

## Audit of management of TB in HIV co-infected patients: survey of clinic arrangements

Please complete this questionnaire if your clinic/department provides **TB** treatment and care for adult patients, but does **not** provide HIV treatment and care for co-infected patients. There is a matching questionnaire for completion by clinics/departments which provide HIV treatment and care.

Please indicate your location, and give contact details if you wish:

Hospital/trust/organisation:	<input type="text"/>
Postcode:	<input type="text"/>
Your name (optional):	<input type="text"/>
Job title (optional):	<input type="text"/>
Email address (optional):	<input type="text"/>

Please describe your arrangements for care of HIV/TB co-infected patients (tick all options that apply):

- HIV and TB clinicians work together through a regular joint clinic for co-infected patients
- HIV clinicians manage uncomplicated TB cases in co-infected patients, while referring more complicated cases to TB clinicians
- HIV clinicians manage HIV-related aspects of care for co-infected patients in liaison with TB clinicians who manage their TB-related aspects of care
- Different arrangement, please describe:

Please describe any ways in which you feel these arrangements might be improved:

Guidance recommends that every TB patient (except inpatients) should have a named key worker/case manager, usually a specialist TB nurse or a nurse whose responsibilities include TB. His/her role includes risk assessment, patient education and support, promoting TB treatment adherence and completion, coordinating care with other providers, arranging contact management and screening, and reporting on surveillance systems and treatment completion.

In your area, who would normally act as TB key worker for a patient with HIV/TB co-infection?

Nurse specialist in both HIV and TB

HIV nurse specialist

TB nurse specialist

Other clinician, please state:

Not clear

How are *generic*\* TB key workers in your area provided with training about HIV?  
\*ie those who support TB patients without HIV co-infection.

We provide such training in-house

An HIV service provides such training (please state which)

HIV training is not provided to TB key workers for patients without co-infection

Not sure

Please comment if you wish on the extent of such training and whether there are ways it could be improved:

**Commissioning and public health**

Please give details of the current TB lead for your main or host PCT/health board/commissioner, if known:

Name:

Job title (if known):

Organisation:

Who is responsible for statutory notification of TB cases in HIV co-infected patients?

HIV  
clinician

TB  
clinician

Laboratory  Joint  
responsibility

Unclear

When notifying such a case for a patient living outside your main or host commissioning area, would you include the information that the patient is HIV positive?

Yes, routinely unless patient has withheld consent

Sometimes

No

Not applicable, do not manage TB patients living outside our area

### Testing and screening

What is your policy as regards testing adult TB patients for HIV (please tick the *first* answer that applies)?

We test all adults with TB for HIV routinely unless the individual patient refuses consent, irrespective of age

We test all adults with TB under the age of 65 for HIV routinely unless the individual patient refuses consent

We offer an HIV test to all adults with TB under the age of 65

- We offer HIV testing selectively to adults with TB according to individual risk
- We refer adults with TB to another service for HIV risk assessment and testing
- None of the above, please describe:
- Not known or no clear policy

What tests would you use routinely for screening close household contacts of a patient with sputum-smear positive TB (tick all that apply)?

TST is tuberculin skin test, eg Mantoux

IGT is interferon gamma test, eg TB-Spot or Quantiferon

	TST	IGT	TST followed by IGT if TST positive	Chest X- ray	None – inform and advise only	Not sure
If the source patient is HIV positive:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If the source patient is HIV negative:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does your lab routinely use liquid culture medium for TB diagnosis?

- Yes, for all samples
- Yes, for non-pulmonary samples only
- Not routinely used
- Not sure

What is your department's practice as regards TB resistance testing in patients with HIV/TB co-infection?

- Rapid molecular testing for rifampicin resistance is done routinely for HIV co-infected patients
- HIV status is taken into account in determining whether to perform rapid molecular testing
- Rapid molecular testing is not available or not used (please state why):

Please add any comments you wish:



Please click on "Submit form" to complete the questionnaire. Your answers are not saved until you do so.