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| **Instruction**: 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. | Attach the patient’s gum label here including HKID number |

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) \*:

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| --- | --- | --- |
| 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 apar**t are negative after the intensive phase. |
| b. | Treatment completed | Treatment completed as recommended by the national policy without evidence of failure BUT no record that three or more consecutive cultures taken at least 30 days apart are negative after the intensive phase. |
| c. | Treatment failed | Treatment terminated because of   * 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) | 1. TB-related | |
| d(ii) | 1. Not TB-related | |
| e. | Lost to follow-up | A patient whose treatment was interrupted for 2 consecutive months or more. |
| f. | Not evaluated | A patient for whom no treatment outcome is assigned. (This includes cases “transferred out” to another treatment unit and whose treatment outcome is unknown) |
| g | Treatment not started | MDR-TB treatment is not given for any reason including death. |

\* 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)

1. Linezolid
2. Delamanid
3. Bedaquiline
4. Clofazimine
5. Not applicable