



Checklists for  
Patient education/counselling sessions  
for those with active TB disease,  
Including drug-resistant TB

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## TABLE OF CONTENTS

1.	<i>Introduction</i> .....	3
2.	<i>Minimum package of Patient Support related to TB (drug-sensitive and drug-resistant)</i> .....	3
2.1.	Activities .....	3
2.2.	Staff .....	5
2.3.	Tools .....	5
3.	<i>Health Talks on Drug-Sensitive and Drug-Resistant TB</i> .....	5
4.	<i>Sputum Session for those suspected of having active TB disease</i> .....	6
5.	<i>Patient Education/Counselling Sessions for patients Diagnosed with active TB disease</i> .....	7
5.1.	1st TB session at treatment initiation .....	7
5.2.	2 <sup>nd</sup> TB session at treatment initiation .....	14
5.3.	TB Follow-up Session.....	18
5.4.	DR-TB Home Visit .....	20
5.5.	TB admission session (for hospitalised patients) .....	21
5.6.	Discharge Session (For hospitalised patients).....	22
5.7.	Various topics .....	23
6.	<i>Integration of TB counselling with HIV counselling</i> .....	24
7.	<i>Tracing For TB patients</i> .....	25
8.	<i>Indicators to measure adherence and to monitor patient education/counselling activities</i> .....	25
9.	<i>Annex</i> .....	26

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## 1. INTRODUCTION

- These check lists have been designed as practical tools for health care workers (HCW) able and willing to provide patient education/counselling to patients diagnosed with active tuberculosis (TB) disease<sup>1</sup>, be it drug-sensitive or drug-resistant TB (DR-TB)<sup>2</sup>.
- It is important to use an interactive approach in education and counselling, by using open-ended questions and active listening skills, eliciting the patient's knowledge, attitudes and practices.
- National TB programs generally recommend that all TB treatment, for drug-sensitive or DR-TB, be given under 'directly observed therapy' (DOT), but this is in reality not usually possible and rarely performed.
- Conversely MSF advocates for setting-specific strategies that allow those with drug-sensitive TB to self-administer their treatment (SAT), in combination with patient education and adherence support, just as we recommend for those on antiretroviral therapy (ART).
- Note however that MSF considers DOT necessary for DR-TB, in combination with more intensive patient support. This is due to the higher rates of serious 'side effects' seen in those on DR-TB treatment, and the fact that they must receive an injectable medication daily for 8 months or more in the intensive phase of treatment.
- The HCW offering TB-related sessions should not be immunocompromised, and robust TB infection control measures should be in place during the initial period of infectiousness<sup>3</sup>:
  - o Excellent ventilation is important in the place where the session takes place (N.B. the session could even take place outdoors).
  - o During the initial period of infectiousness, it is also necessary that the HCW use a personal protective device (i.e a respirator mask such as an 'N95').<sup>4</sup>
- This document is adapted from:
  - o Checklist for patient education/counselling session of patients infected with TB (MSF, February 2010)
  - o Therapeutic patient education and counselling: practical guideline/checklist for MSF DR-TB program (MSF Georgia, April 2010)

## 2. MINIMUM PACKAGE OF PATIENT SUPPORT RELATED TO TB (DRUG-SENSITIVE AND DRUG-RESISTANT)

### 2.1. ACTIVITIES

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<sup>1</sup> It is important to distinguish between TB infection and active TB disease:

- **TB infection** refers to inhalation of the TB germ, after which time a person is infected, but not necessarily sick, as the initial immune system response usually leads to the TB germs becoming dormant.
- **Active TB disease** refers to active growth of TB germs in a person's body, during which time that person will feel sick and have TB symptoms. This is when people with pulmonary TB are likely to transmit the TB germ to others, i.e. infect others.

<sup>2</sup> Drug-resistant (DR-TB) refers to those strains of TB that have become resistant to one or more anti-TB drugs. Depending on the number and type of drugs to which the TB germ is resistant, different names are used (e.g. mono-resistance, MDR-TB, XDR-TB, etc).

<sup>3</sup> TB is an airborne disease, spread through infectious particles produced when a person with active pulmonary TB disease coughs, sneezes, etc. The risk of infection quickly decreases after the person is started on the correct treatment = a few days for someone with drug-sensitive TB, and a few weeks for someone with DR-TB.

<sup>4</sup> HCWs should not wear surgical masks, as the 'holes' in the material are large enough to allow inhalation of TB bacilli. However, TB patients are often asked to wear such surgical masks, as these help to trap the 'droplet nuclei' expelled into the air during coughing, and therefore reduce their concentration in the room air.

## Health talks on drug-sensitive TB and DR-TB for all patients in the Outpatient Department (OPD)

**Patient education/counselling sessions for all those suspected to have active TB disease at the time of sputum collection.**

### Patient education/counselling sessions for patients on **DRUG-SENSITIVE TB** treatment

- *At the start of TB treatment*, 2 patient education/counselling sessions:
  - o One to inform the patient on the day of TB treatment initiation - M0 -
  - o The second session one week after treatment begins - W1 - or at the first visit after commencing TB treatment
- *Throughout the course of drug-sensitive TB treatment*:
  - o A monthly patient education/counselling session (at M1, M2, M3, etc) to assess and encourage adherence. This should occur when the patient comes for clinical review.
  - o At the end of the intensive phase (duration ~2 months), the patient education session should include an explanation of changes in drug regimen for the continuation phase (duration ~4 months)

### Patient education/counseling sessions for patients on **DRUG-RESISTANT TB** treatment

#### A. For all DR-TB patients:

- *At the start of treatment*:
  - o 2 patient education/counselling sessions with the patient: One to inform the patient on the day of DR-TB treatment initiation - M0 and the second session one week after treatment initiation - W1 - or at the first visit after commencing treatment
  - o 1 home visit to do a social assessment and educate and screen household contacts for symptoms of active TB disease.
- *Throughout the course of DR-TB treatment*:
  - o Regular patient education/counselling sessions to assess and encourage adherence:
    - once a week during the first month on treatment
    - once every two weeks during the remainder of intensive phase (duration ~8 months)
    - monthly during the continuation phase (duration ~12 months)
  - o At the end of the intensive phase, one patient education session should be performed to explain the changes in drug regimen for the continuation phase

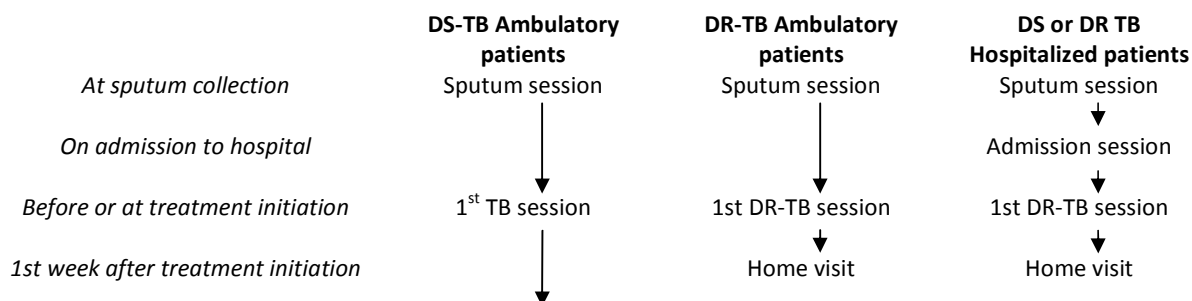
#### B. For hospitalized DR-TB patients:

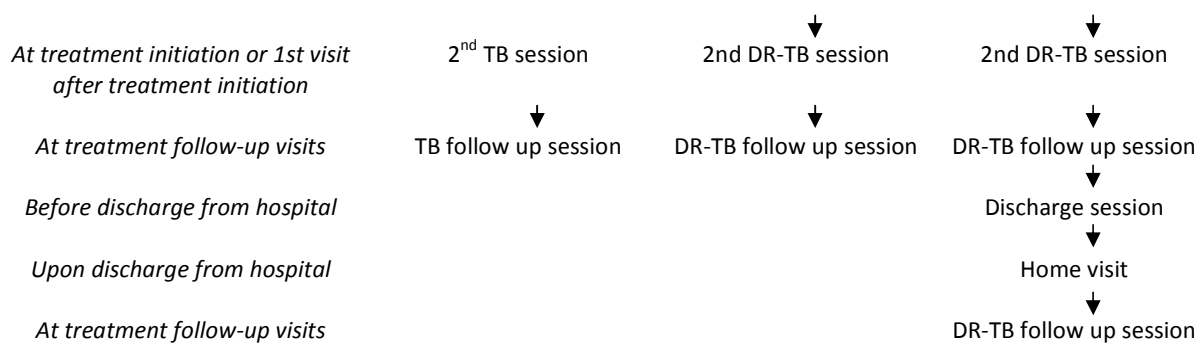
- *At admission*: a session on hospital infection control measures, timetable for injections and the strategy for distribution of drugs (to allow for eventual DOT post-discharge) should be added
- *At discharge*: a session to prepare for the patient's return to home, plus a home visit to allow for a social assessment and educate and screen household contacts for symptoms of active TB disease.

### Patient tracing system (after missing one appointment)

**Social support (payment of transport, food packages) can be considered in some contexts**

According to the type of patient, different sessions will need to be combined and adapted into a specific counseling flow for your setting. Some sessions can be done in groups if that is feasible in your context.





## 2.2. STAFF

- Staff should be trained in general counselling skills, TB patient education/counseling activities and the use of tools, including those related to DR-TB. For staff working with DR-TB patients, an additional basic training on detection and follow-up of possible mental health disorders is needed.
- Where a large number of patients exist, the use of specially trained personnel, like counselors or trained peer counsellors, is justified.
- Identify a staff member responsible for patient education/counseling activities.
- If a patient trusts or has confidence in his or her health care worker, he or she is more likely to follow advice and to cooperate with the health care worker. A good patient/health care provider relationship is therefore crucial.

## 2.3. TOOLS

- A visual aid to help to deliver the key messages on TB.
- It is recommended to assess the cultural beliefs and representations of the target population about TB disease before developing educational tools.

## 3. HEALTH TALKS ON DRUG-SENSITIVE AND DRUG-RESISTANT TB

**TARGET GROUP** All patients in OPD

**OBJECTIVES** Explain basic facts on DS-TB and DR-TB

**DURATION** 15 minutes

**MODE** Group

**TOOLS** Flipchart

### TOPICS

Refer to Session 5.1 – TB education topics 1 to 6:

1. What is tuberculosis?
2. What are the signs of active TB disease?
3. How is TB transmitted?
4. How to prevent the spread of TB?
5. What is the relationship between HIV and TB?
6. What is the difference between drug-sensitive TB and DR-TB?

Don't forget to mention that TB, including DR-TB, can be cured!

## 4. SPUTUM SESSION FOR THOSE SUSPECTED OF HAVING ACTIVE TB DISEASE

**TARGET GROUP** All patients suspected to have active TB disease, including DR-TB

**OBJECTIVES**

- Explain basic facts on TB
- Explain the TB diagnosis procedure
- Explain how to produce sputum

**DURATION** 15 minutes

**MODE** Individual, or in group  
Must be done in a very well ventilated area (i.e. outdoors)

**TOOLS** TB flipchart  
Sputum leaflet  
Materials to collect sputum

### TOPICS

#### A. Basic TB education

Refer to Session 5.1, topics 1 to 5 for key messages:

- What is TB?
- What are the signs of active TB disease?
- How is TB transmitted?
- How to prevent the spread of TB?
- What is the relationship between TB and HIV?

#### B. How is TB diagnosed?

- At this stage we don't know yet if you have TB or not. We are going to perform some lab tests to try to confirm it, based on sputum samples and sometimes other tests (chest x-ray, lymph node aspiration, etc).
- Confirmation of the diagnosis is important, as is identification of any drug resistance.
- If TB is confirmed, we will offer an effective treatment that can CURE the TB.
- Note that confirmation of TB can be difficult and/or can take weeks or even months. Thus, in some cases, the clinician may want you to begin TB treatment, even if the diagnosis of TB has not yet been confirmed.
- We usually need to take 2 sputum specimens for testing. (Choose explanation according to how the timing of specimens is implemented in the project):
  - o Option 1 (spot – morning): one sample should be collected today and we need a 2<sup>nd</sup> sample that you will collect at home when you first wake up and before eating in the morning. You should bring it back immediately and then come again on (day and time) to get the results.
  - o Option 2 (spot – spot): 2 samples will be taken today, with a 2-hour time interval. You will get the results on (day and time).

#### C. How to produce sputum?

- To be sure the test result is accurate, you must cough up sputum from deep inside your lungs, which is where the TB germs grow. Sputum from your lungs is usually thick and sticky. Sputum is different from saliva that comes from your mouth; saliva is watery and thin, and is much less likely to contain TB germs. Do your best not to give a sample containing saliva!
- You will receive a special plastic cup with a lid for collecting your sputum.
- Go outside to collect the sputum sample, at least 20 meters away from other people, or in the designated sputum collection area at the health facility.
- Rinse the mouth with water and spit it out, before producing the specimen.

- Take a very deep breath and hold the air for 5 seconds. Slowly breathe out. Do this a second time. Then take a third deep breath and cough hard until some sputum comes up into your mouth.
- Spit the sputum in the plastic cup. Remember that the sputum should be thick and sticky.
- Keep doing this until you have approximately 1 tablespoon (~15 ml) of sputum into the cup.
- Screw the lid on the cup tightly so that it does not leak.

## 5. PATIENT EDUCATION/COUNSELLING SESSIONS FOR PATIENTS DIAGNOSED WITH ACTIVE TB DISEASE

### 5.1. 1ST TB SESSION AT TREATMENT INITIATION

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<b>TARGET GROUP</b>	Patients diagnosed with active TB disease <sup>5</sup> , including DR-TB, before or at time of TB treatment initiation
<b>OBJECTIVES</b>	Give emotional support to the patient regarding their TB status Explain general facts on TB disease and its treatment Make an adherence plan
<b>DURATION</b>	30 - 45 minutes
<b>MODE</b>	<ul style="list-style-type: none"> <li>- Individual</li> <li>- Always in a well-ventilated area</li> <li>- The educational part could be done in a group</li> <li>- Invite a relative or treatment supporter to the session, if patient agrees</li> <li>- If initiation will only be done at a later stage, the educational part and the adherence plan can be split over 2 sessions</li> </ul>
<b>TOOLS</b>	<ul style="list-style-type: none"> <li>- TB flipchart</li> <li>- TB leaflet for patient</li> <li>- Medicine box (or blister pack)</li> <li>- Patient file with the prescription</li> </ul>
<b>TOPICS</b>	
<b>A. Introduction</b>	<ul style="list-style-type: none"> <li>- Welcome patient(s), introduce yourself and ask patient(s) to introduce themselves</li> <li>- Explain the aim of this session: “You have been diagnosed with active TB disease. Now we are going to give you some information about the disease. Then we will explain to you how to take the TB medication and how to avoid spreading the TB germ to others, especially your family.”</li> </ul>
<b>B. Emotional support regarding diagnosis</b>	<ul style="list-style-type: none"> <li>- How are you feeling today?</li> <li>- How do you feel about the fact that TB has been diagnosed today?</li> </ul>
<b>C. TB education</b>	<ol style="list-style-type: none"> <li>1. <u>What is Tuberculosis?</u> <ul style="list-style-type: none"> <li>- TB is an infectious disease caused by ‘Mycobacterium TB’. This is a tiny germ that you can breathe in and it can make you sick either a few weeks after it is breathed in, or many months or even years later.</li> </ul> </li> </ol>

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<sup>5</sup> Note that NOT every person starting TB treatment will have had the disease confirmed. Sometimes the clinician will make a diagnosis of EMPIRIC TB.

- TB mainly damages the lungs by growing and causing local destruction. This form is called pulmonary TB and is infectious to others.
  - Active TB disease can also occur in parts of the body outside of the lungs --- in glands (lymph nodes), the bones, the spine, the brain, or any other part of the body. These forms are called extra-pulmonary TB (EPTB), and are not infectious to others (unless they occur together with pulmonary TB).
2. What are the signs of active TB disease?
- TB can attack any part of your body, but the lungs are the most common targets. People with active TB disease may have some (or all) of the following symptoms:
    - o A cough, usually chronic, often with sputum (N.B. use local word for sputum)
    - o Tiredness
    - o Night sweats
    - o Weight loss
    - o Loss of appetite
    - o Fever
    - o Chest pain
    - o Sometimes people can have blood in their sputum.
  - In cases of extrapulmonary TB, other symptoms can exist, that are specific to the part of the body where the TB germ is growing and causing destruction.
  - Note that DR-TB causes the same symptoms as drug-sensitive TB, i.e. it is not possible to diagnose DR-TB based on symptoms alone.
  - Some of the symptoms of TB can be similar to symptoms of HIV. If a person has both HIV and active TB disease, these symptoms may be more severe.
3. How is TB transmitted?
- TB is an airborne disease. This goes for drug-resistant, as well as drug-sensitive, TB.
  - People that have active TB disease in their lungs spread it in the air when they are coughing, sneezing, spitting, etc. Other people can then breathe in the TB germ and in turn may get sick sooner or later.
  - TB is not spread through shaking hands, sharing dishes, or using the same utensils, bedding or clothing.
4. How to prevent the spread of TB?
- One can become infected with TB through the air, by breathing in the TB germs produced by a TB patient that is coughing, sneezing or spitting.
  - Please cover your mouth whenever you cough or sneeze, so that you do not spread TB or other diseases to other people.
  - Never spit inside any building. Do not spit on the floor. If you need to spit, cover your mouth when you are coughing, spit into a can, a paper, or a cup, and put it into the trash can or toilet.
  - Ventilate your house by keeping doors and windows open, to let in fresh air and sunlight. Also open the windows when you are using public transport.
  - Sleep in a well-ventilated place, preferably not sharing a room with other family members while you are still coughing.
  - If any of your household members have symptoms of TB (cough, fever, weight loss or night sweats), is HIV positive, or is a child younger than 5, you should bring them to the health centre or hospital for a check-up. To help prevent development of active TB disease in certain family members, especially children <5 years of age, the clinician may propose to give one anti-TB drug for 6 months or more. This is called Isoniazid preventive therapy (also known as IPT).
  - For hospitalized patients:
    - o In the hospital, TB patients are sometimes separated according to the type and risk of spreading TB. Thus, it is important to stay in the area that the staff tell you, for your own safety and the safety of other patients.
    - o **In settings where there is much DR-TB:** "All patients with infectious TB should request that their visitors wear respirator masks (i.e. special masks called 'N95') during their stay in the hospital".
    - o **In all settings:** "It is recommended that patients meet their visitors outdoors in the yard or the garden. If this is not possible, request that visitors wear a respirator mask (i.e. a special mask). In



addition, TB patients are often asked to wear surgical masks, in order to trap some of the TB germs that they are coughing out. Avoid children visiting.”

5. What is the relationship between HIV and TB?

- TB is the most common serious opportunistic infection among people living with HIV/AIDS (PLHIV).
- HIV attacks the “soldiers” (CD4 cells) of the immune system that protect the body from infection. As the immune system of PLHIV is weak, TB infection much more easily develops into active TB disease in the body and the person gets sick.
- Since TB is common in PLHIV, it is important to do an HIV test in all those having either drug-sensitive or drug-resistant TB (propose an HIV test if status still unknown).
- TB can be treated and cured (unlike HIV, which can be treated but not cured).

6. What is the difference between drug-sensitive and drug-resistant TB<sup>6</sup>?

- Drug-resistant TB (DR-TB) refers to strains of TB that are resistant to some of the TB drugs that are used as ‘first line treatment’ (i.e. rifampicin and isoniazid).
- There are a number of ways that a person can develop DR-TB:
  - You could have inhaled a drug-resistant TB germ from another DR-TB patient.
  - Or the DR-TB germ could have developed inside your body if you were previously taking TB drugs and did not take your TB treatment regularly or did not get an appropriate treatment.
- In the absence of enough TB drugs in a person’s body during treatment, the TB germs slowly change and become ‘stronger’ and more dangerous. After a while, some of the TB drugs have no effect anymore on the changed TB germ, that now is called resistant or DR-TB.

7. What are the treatments for drug-sensitive and drug-resistant TB?

<b>Drug-sensitive TB treatment</b>	<b>Drug-resistant TB (DR-TB) treatment</b>
<ul style="list-style-type: none"> <li>- There are a number of medicines that can fight against TB. The fight is not easy: each medicine is not strong enough on its own, so we need a combination of at least 4 medicines to fight the TB. They are often put together in one tablet (a fixed dose combination or FDC).</li> <li>- Some TB hides deep in the lung tissue and since TB grows slowly, it takes time for the medicines to do the job. The treatment takes at least 6 months to kill all the TB germs.</li> <li>- The recommended TB protocol for most patients is known as Category I and consists of the following:               <ul style="list-style-type: none"> <li>o Intensive phase of treatment: 4 oral TB medicines are taken for 2 months. They are often combined in one FDC pill, but you need to take several of these FDC pills each day (the exact number depends on your weight).</li> <li>o Continuation phase of treatment: 2 TB medicines are continued for an additional 4 months.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>- The drugs used to treat drug-sensitive TB are not sufficient to cure most forms of DR-TB.</li> <li>- DR-TB treatment is more difficult to take, in part because side effects are more common.</li> <li>- The duration of DR TB treatment is longer: a typical regimen takes up to 2 years to complete:               <ul style="list-style-type: none"> <li>o The intensive phase lasts approximately 8 months, during which time injections are given daily. These injections can be quite painful. At the same time, 4-5 different oral medications are taken daily.</li> <li>o After the first 8 months, as long as the sputum results have ‘converted’ from positive to negative, a person enters into the continuation phase. A person will need to take the 4-5 different oral medications for the next ~12 months (and sometimes longer).</li> </ul> </li> <li>- Unfortunately, fixed dose combinations do not exist for DR-TB treatment. Since each oral medication consists of several pills (depending on a person’s weight), a person will be expected to take</li> </ul>

<sup>6</sup> only to be explained to patients with drug-resistant TB)

<sup>7</sup> In settings where the new TB test ‘GeneXpert’ is available, the use of Category II TB treatment regimens will decrease. This is because GeneXpert can immediately tell if the active TB disease is due to a drug-sensitive vs. drug-resistant strain (unlike other tests, that can take several months to diagnose DR-TB). Thus, GeneXpert can help to quickly determine if a person should be prescribed either a Category I regimen or a DR-TB regimen.

<ul style="list-style-type: none"> <li>○ During the entire 6 months, TB medicines need to be taken every single day.</li> <li>- For TB retreatment patients, a regimen is often prescribed that is longer in duration, and includes additional medication. This is referred to as a Category II treatment regimen<sup>7</sup>: <ul style="list-style-type: none"> <li>○ Intensive phase of treatment: an injectable medication (called Streptomycin) is given daily, together with the 4 oral medicines described above, all for 2 months.</li> <li>○ The injectable is then stopped, and only the 4 oral medicines are given during the 3<sup>rd</sup> month.</li> <li>○ This is followed by a continuation phase during which 3 of the oral medicines are given for a further 5 months.</li> <li>○ Your treatment will require a minimum total duration of 8 months.</li> </ul> </li> <li>- One of the medicines (Rifampicin) needs to be taken on an empty stomach, since its absorption is reduced by food. An empty stomach means that medicines should be taken at least 30 minutes before a meal or 2 hours after. Water is allowed.</li> <li>- If you are HIV-positive and on ART, you should continue to take your ART during TB treatment. It's possible that your HIV treatment will be slightly changed while you take your TB treatment, to make sure both treatments work well together. ARVs and TB drugs can be taken at the same time. If there is too much nausea however, then the doses will have to be separated.</li> <li>- If you are HIV-positive and not on ART yet, you will start ART within 2 to 8 weeks after initiation of TB treatment.</li> </ul>	<ul style="list-style-type: none"> <li>&gt;10 pills each day.</li> <li>- Most but not all DR-TB drugs can be taken with food.<sup>8</sup></li> <li>- Some patients might have to be hospitalized at the time of treatment initiation because they are too ill to come to the clinic each day. Hospitalization may also be necessary part way through the treatment if the person later develops a serious side effect. The length of stay in hospital will depend on a number of factors, and be determined by the teams of HCWs.</li> <li>- If you are HIV positive and on ART, you should continue to take your ART during your DR-TB treatment. It's possible that your HIV treatment will be slightly changed during the initiation phase of your DR-TB treatment, to make sure both treatments work well together.</li> <li>- If you are HIV positive and not on ART yet, you will start ART within a few weeks after initiation of DR-TB treatment.</li> </ul>
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8. Why is it important to adhere to your TB treatment?

<b>Drug-sensitive TB Treatment</b>	<b>Drug-resistant TB Treatment</b>
<ul style="list-style-type: none"> <li>- If you take all your medicines, every day, for a minimum of 6 months, there is a very good chance that the TB will be cured completely. BUT, YOU MUST TAKE ALL YOUR MEDICINE FOR THE FULL TREATMENT COURSE so that all of the TB germs are killed.</li> <li>- If you stop to take the medicines before the end of the treatment course, because you feel better and you think you are cured, or if you interrupt your treatment:</li> </ul>	<ul style="list-style-type: none"> <li>- All pills and injections need to be taken, as they work together to kill the DR-TB germs. You must not miss any drugs or injections, and must take them every day at the right time. Otherwise the DR-TB germs will not get killed.</li> <li>- If the DR-TB treatment is taken irregularly, additional resistance may develop. For example, multidrug-resistant TB (MDR-TB) may become extensively drug-resistant TB (XDR-TB).</li> <li>- Since there are a limited number of drugs to treat</li> </ul>

<sup>8</sup> Also, some 2<sup>nd</sup> line TB drugs should not be taken with certain types of food (e.g. fatty meals) or caffeinated beverages. See 'medication fact sheets' for further details.

<ul style="list-style-type: none"> <li>○ The TB will start to multiply again and you will get sick again. It can then be much more difficult to treat your TB the next time (since a drug-resistant strain of TB might have formed).</li> <li>○ You might become infectious (again), and spread the TB to others.</li> <li>- If you have trouble to adhere to your treatment, you can talk to us about it, so we can look for a solution together.</li> </ul>	<p>DR-TB, the number of effective drugs decreases as the amount of resistance increases. If your DR-TB treatment fails, there is a chance that cure may no longer be possible.</p>
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9. What are the possible side effects of TB treatment?

<p><b>Drug-sensitive TB treatment</b></p> <ul style="list-style-type: none"> <li>- Some people suffer from side effects of TB treatment, especially at the beginning of the treatment.</li> <li>- Side effects commonly experienced but without serious consequences include fatigue and nausea. These usually improve with time. If they do not improve with time, then you will need to see the clinician before your next scheduled appointment.</li> <li>- Rifampicin causes red discoloration of urine, stool and tears, but this is temporary and not serious, so should not worry you.</li> <li>- Other side effects can be serious: <ul style="list-style-type: none"> <li>○ Yellow skin and/or eyes ('jaundice')</li> <li>○ Severe abdominal pain</li> <li>○ Skin rash all over the body, especially if itchy or blisters</li> <li>○ Visual or hearing changes</li> <li>○ Aches or tingling in your feet or hands</li> </ul> </li> <li>- If you have any of these serious side effects, you should not abandon treatment, but come straight away to see your doctor or nurse, or communicate with your treatment supporter.</li> <li>- It is better not to use any alcohol in the period that you are taking TB drugs. This combination will have a bad effect on your liver and your nerves.</li> <li>- Some people are extra sensitive to sunshine when using TB drugs. Therefore it is discouraged from staying in the sun for too long.</li> </ul>	<p><b>Drug-resistant TB treatment</b></p> <ul style="list-style-type: none"> <li>- There is an increased risk of suffering from side effects from the drugs used to treat DR-TB.</li> <li>- Side effects commonly experienced, but without serious consequences, include fatigue and nausea. These usually improve with time. If they do not improve with time, then you will need to see the clinician before your next scheduled appointment.</li> <li>- Other side effects to watch for include: <ul style="list-style-type: none"> <li>- tingling or numbness in your feet or hands</li> <li>- aching joints</li> <li>- dizziness</li> <li>- persistent diarrhea</li> <li>- psychiatric problems characterized by sleeping problems, difficulties to think, anxiety, loss/increase of appetite, loss of interest in daily activities,...</li> </ul> </li> <li>- The following symptoms may represent serious side effects: <ul style="list-style-type: none"> <li>- yellow skin or yellow eyes</li> <li>- severe abdominal pain</li> <li>- blurred or changed vision</li> <li>- ringing in the ears; hearing loss</li> <li>- skin rash all over the body</li> <li>- confusion</li> <li>- progressive fatigue and/or weakness</li> <li>- fever for more than 3 days</li> </ul> </li> <li>- If you have any of these serious side effects, you should not abandon treatment, but come straight away to see your doctor or nurse or communicate with your treatment supporter.</li> </ul>
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10. How often do you need to come to the clinic?

<b>Drug-sensitive TB</b>	<b>Drug-resistant TB</b>
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<ul style="list-style-type: none"> <li>- You will come for assessment by a clinician several times during first month, less frequently in the second month and then usually monthly to the clinic for a medical exam during the remainder of TB treatment. On a monthly basis you will see the counselor.</li> <li>- The HCW will regularly assess your response to treatment. This includes a medical exam and checking your sputum to ensure that there is no longer any TB in it.</li> </ul>	<ul style="list-style-type: none"> <li>- Because of the need for an injectable medication, you will see a treatment supporter (or other person) daily for the first ~8 months.</li> <li>- In addition, you must come for a monthly assessment to the clinic to get a medical exam, a blood test and sputum collection. <ul style="list-style-type: none"> <li>o Tests on your sputum will tell us if your treatment is working.</li> <li>o Blood tests are done in order to detect any possible side effects early.</li> </ul> </li> </ul>
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#### D. Making an adherence plan

Explain how you will make a plan together of how patient will manage to take treatment every day.

Explain adherence goal	Identify barriers	Make a plan
Getting ready to start treatment		
« To ensure yourself a healthy life, you should start your treatment as soon as you are ready. »	“What are some of your concerns regarding starting your TB treatment ? «	« Can you tell me 3 main reasons for you to remain healthy and alive » « What are your goals and dreams you still want to achieve ? » « Who are the important people in your life you want to live for ? » Clarify concerns and continue with actual adherence plan
Your support system		
“It can be a big help to have told someone about your TB status. This person could help remind you to take your drugs, be a listening ear, accompany you to the hospital, learn how to protect themselves, etc.”	« Could you tell about your TB status to any family, friend, co-worker?” “What are the reasons you feel unable to talk about it to some people?”	“Who could help remind you to take your medication?” “Do you have a person close to you that can support you in your treatment?” “Would you agree to have a Community Health Worker (CHW) visiting you at home to support you?”
Getting to the clinic		
“For the length of your TB treatment, you will need to come every month for your medical check-up, and - if on self-administered therapy (SAT) for drug-sensitive TB treatment - to get your next months supply of drugs.”	“What might cause you to miss monthly appointments?”	“How will you get to your medical appointments?” “What would you do if something prevents you from coming to your appointment (e.g. no money for taxi, raining when you usually walk, sick child, being too sick yourself)?” “Which solutions can you identify if one of these situations happens?” “When is best to schedule your clinic appointments and how can you make sure you remember?”
<b>Drug-Sensitive TB patients</b>		
Your medication schedule	“Can you tell me how a regular day looks	Explain how the drugs should be taken and

<p>“As you already know, TB treatment needs to be taken everyday on an empty stomach.”</p>	<p>like for you (wake up time, work time, meals and bed time)?”</p> <p>“How does that day look different for weekdays vs. weekends?”</p> <p>“What moments of the day/days of the week might be difficult to take your medication?”</p>	<p>invite the patient to repeat it for you.</p> <p>“According to your schedule, what would be the best time for you to take your TB treatment?”</p> <p>If there is a possibility for the patient to have a pill box, teach them how to use it for all drugs they are taking.</p> <p>If there is no pill box, assess the patient’s understanding of the pills, checking when they would take which pill from which container.</p>
<p><b>Managing missed doses</b></p>		
<p>“As TB treatment has to be taken everyday, it is necessary you know what to do in case if you miss a dose.”</p>	<p>“In which situation could you forget (or be unable) to take your medication?”</p> <p>“What will you do if you forget to take your treatment or if you are late for a dose?”</p>	<p>“Take your medication immediately when you remember, no matter how much time has passed. Then continue on the same medical schedule.”</p> <p>“Remember to inform your doctor or nurse of any missed doses.”</p>
<p><b>Reminder strategies</b></p>		
<p>“Having reminders can help you to focus on the reasons to stay healthy and to remember when to take your TB treatment”</p>	<p>“What difficulties have you previously faced with remembering to take medication (like antibiotics or other)?”</p> <p>“How have you previously reminded yourself to take these medications?”</p>	<p>“What other things could you use to remind you to take your medications (set cell phone alarm, get family members to remind you)?”</p>
<p><b>Storing medication at home and keeping extra doses</b></p>		
<p>“It is important to identify a convenient place to store your drugs and to carry some with you in case you can’t access your treatment on time”</p>	<p>“Do you worry about people seeing your medication?”</p> <p>“Where could you keep your medication at home?”</p> <p>“What type of situation could happen where you would not have access to your medication?”</p>	<p>“Which safe and convenient place can you identify to store your drugs at home or at a place where you usually take your drugs?”</p> <p>“Where could you carry extra doses of drugs in case you do not make it home on time for your scheduled dose (in pocket of jacket or bag that you usually take at work or when you go out)?”</p> <p>“What could you keep them in (e.g. envelope, little plastic bag or container, …)?”</p>
<p><b>Drug-Resistant TB Patients</b></p>		
<p><b>Planning for DOT</b></p>		
<p>“DR-TB drugs are not easy to take, as there are a large number of pills to take and a lot of possible side effects that can appear. Moreover the treatment takes a long time. For those reasons and to support the patient, daily support is given (and drug intake ensured) through what we call DOT or directly observed therapy.”</p>	<p>“ How far do you live away from nearest health facility?”</p> <p>“Is it possible for you to come to the health centre daily?”</p> <p>“Would you allow a community health worker to visit you daily to administer the drugs?”</p>	<p>Identify a plan according to patients’ situation and project’s strategy:</p> <p>Option 1A --- A stable DR-TB patient travels daily to a nearby health facility to receive DOT.</p> <p>Option 1B --- A stable DR-TB patient living far away is accommodated close to the health facility to receive DOT.</p> <p>Option 2 --- A HCW (preferably community-based) visits the stable DR-TB patient daily in her/his home to provide DOT.</p> <p>Option 3 --- A clinically unstable patient is admitted to a health facility to receive 24-hour nursing care and DOT.</p>

**Conclusion**

- Health care workers are here to help you! We are ready to answer your questions and receive suggestions and complaints. We can also give you and your family members information about the disease, its treatment, its spread and prevention.
- Check for further questions.

## 5.2. 2<sup>ND</sup> TB SESSION AT TREATMENT INITIATION

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**TARGET GROUP** Patients diagnosed with active TB disease, including DR-TB, at initiation or 1<sup>st</sup> week after start of treatment.

**OBJECTIVES**

- Assess knowledge retention and understanding
- Assess/prepare any difficulties taking medicine since the last appointment
- For DR-TB: perform a mental health assessment

**DURATION** 30 minutes

**MODE**

- Individual
- Always in a well-ventilated area
- Invite a relative into session if patient agrees

**TOOLS**  
TB flipchart  
Mental Health Assessment form

### TOPICS

#### A. Introduction

- You've been given information about TB and its treatment. Today we will discuss it again as to see which points have been well understood and which ones need more clarification.
- We will have a look as well at your adherence plan and see where we need to adapt.

#### B. Emotional support regarding starting TB treatment

- How are you feeling these days with your treatment?
- What is the most difficult for you these days?

#### C. TB Education

- Review general knowledge on TB and its treatment (See session 5.1 for key messages)

QUESTIONS TO CHECK	EXPECTED ANSWERS
1) <i>How is TB transmitted?</i>	TB is an airborne disease. One can become infected with TB by breathing in TB germs produced by another person with active TB who is coughing, sneezing and spitting.
2) <i>How do you know if you have an infectious case of TB?</i>	Because the TB germ is found in the sputum.
3) <i>How is TB treated?</i>	TB treatment - Category I option (Patients never treated with TB medicines before, and not diagnosed with DR-TB) <ul style="list-style-type: none"> <li>- Duration: 6 months treatment minimum</li> <li>- First 2 months: 4 different medicines combined in one tablet (if FDC available), several of which are taken daily (according to weight)</li> <li>- Last 4 months: 2 different drugs combined in one tablet daily (if FDC available), several of which are taken daily</li> </ul>

	<p>TB treatment – Category II option (Patients already treated with TB medicines in the past, and not diagnosed with DR-TB)<sup>9</sup></p> <ul style="list-style-type: none"> <li>- Duration: 8 months treatment minimum</li> <li>- First 2 months: Streptomycin injections daily + 4 different medicines combined in one tablet (several of which are taken daily)</li> <li>- 3<sup>rd</sup> month: 4 different medicines combined in one tablet (several of which are taken daily)</li> <li>- Last 5 months: 3 different medicines combined in 1 tablet (if FDC available), several of which are taken daily</li> </ul> <p>DR-TB treatment:</p> <ul style="list-style-type: none"> <li>- Duration: up to 2 years, with an intensive and a continuation phase</li> <li>- For the first ~8 months of intensive phase, one injection daily, plus 4-5 oral medicines daily, several of each (depending on weight) = &gt;10 pills to take every day.</li> <li>- For the next ~12 months of continuation phase, the 4-5 oral medicines mentioned above need to be taken daily = &gt; 10 pills to take every day.</li> </ul> <p>Number of actual pills will depend on the weight of the patient</p>
4) <i>What are the risks of interruptions or of stopping your TB treatment before it's finished?</i>	<ul style="list-style-type: none"> <li>- The TB germ will start to grow again and the patient will get sick again. It can be much more difficult to treat him/her the next time.</li> <li>- There is an increased chance that the TB will be spread to others.</li> </ul>
5) <i>What are the most serious possible side effects of your TB treatment?</i>	<p>Side effects you must absolutely tell your HCW about:</p> <ul style="list-style-type: none"> <li>- Yellow skin or eyes</li> <li>- Severe abdominal pain</li> <li>- Skin rash all over the body, especially if itchy or blisters</li> <li>- Visual (seeing) or hearing changes</li> <li>- Aches or tingling in your feet or hands</li> </ul>
6) <i>How to prevent transmission of TB to other household members?</i>	<ul style="list-style-type: none"> <li>- Take all of your medication faithfully</li> <li>- Cover your mouth with handkerchief or forearm when you cough or sneeze</li> <li>- Ventilate your house by keeping doors and windows open</li> <li>- Sleep in a well ventilated places, preferably a different room than other household members</li> <li>- Go outside as often as possible</li> </ul>

What monitoring tests will be done in the future, and why?

- Following initiation of TB treatment, it is important to **monitor** for 3 things:
  1. Response to TB therapy
  2. Early detection of any side effects from the TB medication
  3. Early detection of any new drug-resistant TB strains
- For drug-sensitive TB:
  - o You will be asked to come for clinical check-ups and sputum samples in order for us to monitor your health
  - o Coming for your clinical appointments is most important. The doctor/nurse will examine you and prescribe further tests if needed.<sup>10</sup>
  - o Give sputum specimens in order to check if you are responding to your treatment:
    - o We will see if TB is still visible in the sputum; if so, it means you are most infectious.

<sup>9</sup> Note that Category II treatment will be prescribed less commonly in settings where a test to rapidly assess for DR-TB (e.g. GeneXpert) is available.

<sup>10</sup> In a patient who started ART within the past 3 months, it is possible that clinical worsening is due to 'immune reconstitution inflammatory syndrome' (IRIS). Such paradoxical worsening' is in essence a good sign as it represents a strengthening immune system (as a result of ART) that is beginning to fight against TB.

- We will take a sputum specimen at the end of the intensive phase, part way through the continuation phase and at the end of treatment you will need to produce sputum
  - We will check for smear conversion, what is when your smear result changes from positive to negative. This smear conversion is good news, as it suggests a positive response to TB therapy. If your sputum does not change from smear-positive to smear-negative towards the end of treatment, then other tests will have to be performed in order to look for DR-TB.
- For drug-resistant TB:
- You will be asked to come for clinical check-ups and other tests in order for us to monitor your health
  - Coming for your *clinical appointments* is most important. The doctor/nurse will examine you and prescribe further tests if needed.
  - You will need to give the nurse one or more *sputum specimens* monthly for several test, around the same time every month:
    - Through “smear microscopy”, we will see if TB is still visible in the sputum; if so, it means you are most infectious. We will check for smear conversion, what is when your smear result changes from positive to negative. This smear conversion is good news, as it suggests a positive response to TB therapy. If your sputum does not change from smear-positive to smear-negative towards the end of treatment, then other tests will have to be performed in order to look for DR-TB.
    - Through “TB culture”, we will see if there are still viable TB germs. We will check for culture conversion<sup>11</sup>. Culture conversion on DR-TB treatment is when your sputum culture is negative 2 months in a row. This is good news, as it suggests a positive response to TB therapy, and you are no longer infectious to others. You still have to take injections for a minimum of 8 months, even if your cultures become negative right away. If your sputum does not change from culture-positive to culture-negative towards the end of the intensive phase, it could mean that the drugs are not working and your disease is not getting better. In that case, other tests will have to be performed in order to look for (additional) DR-TB...
  - A *blood tests* will be repeated regularly<sup>12</sup>. They are done as often as monthly in the intensive phase in order to allow for early detection of any side effects due to the DR-TB medications.
  - *Hearing tests* will be performed monthly while on the injectable TB medication (i.e. in the intensive phase) in order to detect any hearing loss early.

Can you use traditional medication at the same time as TB treatment?

- It is normal to want to use every method possible to ensure that you get well.
- However, prior to taking any traditional medication, you should first discuss this with the nurse/doctor, as there may be interactions that make it dangerous to use them together with the TB medications.
- In addition, they may make the TB treatment not work properly.
- Any traditional medication that causes vomiting and diarrhoea should be avoided.

Can you use alcohol or illicit drugs when you take TB treatment?

- Taking alcohol or illicit drugs can make a person less likely to remember to take their TB (and other) treatment daily.
- It is best to avoid their use altogether during treatment; if this is not possible, then the person should at least cut down on their use.
- If it is too difficult for you to cut down or avoid taking alcohol and illicit drugs now, it is important that you plan ways to ensure that TB (and other) treatments are taken daily. If the person is on DR-TB treatment, this may involve having to get to the clinic each morning (while sober).

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<sup>11</sup> Adapt according to your setting

<sup>12</sup> Adapt according to your setting



- If you use alcohol and drugs on the weekend, it is important to plan how you will remember to take your weekend medication.
- Those with a history of excessive alcohol or illicit drug use will need additional support from HCW's and people close to them (i.e. friend or family member) in order to help them to adhere to their treatments and maintain their overall health. There are support organizations that we can refer you to that can assist and support you in cutting down alcohol and drug use.

#### D. Adherence plan

- "Now you have been on treatment for a week, can you tell me how it has been working out for you?"  
"Let us have a look at your adherence plan and you can tell me how you have managed to implement each plan."  
"What were the difficulties you have faced since you started treatment?"  
"What have you done to overcome them?"
- « There are a few more steps in your adherence plan we still need to discuss. »

Explain adherence goal	Identify barriers	Make a plan
<b>Dealing with substance use</b> "Use of alcohol and illicit drugs might make it difficult to remember to take treatment. If possible it is best to limit your use, but if you are planning to take any alcohol or drugs, it is important to plan ahead so that you don't miss your treatment"	"How often do you use alcohol, drugs (assess if more than 3 times a week, what and how much)..." "Has this had any effect on adhering to your medication in the past 2 weeks?" « What could be your problem for treatment when you took alcohol or drugs? »	"In case you are going to drink alcohol or use drugs, what could you do to make sure you remember to take your treatment? (E.g. Take your Treatment before you go out drinking; if you are already out, ask a friend who is not drinking to make sure you take your treatment, ask your partner or a family member to bring your medication to you and remind you to take them on time.) » « If you feel your alcohol or drugs use is affecting your adherence, would you feel ready to be referred to some professionals that may help you to work on that problem (refer) «
<b>Completing Treatment</b> "It is important to complete your treatment, but of course people make mistakes and you might stop taking treatment for a while. It is then important to discuss with your HCW any interruption in treatment and make a plan to restart your treatment as soon as possible."	"What could stop you from going back to the clinic for treatment or check up after you interrupted your treatment?"	"What could help you to return to the clinic?"

#### E. Mental health assessment for DR-TB patients (as necessary)

- Screen patient for mental health disorders (see annex mental health assessment)
- Refer to psychiatric nurse/psychologist/psychiatrist/trained clinician if needed

#### F. Conclusion

- Check for further questions
- Give date of next appointment

### 5.3. TB FOLLOW-UP SESSION

<b>TARGET GROUP</b>	<p>Patients on TB treatment, on a monthly basis</p> <p>Patients on DR-TB treatment:</p> <ul style="list-style-type: none"> <li>- once a week during first month on treatment</li> <li>- once every two weeks during remainder of intensive phase</li> <li>- monthly during continuation phase</li> </ul> <p>Follow patients with poor adherence, depression or substance abuse weekly until the issue resolves</p>
<b>OBJECTIVES</b>	<ul style="list-style-type: none"> <li>- Assess and encourage adherence</li> <li>- Identify and solve/anticipate adherence problems</li> </ul>
<b>DURATION</b>	15 min or more
<b>MODE</b>	<p>Individual, with family/treatment supporter if available</p> <p>Or in group</p> <p>Always in a well-ventilated area, especially if smear/culture results have not yet converted from positive to negative</p>
<b>TOOLS</b>	<p>Patient's file</p> <p>Drug box</p> <p>TB flipchart</p> <p>Drug samples</p>

#### Topics

##### A. Introduction

- Explain objectives of session

##### B. Assess adherence

Script of questions to assess possible problems with adherence<sup>13</sup>:

The health care provider's objective	Selected possible questions to initiate, manage the discussion
Assess how the patient is taking the medicines (timing, dosage, ...)	Could you tell how you take your medicines?
Explore if the patient has encountered any difficulty to take the medications	<p>Opening questions probing / searching for possible various non-adherence factors:</p> <ol style="list-style-type: none"> <li>1. How do you feel these days?</li> <li>2. What is the most difficult for you these days?</li> <li>3. How are you doing with your treatment?</li> </ol> <p>Probing questions linked specifically to treatment adherence:</p> <ol style="list-style-type: none"> <li>1. Have you had a problem or difficulty to take your treatment regularly recently?</li> <li>2. Some people sometimes have difficulties to take their medication regularly. How many doses did you miss in the last 7 days?</li> <li>3. Do you have any symptoms that are worrying you and you think could be side effects of the drugs?</li> </ol>

<sup>13</sup> Adapted from : Girard, Maisonnave, Assal « difficultés du patient dans le suivi de son traitement », Encycl Med Chir Elsevier, pratique en médecine, 1998 ; C.Tourette-Turgis ;

Describe more precisely the circumstances in which the problem occurs	1. What is this difficulty you have in following your treatment? 2. In which circumstances would this happen to you?
Ensure difficulty specified by the patient is well understood (no communication problem)	"If I understood well..."

**C. Identify strategies according to problems identified and review adherence plan accordingly**

**D. Explanation of changed dose and time management (for patients at end of intensive phase)**

<p><b>Drug-sensitive TB</b></p> <ul style="list-style-type: none"> <li>- You are now finished with the intensive phase of your treatment and will switch to the continuation phase <ul style="list-style-type: none"> <li>o The active TB disease should now be 'under control'</li> <li>o However a fewer number of anti-TB medications are still needed for 4-5 more months in order to CURE you from TB</li> </ul> </li> <li>- This means you will change drugs: <ul style="list-style-type: none"> <li>o Patients who have never been treated with TB medicines before, i.e. being given a Category I regimen, need a total of 6 months of treatment. After 2 months of intensive phase, there remain 4 months with 2 different drugs that might be combined in 1 tablet (the exact number per day depends on the person's weight)</li> <li>o Patients already treated with TB medicines in the past, i.e. being given a Category II regimen, need a total of 8 months of treatment<sup>14</sup>. After 3 months of intensive phase, there remain 5 months with 3 different medicines that might be combined in 1 tablet (the exact number per day depends on the person's weight).</li> </ul> </li> <li>- Much of the TB has been killed by the medicines but not all of it yet. It is very important that you continue to take your medicines regularly so ALL the TB will be killed and you will be cured. If you stop the medicines now, the TB that remains can begin to grow again and you will get sick again and it will be more difficult and take longer to treat.</li> <li>- If you are also taking ART, you should continue to take those drugs in order to control (not cure) the HIV.</li> </ul>	<p><b>Drug-resistant TB</b></p> <ul style="list-style-type: none"> <li>- You are now finished with the intensive phase of your treatment and will switch to the continuation phase since the DR-TB germ should now be under control and fewer medications are necessary.</li> <li>- This means you will no longer get injections, but only need to take pills. The number of pills that you take every day will depend on your weight. The duration of the DR-TB continuation phase will depend on the length of the intensive phase. Your entire treatment duration will be at least 20 months.</li> <li>- If you are also taking ART, you should continue to take drugs for HIV and DR-TB at the same time.</li> </ul>
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<sup>14</sup> In settings where the new TB test called 'GeneXpert' is available, the use of Category 2 TB treatment regimens will decrease. This is because GeneXpert can immediately tell if the active TB disease is due to a drug-sensitive vs. drug-resistant strain (unlike other tests, that can take several months to diagnosed DR-TB). Thus, a person should be prescribed either a Category I regimen or a DR-TB regimen.

#### **E. Mental health assessment for DR-TB patients (as necessary)**

- Screen patient for mental health disorders (see annex mental health assessment)
- Refer to psychiatric nurse/psychologist/psychiatrist/trained clinician if needed

#### **F. Conclusion**

- Check for further questions
- Give date of next appointment

### **5.4. DR-TB HOME VISIT**

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<b>TARGET GROUP</b>	DR-TB patients on treatment and their household contacts
<b>OBJECTIVES</b>	<ul style="list-style-type: none"><li>- Explain general information to household contacts of DR-TB cases, its treatment and infection control</li><li>- Identify and screen household contacts for DR-TB</li><li>- Perform a social assessment</li></ul>
<b>DURATION</b>	30-45 min
<b>MODE</b>	Patient and household contacts, during home visit (or if not possible at the clinic) Always in a well-ventilated area
<b>TOOLS</b>	TB flipchart DR-TB leaflet Leaflet describing the use of masks Home visit form Respirator masks (e.g. N95)
<b>NOTES</b>	Do the home visits in a discrete way, as arriving with the big MSF car at a patient's home can be quite stigmatizing. If it is impossible to perform home visits, the patient should be motivated to come with all household members to the clinic for this session. <sup>15</sup> For hospitalized patients, a second home visit should be done at discharge, whenever the first home visit was more than 3 months earlier. Household members should practice TB infection control measures.

#### **TOPICS**

##### **A. Introduction**

- Introduction of counsellor
- Explain objectives of the session

##### **B. DR-TB education**

- Explain topics on TB education from Session 5.1 to household members

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<sup>15</sup> Household contacts <5 years of age should always come to the clinic for an assessment, as they should be seen by an experienced clinician, and often require a chest x-ray.

### C. Adherence plan

Explain adherence goal	Identify barriers	Make a plan
Protecting your family		
“It is important to not spread the TB germs to your household members.”	“What would make it difficult to protect your family and others? (e.g. where does patient sleep, working conditions,...)»	“What could you do to protect others and your family? »
Receiving Support		
“It is important that you receive support from your family members to remind you to take your drugs, have a listening ear, accompany you to the hospital,	« What could prevent any of your family members to support the patient in its treatment »	« Who could be best person to remind for drugs and clinic visits?

### D. Screening of family members for TB

- List different household members
- Screen all household members for TB symptoms
  - o Adults/adolescents: current cough, fever, weight loss or night sweats
  - o Children: current cough, fever, poor weight gain
- Any child or adult having one or more TB symptoms should be sent to the relevant health facility for evaluation for TB.<sup>16</sup>

### E. Social assessment

- Assess socio-economical situation and refer for food, transport or other support according to needs

### F. Conclusion

## 5.5. TB ADMISSION SESSION (FOR HOSPITALISED PATIENTS)

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**TARGET GROUP** TB confirmed patients on admission to the hospital

**OBJECTIVES** Explain support offered during hospitalization  
 Explain infection control at the hospital  
 Explain other hospital rules  
 Ask consent for hospitalization

**DURATION** 30-45 min

**MODE** Patient and family members  
 Always in a well-ventilated area

**TOOLS** Hospital rules form

### TOPICS

#### A. Introduction

- Introduction of counsellor

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<sup>16</sup> Household contacts <5 years of age should always come to the clinic for an assessment, as they should be seen by an experienced clinician, and often require a chest x-ray.

- Explain objectives of session

**B. What support do we offer during hospitalization?**

- Explain role of different staff:
  - o The health workers will follow up your health condition
  - o Counselors are at the hospital to give you additional support. They can give you extra information on your treatment, help you deal emotionally with your disease and treatment, and can help or refer you for socio-economical problems.
- Explain patient support activities
  - o Different sessions will be done with you during your hospitalization. These can be done individually or with other TB patients.
  - o The goal of these sessions is to learn more about your disease, so you will be better able to deal with it. Support from the counselor or other peers can also be important to help you deal emotionally with the challenges you face. Another goal is to look for solutions for socio-economical problems that might occur.

**C. How is the distribution of drugs for DOT planned?**

- Explain how distribution of drugs is planned in your hospital setting

**D. How do we prevent the spread of TB in the hospital?**

- See topic 4 in session 5.1

**E. What are other hospital rules?**

- Explain different hospital rules specific to your setting

**F. Consent for hospitalization and treatment**

**G. Conclusion**

**5.6. DISCHARGE SESSION (FOR HOSPITALISED PATIENTS)**

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<b>TARGET GROUP</b>	TB patients that will be discharged from hospital
<b>OBJECTIVES</b>	Explain ambulatory care Identify future barriers to adherence Review the hospitalization phase Prepare discharge plan and follow-up
<b>DURATION</b>	30 min
<b>MODE</b>	Individual Always in a well-ventilated area
<b>TOOLS</b>	TB flipchart
<b>NOTES</b>	We suggest to have at least 2 sessions on this topic, or to do one session in the hospital and 1 home visit. It is important to do these sessions early enough, to handle any last minute issues that may arise.
<b>TOPICS</b>	

## A. Introduction

## B. How is ambulatory care organized?

- You will soon be discharged from the hospital. In the future, you will be able to continue your treatment as an outpatient.
- Explain ambulatory care according to your project and decide upon best option for patient.

## C. TB education - Review session 5.1

## D. Give emotional support

- How does the patient feel about continuing treatment at home?
- How will the patient stay motivated to continue treatment when he/she feels better and gets tired of taking medication every day?
- Perform a mental health assessment (as necessary)

## E. Make an adherence plan (see sessions 5.1, 5.2 and 5.3)

## F. Conclusion

### 5.7. VARIOUS TOPICS

ISSUES	MESSAGES
1) Discussing positive/negative smear and culture results	Talk to patient about what positive and negative results means for their treatment. Try to determine if patient feels disappointed or hopeless about this situation.
2) Explain any change to the regimen	Explain reason for change of regimen: <ul style="list-style-type: none"><li>- intensive phase to continuation phase</li><li>- substitution of drugs due to severe side effects</li><li>- increase of dosage due to weight gain</li><li>- interruption of treatment due to serious co-existing morbidity (liver problem, kidney problem, etc)</li></ul> Explain new dose and time management Explain possible side effects
3) DR-TB patient interrupts daily DOT on own accord	Call the patient or make a home visit. If he/she has a situation that will prevent him/her from taking treatment on a regular basis (illness, job, family situation), try to help him/her to think of a solution that will enable him/her to continue receiving DOT.
4) Patient may have medication-induced mental health disorders	Report to doctor for referral to psychologist or psychiatrist Give emotional support
5) Difficulty with PAS or other drugs	<ul style="list-style-type: none"><li>- Assess level of gastro-intestinal intolerance: nausea or vomiting, frequency, timing (before/during/after taking medication), duration, food regimen...</li><li>- Check what has been done to reduce side effects until now (e.g. timing of administration of medication), including the patient's coping strategies</li><li>- Teach relaxation/breathing method</li><li>- Ask other patients to share their experience</li></ul>

	- Refer to doctor
6) Treatment failure	- Explain consequences - Explain support available - Explain importance of TB infection control measures
7) Isoniazid Preventive Therapy (IPT)	<p>Explain key messages:</p> <p><i>What is IPT?</i></p> <ul style="list-style-type: none"> <li>- IPT is a temporary therapy that helps to prevent TB mycobacterium that is lying dormant in the body of people living with HIV/AIDS (PLHIV), or other people at risk (like children under 5,...) from developing into active drug-sensitive TB disease.</li> <li>- 6 months of one anti-TB medication (Isoniazid) can prevent the development of active drug-sensitive TB disease in PLHIV for ~200 days after completion of the treatment.</li> <li>- 36 months of IPT can protect the person for much longer</li> </ul> <p><i>Who should take IPT?</i></p> <ul style="list-style-type: none"> <li>- IPT should be taken by the those most vulnerable to developing active TB: <ul style="list-style-type: none"> <li>o HIV+ adults and children (without TB symptoms), especially those with a positive TB skin test (TST), whether they are on ART yet or not</li> <li>o Child contacts under 5 yrs (without TB symptoms), regardless of HIV status, i.e. living in the same household as a patient with active TB.</li> </ul> </li> <li>- IPT can be taken by pregnant HIV+ patients and by HIV+ patients that have previously been treated for TB</li> </ul> <p><i>How to take IPT?</i></p> <ul style="list-style-type: none"> <li>- Isoniazid should be taken once daily, for at least 6 months.</li> <li>- In some cases, a clinician will prescribe IPT for longer (e.g. 36 months)</li> <li>- You should complete your full treatment for IPT in order for it to be most effective.</li> <li>- IPT is a personalised treatment, adapted to your needs as a patient. Therefore you should not share this treatment with other people.</li> </ul> <p>Note that patients on IPT will require adherence support</p>

## 6. INTEGRATION OF TB COUNSELLING WITH HIV COUNSELLING

TB is the most common, serious opportunistic infection and the main cause of mortality in people living with HIV (PLHIV) in all settings where MSF supports HIV care and treatment.

National programs have traditionally offered HIV and TB activities separately, often to the detriment of those co-infected with both HIV and TB. Instead, integration of HIV and TB activities should be a goal for all MSF-supported programs in settings having a high burden of both infections.

For patient education and counselling activities, this means the following:

- HIV Counselling and Testing (HCT) should be offered to all persons suspected to have TB who have not been tested recently. If the HIV status is still unknown at the time of TB treatment initiation or throughout the treatment, HCT should be offered again.



- For patients that will need to start ART while already on TB drugs:
  - o ART preparation sessions will need to be integrated in TB follow-up sessions
  - o Keep in mind that certain patients (e.g. those with low CD4 counts) will need to be ‘fast-tracked’ to start ART, preferably within 2 weeks after TB treatment initiation.
  - o A possible ‘counselling flow’ could be to integrate ART preparation sessions at W2 and W3 of TB treatment.
- ART and TB follow-up sessions should be done at the same visit, in the same location, by the same counselor.
- For further details on the content of counselling/education sessions for HIV, refer to ‘Patient Education and Counselling Handbook for HIV/TB infected adult patients, MSF, March 2012.’

## 7. TRACING FOR TB PATIENTS

All patients on TB treatment, both drug-sensitive and drug-resistant, not showing up for their clinic visits, should be traced. A system will need to be set up to:

### Ask consent for tracing

At entry into the program, clear consent should be asked to patients to be traced. An exact address or phone number should be asked and updated regularly.

### Identification of patients that missed an appointment or are lost to follow up

The specific timing of when to trace TB patients should be defined, after just one appointment has been missed. A system will need to be put in place through appointment registers to identify these patients on a regular basis and to pass their contact details onto the people who will trace them.

### Tracing patients

Patients can be traced through a phone call, SMS or home visit by the staff of the health facility, a community health worker (CHW) or a peer educator linked to the facility.

The health facility should have standard procedures for sending an SMS, making calls and/or home visits, including what to say, how to log the SMS, call or visit, and what to do if the person cannot be reached.

The health facility should also have a logbook where tracing actions are recorded and outcomes can be monitored.

## 8. INDICATORS TO MEASURE ADHERENCE AND TO MONITOR PATIENT EDUCATION/COUNSELLING ACTIVITIES

These indicators should be monitored to assist with programmatic implementation of activities:

- % of patients coming in for their clinical appointment out of number of patients expected.
  - % of patients who receive ALL the patient education/counselling sessions defined by the program.
- Goal: > 90% in both the intensive and continuation phases.

If enough Human Resources or if done punctually:

- % of patients who have received one patient education/counselling session at sputum collection.
- % of patients who receive 2 patient education/counselling sessions around the time of initiation.
- % of patients who receive patient education/counselling session at each follow-up visit during intensive and continuation phases.

## 9. ANNEXE

### Mental Health Assessment Checklist

- Appearance and behaviour
  - Physical appearance
  - Grooming
  - Attitude/Reaction to examiner
  - Motor/Psychomotor activity
- Speech
  - Speed and Volume
  - Coherence and content of talk
- Thought patterns
  - Form of thought (e.g. continuity of ideas)
  - Content of thought (e.g. morbid thoughts, abnormal beliefs)
- Perception
  - Illusions
  - Hallucinations
  - Derealisation
  - Depersonalisation
- Mood and Affect
  - Mood (e.g. depressed, euphoric, suspicious)
  - Affect (e.g. restricted, flattened, inappropriate)
- Level of consciousness
  - Impairment of consciousness
  - Orientation to time, place and person
- Intellectual function
  - Attention and concentration
  - Memory (short- and long- term)
  - Intelligence
  - Abstraction
- General daily functioning:
  - Current symptoms/difficulties
  - Environmental stressors
  - Socialization and interpersonal relationships
  - Strengths and weaknesses

NB: simple screening tool can be added to the clinical assessment (e.g Self Report Questionnaire/SRQ 20 [http://whqlibdoc.who.int/hq/1994/WHO\\_MNH\\_PSF\\_94.8.pdf](http://whqlibdoc.who.int/hq/1994/WHO_MNH_PSF_94.8.pdf) (p.13))

### OVERVIEW OF COMMONLY MET PSYCHIATRIC DISORDERS:

#### Psychosis

- Hallucinations
- Delusions (firmly held beliefs not shared by others in patient's social, cultural or ethnic group)
- Disorganised or strange speech
- Agitation or odd behaviour
- Extreme and very changeable emotions

#### Depression

- ◆ A person is considered clinically depressed if s/he has suffered at least 1 of the following for the past two weeks:
  - Depressed mood most of the day (self-reported or observed by others)
  - Markedly diminished interest or pleasure in all or almost all activities during the day.

◆...and if s/he has exhibited at least four of the following symptoms over the past two weeks:

- Significant weight loss (this must be compared to others in the same situation)
- Insomnia or hypersomnia
- Psychomotor agitation or retardation observable by others (not only a subjective feeling of restlessness or slow down)
- Fatigue or loss of energy nearly every day
- Feelings of worthlessness or excessive or inappropriate guilt nearly every day
- Diminished inability to think or concentrate, or indecisiveness
- Recurrent thoughts of death, recurrent suicidal ideas without a specific plan or suicide attempts

NB: tool such PHQ9 allows to diagnose depression and to evaluate the severity/need of medication (cf. "CD psy kit")

#### **Generalized Anxiety disorder**

◆ A person can be identified as having anxiety disorder if s/he has been worrying for a period of six months and exhibits at least three of the following symptoms:

- Restlessness or feeling keyed up
- Easily fatigued
- Difficulty concentrating or mind goes blank
- Irritability
- Muscle tension
- Sleep disturbance (difficulty staying, or falling asleep)
- Clinically significant distress or impairment in social, occupational or other important areas of functioning