## To: Stat Unit Fax: 2572 8921 Form S1: Reporting RR/MDRTB treatment outcome status of the

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current	tragi	tmont	Anico	dΩ
CullCill	uva		Chigo	uc

<b>Instruction</b> : This form must be completed within one	Attach the patient's gum label here	
week of the following: (1) treatment completion, (2)	including HKID number	
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.		

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) \*:

		T		
a.	Cure	Treatment completed as recommended by the national policy without evidence of		
		failure AND three or more consecutive cultures taken at least 30 days apart are		
		negative after the intensive phase.		
b.	Treatment			
	completed			
		days apart are negative after the intensive phase.		
c.	Treatment	Treatment terminated because of		
	failed	· lack of conversion by the end of the intensive phase, or		
		· bacteriological reversion in the continuation phase after conversion to negative		
d.	Died	A patient who dies for any reason during the course of treatment.		
d(i)	i. TB-related			
d(ii)	ii. Not T	ii. Not TB-related		
e.	Lost to	A patient whose treatment was interrupted for 2 consecutive months or more.		
	follow-up			
f.	Not	A patient for whom no treatment outcome is assigned. (This includes cases		
	evaluated	"transferred out" to another treatment unit and whose treatment outcome is unknown)		
g	Treatment	MDR-TB treatment is not given for any reason including death.		
	not started			
* <b>11</b> 7 -	.1.1 II141. O	enization Definitions and reporting framework for tuberculosis 2012		

<sup>\*</sup> World Health Organization. Definitions and reporting framework for tuberculosis – 2013 revision. WHO/HTM/TB/2013.2

- 4. Use of repurposed agents or novel drugs (Circle one or more as appropriate)
  - a. Linezolid
  - b. Delamanid
  - c. Bedaquiline
  - d. Clofazimine
  - e. Not applicable

Last updated on 21 December 2017

Completed by:	Dat	te:
Compressor Sj.		