Public Health Agency of Canada   Agence de santé publique du Canada

Treatment Outcome of a New Active or Relapsed Tuberculosis Case

CONFIDENTIAL WHEN COMPLETED

1. Reporting province/ territory

2. Register case number _____

3. Unique identifier _____

4. Date of birth Year Month Day

5. Sex Male 1 ☐ Female 2 ☐

6. If transfer from diagnosing province/territory, please state treating province/territory

7. Register case number *(if different from 2 above)* _____

8. Unique identifier *(if different from 3 above)* _____

9. Date of diagnosis Year Month Day

10. Date treatment started Year Month Day

11. Last day of treatment Year Month Day

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12. Initial drugs prescribed *(list all that apply)*

1st line
1 ☐ INH   3 ☐ EMB   4 ☐ RMP   5 ☐ PZA

2nd line
1 ☐ Streptomycin   3 ☐ Capreomycin   5 ☐ Ethionamide   7 ☐ Rifabutin
2 ☐ Kanamycin   4 ☐ Ofloxacin   6 ☐ PAS   8 ☐ Other

6 ☐ No drugs prescribed   8 ☐ Other *(specify)* _____   9 ☐ Unknown

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13. Did resistance develop during treatment?

1 ☐ Yes   2 ☐ No   3 ☐ Not tested

➤

If yes, please check drug(s) *(check all that apply)*

1st line
1 ☐ INH   3 ☐ EMB   4 ☐ RMP   5 ☐ PZA

2nd line
1 ☐ Streptomycin   4 ☐ Ofloxacin   7 ☐ Rifabutin
2 ☐ Kanamycin   5 ☐ Ethionamide   8 ☐ Other
3 ☐ Capreomycin   6 ☐ PAS

8 ☐ Other *(specify)* _____
9 ☐ Unknown

14. What was the treatment outcome? *(Check one only)*

1 ☐ Cure – negative culture at completion of treatment*

2 ☐ Treatment completed – without culture at end of treatment*

3 ☐ Death before or during treatment ➤
  Date of death Year Month Day
  1 ☐ TB was the cause of death
  2 ☐ TB contributed to death but was not the underlying cause
  3 ☐ TB did not contribute to death

4 ☐ Transferred to new country – outcome of treatment unknown *(specify new country)* _____

5 ☐ Failure – continued or recurrent positive cultures after 4 or more months of treatment

6 ☐ Absconded *(lost to follow-up before completion of 80% of doses)*

7 ☐ Treatment ongoing

8 ☐ Other *(specify)* _____   9 ☐ Unknown

* if MDR-TB please see guidelines for definitions

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15. Treatment regimen *(for drugs taken > 1 month)* *(check all that apply)*

1st line
1 ☐ INH   3 ☐ EMB   4 ☐ RMP   5 ☐ PZA

2nd line
1 ☐ Streptomycin   4 ☐ Ofloxacin   7 ☐ Rifabutin
2 ☐ Kanamycin   5 ☐ Ethionamide   8 ☐ Other
3 ☐ Capreomycin   6 ☐ PAS

6 ☐ No drugs prescribed   9 ☐ Unknown
8 ☐ Other *(specify)* _____

16. Major mode of treatment:

1 ☐ DOT *(Directly Observed Therapy)* ➤
  1 ☐ Modified
  2 ☐ Standard
  3 ☐ Enhanced
2 ☐ Daily, self-administered
8 ☐ Other *(specify)* _____
9 ☐ Unknown

17. Adherence estimate *(% of medication received)*

1 ☐ 80%+   2 ☐ 50-79%
3 ☐ < 50%   9 ☐ Unknown