

To : Stat Unit

Fax : 2572 8921

**Form S1: Reporting RR/MDRTB treatment outcome status of the current treatment episode**

<p><b>Instruction:</b> This form must be completed within one week of the following: (1) treatment completion, (2) defaulting from treatment for at least 2 months, (3) transfer out, or (4) death during treatment. Send the completed Form to the Service Statistics Unit by fax.</p>	<p>Attach the patient’s gum label here including HKID number</p>
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1. Date of starting MDR-TB treatment (DD/MM/YYYY): \_\_\_\_\_

2. Date of stopping treatment, or discontinuing treatment (DD/MM/YYYY): \_\_\_\_\_

3. Treatment outcome largely based on WHO definitions (Circle one of the following) \*:

a.	Cure	A pulmonary TB patient with bacteriologically confirmed TB at the beginning of treatment who completed treatment as recommended by the national policy, with evidence of bacteriological response and no evidence of failure.
b.	Treatment completed	A patient who completed treatment as recommended by the national policy, whose outcome does not meet the definition for cure or treatment failure.
c.	Treatment failed	A patient whose treatment regimen needed to be terminated or permanently changed to a new regimen or treatment strategy. #
d.	Died	A patient who died before starting treatment or during the course of treatment.
d(i)	i. TB-related	
d(ii)	ii. Not TB-related	
e.	Lost to follow-up	A patient who did not start treatment or whose treatment was interrupted for 2 consecutive months or more.
f.	Not evaluated	A patient for whom no treatment outcome was assigned

\* World Health Organization. Meeting report of the WHO expert consultation on drug-resistant tuberculosis treatment outcome definitions Nov 2020

# Reasons for the change include:

- no clinical response and/or no bacteriological response;
- adverse drug reactions; or
- evidence of additional drug resistance to medicines in the regimen

Please note that the change of regimen is interpreted with the whole clinical context. If after successfully changing the regimen, there is a final “cured/treatment completed” outcome, it is still classified as "cured/treatment completed".

4. Use of drugs (Check one or more as appropriate)

- |                |  |
|----------------|--|
| a. Linezolid   | f. Fluoroquinolones (Drug name: _____)       |
| b. Delamanid   | g. Injectables (Drug name & duration _____)  |
| c. Bedaquiline | h. Pretomanid                                |
| d. Clofazimine | i. Other 2 <sup>nd</sup> line drugs ( _____) |
| e. Cycloserine | j. Not applicable                            |

Remarks:

Last updated on 5 May 2022

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_