**TB screening among HCW summary register (form 6).**

**Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name of person(s) doing screening: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Reporting period (dates): \_\_/\_\_/20\_\_ till \_\_/\_\_/20\_\_**

**Table 1: HCW screened by cadre. To be abstracted from form 3.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Cadre** | **Number working in facility** | **Number who reported for screening** | **Number who signed informed consent** | **Number of refusals** |
| MO = Medical Officer |  |  |  |  |
| CO = clinical officer |  |  |  |  |
| N = nurse/midwife |  |  |  |  |
| A = administration/clerk |  |  |  |  |
| CDE=classified daily employee \* |  |  |  |  |
| L = lab staff |  |  |  |  |
| EO = environmental officer |  |  |  |  |
| ML = Medical Licensees |  |  |  |  |
| P = pharmacy |  |  |  |  |
| O = other |  |  |  |  |
| **SUBTOTAL EXCL Treatment Supporters** |  |  |  |  |
| TS = TB treatment supporter |  |  |  |  |
| **TOTAL** |  |  |  |  |

\*driver, cleaner, kitchen, laundry, housekeeper, cleaner, guard

**Please list reasons for refusals and how often they occurred:**

|  |  |
| --- | --- |
|  | number |
| Already screened elsewhere |  |
| Already on treatment |  |
| Not willing to be screened in this facility |  |
| Confidentiality |  |
| Stigma |  |
| Other: |  |

**Continuous core indicators [NB number 2 is the WHO/Global Fund indicator]**

**A .HCW (excluding treatment supporters) to be abstracted from forms 1-4**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Indicator name** | **Numerator** | **No** | **denominator** | **no** | **%** |
| 1 | HCW who had documented TB screening | Number of HCW who were screened |  | Number of HCW working in facility |  |  |
| 2 | Cases of active TB among HCW | Number of HCW with active TB  Total |  | Number of HCW working in facility  Total |  |  |
|  |  | Female |  | Female |  |  |
|  |  | Male |  | Male |  |  |
| 3 | Cases of multidrug-resistant TB among HCW | HCW with drug resistant TB |  | Number of HCW with active TB |  |  |
| 4 | HCW with active TB disease placed on TB treatment | number of HCW placed on TB treatment |  | Number of HCW with active TB |  |  |
| 5 | TB related mortality among HCW | number of HCW who died of TB in last year |  | number of HCW working in facility |  |  |

Please note: HCW can also be diagnosed with TB elsewhere, outside their own facility; these should be included here!

**b.Treatment supporters (to be abstracted from forms 1-4)**

(made same as for other HCW; not all of these were in baseline facility assessment list)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Indicator name** | **Numerator** | **No** | **denominator** | **no** | **%** |
| 6 | TS who had documented TB screening | number of TS who were screened |  | number who are registered at facility |  |  |
| 7 | Cases of active TB among TS | Number of TS with active TB |  | number who are registered at facility |  |  |
| 8 | Cases of multidrug-resistant TB among TS | TS with drug resistant TB |  | Number of TS with active TB |  |  |
| 9 | TS with active TB disease placed on TB treatment | number of TS placed on TB treatment |  | Number of TS with active TB |  |  |
| 10 | TB related mortality among TS | number of TS who died of TB in last year |  | number who are registered at facility |  |  |

Please note: HCW can also be diagnosed with TB elsewhere, outside their own facility; these should be included here!

**HIV indicators** [not defined for treatment supporters]

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Numerator** | **n** | **Denominator** | **n** | **%** |
| 11 | HCW tested for HIV in the last year or known positive (form 5) |  | HCW on payroll |  |  |
| 12 | HCW who stated to know their HIV status (form 5) |  | HCW on payroll |  |  |
| 13 | HCW tested positive for HIV in this past year (form 5) |  | HCW on payroll |  |  |

**Additional project indicators to assess gaps in system (to be abstracted from forms 1-4)**

(from facility data capture form in TB IC demo project protocol; but added culture):

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Numerator** | **n** | **Denominator** | **n** | **%** |
| 14 | HCW who were TB suspect during screening (form form 1) |  | HCW who were screened |  |  |
| 15 | HCW with suspected TB who had documented smear examination (form 2) |  | HCW who had documented TB symptoms(=HCW with suspected TB) |  |  |
| 16 | HCW with suspected TB who had documented chest X ray (form 2) |  | HCW who had documented TB symptoms (=HCW with suspected TB) |  |  |
| 17 | HCW with suspected TB who had documented culture (form 2) |  | HCW who had documented TB symptoms (=HCW with suspected TB) |  |  |
| 18 | HCW with suspected TB who had documented TB screening by GeneXpert (form 2) |  | HCW who had documented TB symptoms (=HCW with suspected TB) |  |  |

**Other feasibility indicators (to be asked from screening person and abstracted from forms 1-4) .**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **indicator** | **What to calculate** |  |
| 19 | Average time spent on screening one HCW on TB (estimate of screening person)) | Minutes |  |
| 20 | HCW diagnosed with active TB who had to be hospitalized (form 1) | Number |  |
| 21 | Bed-days that HCW diagnosed with TB have been hospitalized (form 2) | Number \* days |  |
| 22 | Nr of days sick leave (form 2) | Add up all sick leave days from all HCW with TB |  |
| 23 | cost | ? |  |

Targets for 4, 9, 15 and 16 are 100%