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 UNGAVA-TULATTAVIK HEALTH CENTER  
 CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA



Centre de Santé et Services Sociaux Inuitsvik  
 Inuitsvik Health & Social Services Centre  
 Puvirnituq, Québec J0M 1P0  
 T 819 988-2957 / F 819 988-2796

## TREATMENT OUTCOME FOR AN ACTIVE TUBERCULOSIS CASE

EMBOSSER ICI LA CARTE DU CSI OU CSTU,  
 SI NON DISPONIBLE, INSCRIRE LES NOM, PRÉNOM,  
 DATE DE NAISSANCE ET NUMÉRO DOSSIER  
 EMBOSSE HERE THE CARD OF IHC OR UTHC,  
 IF NOT AVAILABLE, WRITE THE NAME, SURNAME,  
 DATE OF BIRTH AND FILE NUMBER

TB Case status  Confirmed  
 Probable  
 Date of diagnostic<sup>1</sup> \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

GeneXpert	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not performed
Initial smear	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not performed
Initial culture	<input type="checkbox"/> Positive	<input type="checkbox"/> Negative	<input type="checkbox"/> Not performed

Initial chest X-ray:  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

Normal  Anormal, cavitary  
 Anormal non cavitary  Not performed

HIV test performed following diagnostic:

Yes  No  Known positive  Refused by patient  
 Sample collection date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

Treatment start date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

Treatment end date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

Initial phase:

Prescribed medication (check):  INH  RIF  EMB  PZA  Other: \_\_\_\_\_  
 Number of doses taken for each

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Continuation phase:

Prescribed medication (check):  INH  RIF  EMB  PZA  Other: \_\_\_\_\_  
 Number of doses taken for each

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Total duration of treatment for each (months)

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Development of resistance (Yes/No)

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Primary type of treatment (one choice only):

DOT (Direct observational therapy)  
 Daily self-administration  
 Other: (specify) \_\_\_\_\_

Estimated rate of compliance (% of doses taken):  100 %  80 – 99 %  50 – 79 %  < 50 %

Smear negatigation (date of 1<sup>st</sup> negative smear in a series of three): Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

Negatigation of cultures (date of 1<sup>st</sup> negative culture in 1<sup>st</sup> series of negative cultures):  
 Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

Treatment outcome (Check one only) :

- Recovery (objectivized negative cultures)
- Treatment completed (without objectivized negative cultures)
- Death before or during treatment. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)
  - TB is the cause of death
  - TB contributed to death without causing it
  - TB did not contribute to death
- Treatment discontinued due to unfavorable event
- Transfer in another region – result of treatment unknown
- Failure (positive culture after 4 months of treatment or more)
- Dropout (case lost before receiving 80% of doses)
- Other (specify): \_\_\_\_\_

Signature MD: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ (YYYY/MM/DD)

<sup>1</sup> Date on which active TB was diagnosed by a doctor; if unknown, date of earliest of: a) first positive smear b) or first positive culture report c) or positive NAAT d) or start of treatment.