TB
SYMPTOMATIC SCREENING TOOL

Symptomatic screening: is a question and answer based individual clinical risk assessment of infection or disease. A healthcare provider discusses and assesses the presence of signs and symptoms commonly associated with an infection or disease. A physical examination is not conducted. The results are preliminary and indicative of possible infection. Those at risk must be referred for diagnostic testing to confirm the clinical assessment before treatment can be prescribed.

Purpose of tool: to assist healthcare providers to communicate basic facts about TB to HCT clients aimed at empowering individuals to take personal responsibility for health and to promote consistency, quality and timeliness in assessing the risk of infection.

What is TB?	 Ask your client	***What do you know about TB?***

TB is an illness caused by a germ called bacteria. TB can be cured with an antibiotic if diagnosed and treated in time. TB can be passed from one person to another through sneezing and coughing into the air. It is breathed into the lungs. TB most often affects the lungs but can spread to other parts of the body such as the brain, kidneys, spine, lymph nodes or bone.

Risk of exposure	 Ask your client	**What increases your risk of contracting *TB?***

Closed-in spaces and duration of exposure increases your risk of getting TB. When indoors open, windows to allow airflow to carry germs away from you. The longer you are exposed the higher your risk of infection. Examples of high risk places include aeroplanes, trucks, cars, underground mines and waiting rooms.

Inactive versus active TB	 Ask your client	***Have you heard of latent TB?***

Most people are exposed to TB at some time in their lives. The immune system helps to remove TB bacteria from the lungs but some can remain inactive. Inactive TB has no signs or symptoms and is not infectious. It is active TB bacteria that makes one sick and is infectious. Active TB bacteria multiply and damage the body.

TB resistant strains	 Ask your client	***Have you heard about MDR and XDR TB?***

Drug resistance is caused by not taking your medication correctly. The three R's: right way + right time + right dose = good adherence. Non adherence allows the bacteria to change or mutate. The treatment does not work on the mutated bacteria. Resistant strains can also be breathed into the lungs. MDR (multi-drug resistant) TB is a form of TB that is resistant to two TB drugs. XDR (extensively drug resistant TB) TB is resistant to the two MDR drugs and two other drug categories.

The link between TB and HIV	 Ask your client	***Do you know how HIV affects TB?***

HIV weakens the immune system which allows other germs to attack the body. The weak immune system is not able to prevent the growth and spread of TB. TB is the most common cause of death amongst people infected with HIV.

Prevention	 Ask your client	***How can you protect yourself and others from TB?***

- Cover mouth and nose when coughing or sneezing
- Use tissue, toilet paper or cloth
- Throw tissues in a bin and wash cloth frequently
- Wash hands with soap and water after coughing or sneezing
- Turn away when someone else coughs or sneezes
- Open windows and doors to allow airflow in and out

Treatment	 Ask your client	***Do you know anything about the treatment of TB?***

TB is treated with antibiotics taken every day for a minimum of 6 months. In severe cases with drug resistance treatment can be up to 18 months. The dose is weight dependant. Side-effects are different for different people and most go away within 2 weeks. If side-effects carry on or get worse, do not stop your treatment, visit the doctor that gave you your medication immediately. If adhering properly, generally you are not infectious after two weeks.

TB SYMPTOMATIC SCREENING

FIRST NAME		**SURNAME**	
GENDER (M/F)		**DATE OF BIRTH (Y:M:D)**	

Patient History **Tick (√) in the appropriate block or complete where required**				
Have you been diagnosed with TB previously?	**Yes**		**No**	
How many times have you had TB?	**None**	**Never**	**or state: times**	
When did you last have TB (state the year)?				
How long was the treatment?	**Less than 6 months**	**6 months**	**8 months**	**More than 8 months**
If less than 6 months why?				
Does your work environment increase your risk of infection?	**Yes**		**No**	
Have you ever taken preventative TB treatment (IPT)?	**Yes**		**No**	
If yes to the above, how long were you on treatment and when was preventative treatment completed?				

#	**10 TB screening questions** **Tick (√) in the appropriate block**	**Yes**	**No**
1	Have you been coughing for more than 2 weeks?		
2	Are you HIV positive? If answered Yes Have you been coughing for more than 24 hours?		
3	Mucous production which may occasionally be blood-stained?		
4	Fever for more than 2 weeks?		
5	Very bad night sweats?		
6	Loss of appetite?		
7	Unexplained weight loss of more than 5kgs in a month?		
8	General feeling of illness and tiredness?		
9	Chest pain or difficulty in breathing?		
10	Have you been in contact with someone who you think may have TB?		

If yes to any one of the above refer for diagnostic testing to exclude for TB. If TB is suspected, ask if there are children under the age of 5 in the household and if any other household member is presenting with any of the above signs or symptoms.

REFERRAL FOR DIAGNOSTIC TESTING

Client should be referred for sputum collection. Two sputum specimens will be examined in a laboratory for TB bacteria. Results should be available within 72 hours. Further sputum specimens for microscopy or culture and a chest x-ray may be required. Chest x-rays can confirm diagnosis or treatment monitoring.