REPUBLIC OF KENYA

MINISTRY OF HEALTH

Tuberculosis Preventive Therapy (TPT)/ Contact Management Register

Facility Name : _____

Department : _____

Ministry of Health

National Tuberculosis, Leprosy and Lung Disease Program

September 2020

MOH/REG/DNTLDP/05

	Date	A	Enter the date when the client was seen at the facility
	Serial No.	B	This is a sequential counter from 1 to n where n is the last client in that year. This number should be reset to 1 for each year.
This information will only be filled for contacts of TB index cases. Where not applicable indicate N/A	**TB notification/ registration No.(Put the complete No.)**	C	This a unique number from the TB/DRTB facility registers that is issued by the SCTLC when notifying the index case
	Name of Index case (3 names)	D	Enter the index case full name in the order: first name, middle and last
	Is Index case DS TB or DR TB	E	Indicate if index case has Drug Susceptible TB (DSTB) or Drug Resistant TB (DRTB)
	Name of Client (3 names)	F	Enter the client's full name in the order: first name, middle and last
	Age (Yrs/M)	G	Enter client's age in years/months
	Sex (M/F)	H	Enter the sex of the client as either M for Male or F for Female
	Type of contact (Household/ others)	I	Where the client is a contact of the index case; indicate those staying in the same house as "household" and the rest of the contacts (workmates, friends etc) as "others"
	Is this contact invitation (CI) or contact tracing (CT)	J	Indicate contact invitation when the index case brings the contact to the health facility or contact tracing when the CHW/CHVs traces the contact at the community
	Client's Tel No.	K	Capture the client's cell phone number, where unavailable indicate that of the treatment supporter
	Weight (kg)	L	Indicate the weight of the client at the initiation of treatment, expressed in kilograms
	Height/ length in cm	M	Record the length in centimetres for children upto 2 years and height in centimetres for clients above 2 years
	Z score/BMI for age/BMI	N	Indicate Z-score for children aged 0-59 months and is a 50th percentile with a reference chart. For clients 5-18 years, indicate BMI for age using a reference chart that uses weight, height and age. Above 18 years indicate BMI.
	HIV status	O	For those tested indicate the test results (P=Positive, N=Negative) For those who weren't tested, enter ND=Not Done, and for those who refused, enter D=Declined
	CTX/ Dapsone (YES/NO/ NA)	P	For HIV positive clients, indicate Yes if the client has been initiated on either Cotrimoxazole(CTX) or Dapsone, enter No if not initiated and NA for the HIV Negative. In the lower cell, indicate the date the client was started on Cotrimoxazole(CTX) or Dapsone
	ART (YES/ NO/ NA)	Q	For HIV positive clients, indicate Yes if the client has been initiated on ART, enter No if not initiated and NA for the HIV Negative. In the lower cell, indicate the ART regimen
	TB Symptom screening (Use Key 1, indicate all that apply and date done)	R	Using Key 1 indicate in corresponding numbers, the symptoms present during screening for example 1 to represent cough, 3 to represent fever etc. Indicate all symptoms that apply. Indicate date screening was done in the lower row. 1. Cough 2.Chest pain or breathlessness/Difficulty in breathing 3.Fever 4.Weight loss/Failure to thrive /Poor weight gain 5. Night sweats 6.Fatigue/reduced playfulness 0. No symptoms
	TB Symptom Screening Outcome:	S	Where symptoms are present, indicate Symptomatic(S) or Asymptomatic (AS) if the client has no symptoms
	GeneXpert (MTB+RR, MTB+RS, MTB-ND)	T	Indicate the results of GeneXpert and date done; if the test is not done, enter ND
	Microscopy (POS/ NEG/ND)	U	Indicate the results of microscopy and date done; if the test is not done, enter ND
	Mantoux test (TST) results (POS/NEG/ ND)	V	Indicate the results of mantoux and date done; if the test is not done, enter ND
	IGRA (POS/NEG/ND)	W	Indicate the results of IGRA and date done; if the test is not done, enter ND
	Chest X-ray results; Normal (N) Suggestive(SG) Abnormal Other (AO) Not Done (ND)	X	Indicate the chest X-ray results and date done; if not done, enter ND

	Outcome of evaluation (DSTB, DRTB, Latent TB, No TB)	Y	Indicate the outcome of evaluation and classify the client appropriately. If No TB, manage symptoms and review for TPT once symptoms resolve
	For DSTB/ DRTB: Indicate date of treatment initiation	Z	For clients confirmed with TB, indicate date treatment initiated
This information will only be filled for clients with the outcome of Latent TB	**TPT indication** **1.PLHIV** **2.Contact** **3.HCW** **4.Prison setting** **5. Other clinical risk groups**	AA	Indicate the target group for TPT initiation accordingly
	TPT initiation (YES/NO). **If no indicate reason(Use key 2)**	AB	Indicate TPT initiation status, if not initiated, indicate reason in the lower row
	TPT Regimen (3RH/3HP/6H) and initiation date	AC	Indicate the TPT Regimen the client is on and the date when initiated on TPT 1.3HP 2.3RH 3.6H 4.Other
	TPT Sub County Registration /CCC No and date	AD	Record the TPTsub county registration number and date when the client was notified by the SCTLC. For PLHIV, indicate CCC Number
	TPT (indicate date when patient collected medicine)	AE	Indicate the date when the client came to the facility to collect drug refill
	TPT treatment outcome (see key 3) and date	AF	Indicate the outcome and date of TPT treatment as per key 3: TC: Treatment Complete, TNC: Discontinued, LTF: Lost to Follow Up, D: Died TO: Transferred Out
	Reason for discontinuation of TPT (see key 4)	AG	If the client discontinues treatment enter the reason using the codes below PA: Poor adherence ADR: Adverse Drug reaction ATB: Active TB disease OTR: Other Reasons
	Month 6 Follow up TB status and date	AH	Record the TB status 6 months from the time the client completed treatment using the codes: 0: No TB 1: TB Case Note: If TB case indicate date of diagnosis
	Month 12 follow up TB status and date	AI	Record the TB status 12 months from the time the client completed treatment using the codes: 0: No TB 1: TB Case Note: If TB case indicate date of diagnosis
	Remarks	AJ	Any other comments that will be beneficial to the client and service

Date (A)	Serial No (B)	Index Case TB notification/ registration No.(Put the complete No) - C)	Name of Index case (3 names) (D)	Is Index case DS TB or DR TB (E)	Name of Client (3 names) (F)	Age (Yrs/M) (G)	Sex (M/F) (H)	Type of contact (Household/ others) (I)	Is this contact invitation (CI) or contact tracing (CT)(J)	Client's : Tel No. (K) / Physical address (K)	Weight (kg) (L)	Height/ length in cm (M)	Z score (N) / BMI for age / BMI (N)	HIV status (O) (Pos, Neg, ND, Declined) (O)	CTX/ Dapsone (YES/ NO/ NA) - (P)	ART (YES/ NO/ NA) - (Q) Date started / Indicate regimen	Symptom screening (Use key 1 below and indicate all that apply and date done) - R)

Number of contact screened for TB symptoms

	Age Group	Male	Female	Total
Number of contact screened for TB symptoms	<5			
	5-14			
	15+			

		Male	Female	Total
Number of contacts on TPT dissagregated by age and sex	<5			
	>5			

Number of contacts tested for HIV by HIV result and sex

		Age Group	Male	Female	Total
Number of contacts tested for HIV by HIV result and sex	Positive	<5			
		'5-14			
		15+			
	Negative	<5			
		5-14			
		15+			
	Not done	< 5			
		5 - 14			
		5 - 14			
		15+			

		Sub Total	Total
Symptomatic	<5		
	5-14		
	15+		
Asymptomatic	<5		
	5-14		
	15+		
	Sub Total		Total

Number of contacts evaluation (symptomatic only) by type of TB

			Sub Total	Total
Number of contacts evaluation (symptomatic only) by type of TB	DS TB	<5		
		5-14		
		15+		
	No TB	<5		
		5-14		
		15+		
		Sub Total		Total

	Evaluation for TB											TPT (indicate date when patient collected medicine) - (AE)								Follow-up after TPT completion		
TB Symptom Screening Outcome: (S) Symptomatic(S) or Asymptomatic (AS)	GENEXPERT (MTB+RR, MTB+RS, MTB-ND) - (T)	Microscopy (POS/ NEG/ ND) - (U)	Mantoux test (TST) results (POS/ NEG/ ND) - (V)	IGRA (POS/ NEG/ND) - (W)	Chest X-ray results Normal (N) Suggestive(SG) (X) Abnormal Other (AO) Not Done (ND)	Outcome of evaluation (DSTB, DRTB, Latent TB, No TB) If No TB, manage symptoms and consider TPT (Y)	For DSTB/ DRTB: Indicate date of treatment initiation (Z)	TPT indication 1.PLHIV 2.Contact 3.HCW 4.Prison setting 5. Other clincal risk groups (AA)	TPT initiation (YES/ NO) . If no indicate reason(Use key 2 below) - (AB)	TPT Regimen (3RH/3HP/6H) and initiation date (AC)	TPT sub county Registration /CCC No and date - (AD)	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	TPT treatment outcome (see key 3 below) and date - (AF)	Reason for discontinuation of TPT (see key 4 below) - (AG)	Month 6 Follow up TB status and date 0. No TB 1. TB case - (AH)	Month 12 follow up TB status and date 0. No TB 1. TB case - (AI)	Remarks - (AJ)
	Results:	Results:	Results:	Results:	Results					Regimen:	Reg No/ CCC No:							Outcome:		Status:	Status:	
	Date:	Date:	Date:	Date:	Date:				If no	Date:	Date:							Date:		Date	Date	

Key 1	
Variable	Code
Cough	1
Chest pain or breathlessness/ Difficulty in breathing	2
Fever	3
Weight Loss/Failure to Thrive/Poor weight gain	4
Night sweats	5
Fatigue/reduced playfulness	6
No symptoms	0

Key 2	
Reasons for no TPT initiation	Code
Active TB	1
Active Hepatitis	2
Active substance abuse	3
Peripheral neuropathy	4
Exposure to DRTB	5
Already on TPT	6
Recently completed a course of TPT	7

Key 3	
TPT Outcomes	Code
Treatment completed	TC
Discontinuation	TNC
Lost to follow up	LTF
Died	D
Transferred out	TO

Key 4	
Reasons for discontinuation of TPT	Code
Poor adherence	PA
Adverse Drug reaction	ADR
Active TB disease	ATB
Other	OTR

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