

Protocol for the management flow and reporting of rifampicin-resistant TB (RR-TB) and multidrug-resistant TB (MDR-TB) cases to an RRMDR-TB Registry

The purpose of setting up an RRMDR-TB registry is to keep close surveillance of this high risk group of patients for assessment, management and evaluation of control measures.

1. Chest Clinics

- If a case is newly diagnosed as having RR-TB or MDR-TB in the chest clinics, the case should be notified to Consultant Chest Physician i/c at Wanchai Chest Clinic (WCC) using the RRMDR-TB notification form (RRMDR_Noti_Form1409).
- Under most circumstances, the cases of MDR-TB will be admitted to hospital for management, while some RR-TB cases may or may not require hospital admission. For newly diagnosed MDR-TB cases from Kowloon Chest Clinic, Shek Kip Mei Chest Clinic, and Yaumatei Chest Clinic, they should be admitted to Kowloon Hospital. For MDR-TB cases from other chest clinics, they should be admitted to Grantham Hospital. MDR-TB cases which are old cases of certain chest hospitals will in general be admitted to the same hospital for management if admission is required.

2. General Hospitals and Chest Hospitals other than Grantham Hospital (GH) and Kowloon Hospital (KH)

- If a case is diagnosed as having MDR-TB in these hospitals, the case should be transferred to GH or KH for further management and GH and KH will be responsible for reporting the case to the MDR-TB registry at WCC.
- However, if somehow the case is not to be transferred to GH or KH, but is to be managed in the respective hospital or is to be discharged, the case should be notified to the RRMDR-TB registry at WCC using the form (RRMDR_Noti_Form1409). Even if the case is to be discharged and referred to chest clinics, it should still be notified to WCC as the patient may default for follow up at chest clinic.
- For RR-TB cases diagnosed in these hospitals, the case should also be notified to the RRMDR-TB registry at WCC using the form (RRMDR_Noti_Form1409).

3. GH and KH

- If a case of RR-TB or MDR-TB is diagnosed in GH or KH, or recently diagnosed and transferred to GH or KH but has not yet been notified to the MDR-TB registry at WCC, the case should be notified to WCC using the form (RRMDR_Noti_Form1409).

4. TB Reference Laboratory of DH

- When a new case has been found to have specimen with drug susceptibility tests showing RR-TB or MDR-TB by the TB Reference Laboratory, the case should be notified to WCC together with the information on the source of care requesting the bacteriological examination. Upon receiving the information, WCC will see whether the case has been notified or not to the RRMDR-TB Registry, and if not, will trace the source of care for any necessary reporting.

Note:

Note (1): RR-TB is rifampicin-resistant TB, with resistance to rifampicin with or without resistance to other anti-TB drugs. Thus, this category includes also MDR-TB. The notation "RRMDR-TB Registry" used in this document is to emphasize that this registry evolved from the previous MDR-TB registry with the expansion to include also the bigger group of RR-TB cases. For the full set of definitions and notations, please refer to the document on "Definitions and reporting framework for tuberculosis – 2013 revision" by WHO, which can be downloaded from the website: <http://www.who.int/tb/publications/definitions/en/> (available at 18 Aug 2014).

Note (2): After notifying the RR-TB or MDR-TB case to WCC (using the form RRMDR_Noti_Form1409), a copy of the form should be filed in the hospital record (as well as filing with discharge summary upon transferring case to chest clinic) or chest clinic record for future reference and to avoid duplicate notification. Re-notification of the case is required if a new episode of treatment is to be initiated for the same patient.