie whose work includes supporting TB patients without HIV co-infection)?

Yes

No

Not sure

Please comment if you wish on the extent of such training and whether there are ways it could be improved:



Commissioning and public health

Are you able to name the current TB lead for your main or host PCT/health board/commissioner?

Yes, please give details:

Name:

Job title (if known):

Organisation:

No

No TB lead has been appointed

Not sure

Please describe the level of contact your department/service has with the TB lead for your main or host PCT/health board/commissioner:

Please describe any ways you feel this might be improved:

Two empty text input boxes, one above the other, each with a vertical scrollbar on the right and a horizontal scrollbar at the bottom.

Who is responsible for statutory notification of TB cases in HIV co-infected patients?

HIV
clinician

TB
clinician

Laboratory

Joint
responsibility

Unclear

When notifying such a case for a patient living outside your main or host commissioning area, would you include the information that the patient is HIV positive?

Yes, routinely unless patient has
withheld consent

Sometimes

No

Do not notify
cases

Please click "Next page" to continue.

Testing and screening

What is your local TB service's policy as regards testing adult TB patients for HIV (please tick the *first* answer that applies)? (If yours is an integrated HIV/TB service, then answer according to your own policy for adult TB patients not already known to have HIV infection.)

- The TB service tests all adults with TB for HIV routinely unless the individual patient refuses consent, irrespective of age
- The TB service tests all adults with TB under the age of 65 for HIV routinely unless the individual patient refuses consent
- The TB service offers an HIV test to all adults with TB under the age of 65
- The TB service offers HIV testing selectively to adults with TB according to individual risk
- The TB service refers adults with TB to another service (eg your department) for HIV risk assessment and testing
- None of the above, please describe:
- Not known or no clear policy

What is your policy regarding screening of newly diagnosed HIV patients for latent TB infection?

Whom to screen:

- Routine for all newly diagnosed adult HIV patients
- Routine for all newly diagnosed adult HIV patients born in countries with high TB prevalence
- Routine for other selected group(s)

No routine screening

Not sure

What test(s) to use:

TST is tuberculin skin test, eg Mantoux

IGT is interferon gamma test, eg TB-Spot or Quantiferon

	TST	IGT	TST followed by IGT if TST positive	None – inform and advise only	Not sure
In patients with prior BCG immunisation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
In patients without prior BCG immunisation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If you do not routinely screen newly diagnosed HIV patients for latent TB infection, why is this (tick all that apply)?

Don't consider it clinically necessary

Not recommended in BHIVA guidelines

Would not alter management

Not sure what test to use

Commissioners not willing to fund

If conditions are met hide NEXT question

Did not answer to **Please describe your arrangements for care of HIV/TB co-infected patients (tick ... with There is an integrated department in which the same clinical team provides care for HIV/TB co-infected patients, HIV patients without TB, and TB patients without HIV**

What tests would you use routinely for screening close household contacts of a patient with sputum-smear positive TB (tick all that apply)?

TST is tuberculin skin test, eg Mantoux

IGT is interferon gamma test, eg TB-Spot or Quantiferon

	TST	IGT	TST followed by IGT if TST positive	Chest X- ray	None – inform and advise only	Not sure
If the source patient is HIV positive:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the source patient is HIV negative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If conditions are met hide NEXT question

Did not answer to **Please describe your arrangements for care of HIV/TB co-infected patients (tick ... with There is an integrated department in which the same clinical team provides care for HIV/TB co-infected patients, HIV patients without TB, and TB patients without HIV AND**

Did not answer to **Please describe your arrangements for care of HIV/TB co-infected patients (tick ... with HIV clinicians manage uncomplicated TB cases in co-infected patients, while referring more complicated cases to TB clinicians**

Does your lab routinely use liquid culture medium for TB diagnosis?

Yes, for all samples
 Yes, for non-pulmonary samples only
 Not routinely used
 Not sure

If conditions are met hide NEXT question

Did not answer to **Please describe your arrangements for care of HIV/TB co-infected patients (tick ... with There is an integrated department in which the same clinical team provides care for HIV/TB co-infected patients, HIV patients without TB, and TB patients without HIV AND**

Did not answer to **Please describe your arrangements for care of HIV/TB co-infected patients (tick ... with HIV clinicians manage uncomplicated**

TB cases in co-infected patients, while referring more complicated cases to TB clinicians

What is your department's practice as regards TB resistance testing in patients with HIV/TB co-infection?

Rapid molecular testing for rifampicin resistance is done routinely for HIV co-infected patients

HIV status is taken into account in determining whether to perform rapid molecular testing

Rapid molecular testing is not available or not used (please state why):

Please add any comments you wish:

Please click on "Submit form" to complete the questionnaire. Your answers are not saved until you do so.