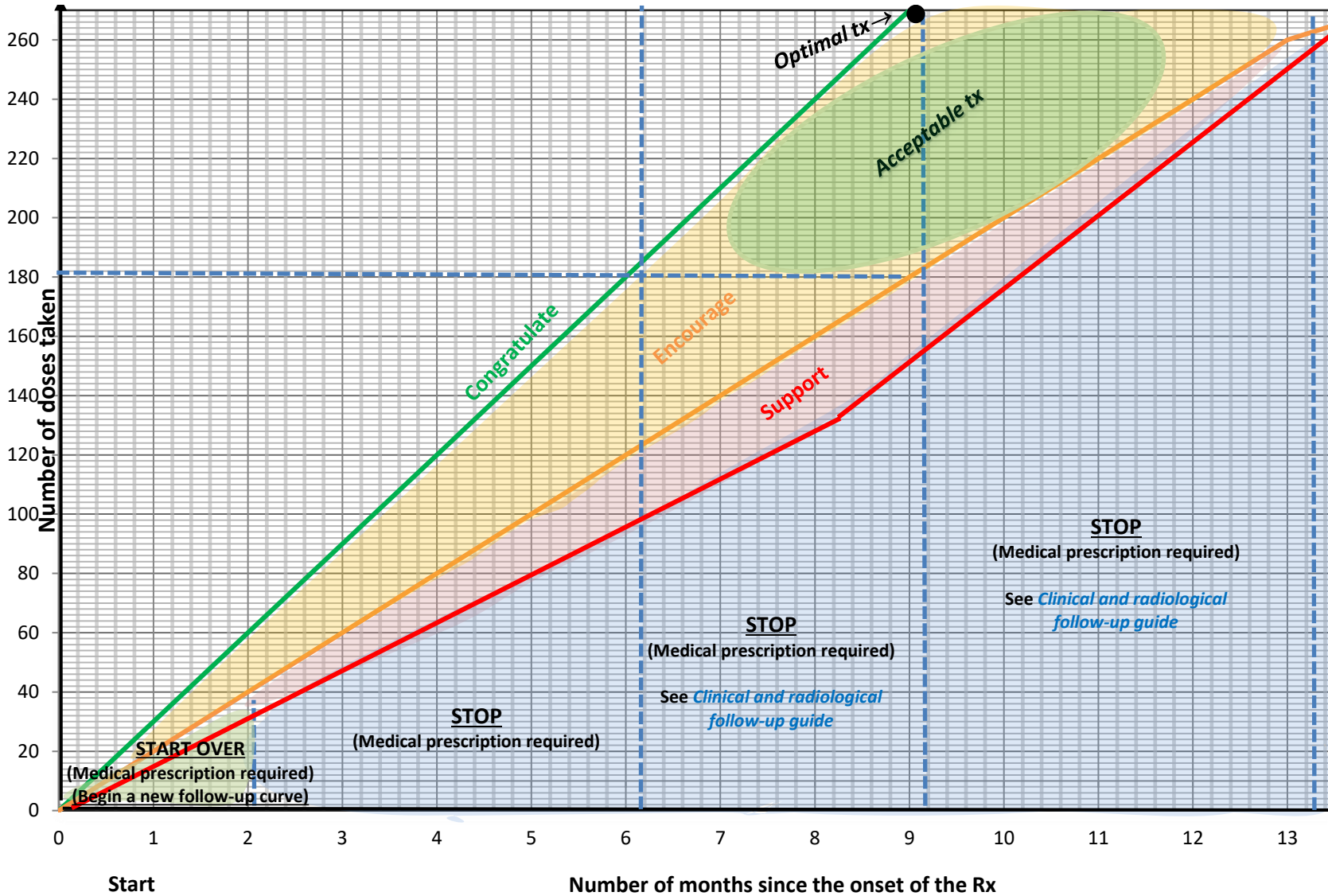


Name: _____ **Gender:** M F
First name: _____ **File #:** _____
D.O.B.: ____ / ____ / ____ **Village:** _____
YYYY / MM / DD

COMPLIANCE CURVE – INH DAILY SELF-ADMINISTERED

Prophylaxis for latent TB infection (LTBI) - Isonicotinic acid hydrazide, self-administered daily (270 doses)
 Behaviour recommended according to the degree of compliance



Date and result of significant TST:
 ____ / ____ / ____
YYYY MM DD
Result: ____ (mm)
Date of the first dose:
 ____ / ____ / ____
YYYY MM DD
Date of the last dose:
 ____ / ____ / ____
YYYY MM DD
Total number of doses taken: ____
If stopped, reason:

Date of the final report:
 ____ / ____ / ____
Nurse's signature

LAST NAME: _____ FIRST NAME: _____ FILE NO.: _____

Title	COMPLIANCE CURVE – INH DAILY SELF-ADMINISTERED
TB toolbox CODE	DSPu-TB_ITL_COURBE-INH-DIE_EN
Date modified	2024-05-17

PURPOSE

- Ensure use of the most effective prophylaxis for latent TB infection and in so doing, prevent the development of active TB disease.
- Prevent the appearance of strains of *Mycobacterium tuberculosis* resistant to isoniazid.

OBJECTIVES

- Ensure regular and optimal follow-up of people with LTBI who are undergoing treatment.
- Quickly identify any issues regarding compliance and offer the appropriate support.
- Ensure the established number of doses are taken in the defined timeframe (270 doses in 9 months – maximum 13.5 months).

RESPONSIBILITIES

→ **Nurse:** Make adequate use of the compliance curve for the full duration of the prophylaxis, by adhering to this procedure.

→ **Physician:** - **Make sure to exclude active TB disease prior to beginning a prophylaxis of isoniazid.**

- Based on the indications in this compliance curve, prescribe clinical and radiological follow-up recommendations by completing and signing the tool entitled [Clinical and radiological follow-up guide \(TB-ACT-ITL_GUIDE-SCR_EN\)](#).

PROCEDURE

- Begin recording the number of doses taken **as of** the second visit. Validate (as accurately as possible) the number of doses taken.
- Indicate, by making a point on the curve, the number of doses taken according to the number of weeks since the onset of the treatment. Take the following actions, based on where the point noted above falls on the curve:
 - Yellow zone - **Encourage** → Acknowledge the progress made with the prophylaxis, despite it being suboptimal, and encourage the person to continue taking the medication.
 - Pink zone - **Support** → Identify the causes of any delays/lapses and introduce measures to facilitate taking the medication.
 - Green zone - **Start over** → Discuss obstacles preventing compliance and if appropriate, come to an agreement with the person to start over with the medication. Notify the physician if a new prescription or additional follow-up is needed.
 - Blue zone - **Stop** → Refer the person to the physician, who will be able to prescribe the follow-up recommended in the [Clinical and radiological follow-up guide](#) directives.
- The decision to stop taking the medication must be taken by the treating physician, unless the person refuses or ceases the prophylaxis on their own.
- If the person refuses to continue taking the medication, refer them to the physician, who will prescribe follow-up as recommended in the [Clinical and radiological follow-up guide](#).
- Enter the reason for stopping the medication under “If stopped, reason”.
- Note the date of the end of the prophylaxis (**the date on which the last dose was taken**).
- Once the treatment is over or has been stopped, submit the completed Compliance curve graph to the Public Health department : *Tuberculose Sante Publique (RRSSSN)* tuberculose-santepublique.nrbhss@ssss.gouv.qc.ca and *Tuberculose Saisie (RRSSSN)* tuberculose.saisie.rr17@ssss.gouv.qc.ca.