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:
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 (e.g., 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

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<tr>
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<th>TST</th>
<th>IGT</th>
<th>TST followed by IGT if TST positive</th>
<th>None – inform and advise only</th>
<th>Not sure</th>
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<td>In patients with prior BCG immunisation</td>
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<td>In patients without prior BCG immunisation</td>
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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

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<tr>
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<th>TST followed by IGT if TST positive</th>
<th>Chest X-ray</th>
<th>None – inform and advise only</th>
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If the source patient is HIV positive:

- [ ] ☐ 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 negative:

- [ ] ☐ TST
- [ ] ☐ IGT
- [ ] ☐ TST followed by IGT if TST positive
- [ ] ☐ Chest X-ray
- [ ] ☐ None – inform and advise only
- [ ] ☐ 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

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.