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

Please complete this questionnaire if your clinic/department provides TB treatment and care for adult patients, but does not provide HIV treatment and care for co-infected patients. There is a matching questionnaire for completion by clinics/departments which provide HIV treatment and care.

Please indicate your location, and give contact details if you wish:

Hospital/trust/organisation: 
Postcode: 
Your name (optional): 
Job title (optional): 
Email address (optional): 

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

☐ 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:
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

How are *generic* TB key workers in your area provided with training about HIV? *ie those who support TB patients without HIV co-infection.*

- We provide such training in-house
- An HIV service provides such training (please state which)
- HIV training is not provided to TB key workers for patients without co-infection
- 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
Please give details of the current TB lead for your main or host PCT/health board/commissioner, if known:

Name: 
Job title (if known): 
Organisation: 

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
- Not applicable, do not manage TB patients living outside our area

**Testing and screening**

What is your policy as regards testing adult TB patients for HIV (please tick the *first* answer that applies)?

- We test all adults with TB for HIV routinely unless the individual patient refuses consent, irrespective of age
- We test all adults with TB under the age of 65 for HIV routinely unless the individual patient refuses consent
- We offer an HIV test to all adults with TB under the age of 65
We offer HIV testing selectively to adults with TB according to individual risk
We refer adults with TB to another service for HIV risk assessment and testing
None of the above, please describe:
Not known or no clear policy

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

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

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.