



## INTEGRATED 10 POINTS COUNSELLING TOOL ON TB/DRUG RESISTANT TB



1. Tuberculosis (TB) is the most common opportunistic Infection in people living with HIV (PLHIV) and leading cause of death in PLHIV.
2. Tuberculosis is an infectious disease caused predominantly by Mycobacterium Tuberculosis. The infection occurs most commonly through droplet nuclei generated by coughing, sneezing etc., inhaled via the respiratory route. TB usually affects the lungs, but may affect other parts of the body as well.
  - **An HIV negative person infected with TB has a 10% life-time risk of developing TB disease.**
  - **HIV increases the risk of progression from TB infection to TB disease and PLHIVs have a 60% lifetime risk of developing TB disease.**
3. Persons having cough of 2 weeks or more, with or without other symptoms, are referred to as pulmonary TB suspect (Presumptive TB case). They should have 2 sputum samples examined at Designated Microscopy Centre (DMC).
4. A person with extra-pulmonary TB may have symptoms related to the organs affected along with symptoms like enlarged cervical lymph nodes, Chest pain, Pain and swelling of the joints etc. Extra-pulmonary TB can be confirmed by other investigations.
5. All people living with HIV should be regularly screened for TB using a clinical symptom-based algorithm consisting with any one of the symptoms of Cough of any duration, Fever, Weight loss or Night sweats at the time of initial presentation for HIV care and at every visit to a health facility or contact with a health-care worker afterwards.
6. Diagnosis and treatment services for TB are available free of cost through the Revised National TB Control Programme (RNTCP)
  - 2 sputum smear examinations are necessary for the diagnosis of pulmonary TB. During the course of treatment the progress is monitored by means of follow up sputum examinations.
  - Anti TB drugs are provided in patient-wise drug boxes, which ensure that the full course of treatment is available at the start of treatment. Treatment is provided by "DOT provider" at a place near the patient's home.
  - Cure from TB can only be ensured by taking complete and regular treatment. Without correct and complete treatment, a patient can become very ill or develop Drug resistant TB.
7. PLHIV diagnosed with TB should be linked to ART services at earliest, irrespective of CD4 Count. Co-trimoxazole preventive therapy should be provided to all HIV-TB co-infected patients to prevent opportunistic infection.
8. An HIV/ TB co-infected patient should be referred to nearest RNTCP certified Culture and Drug sensitivity laboratory facility /CBNAAT facility for diagnosis of Drug resistant TB.
9. The client's information is to be kept confidential and this information is not furnished under any circumstances to any other person except 'Shared confidentiality' with the treating physician and public health system DOT provider for better case management & to get benefit of prophylactic/ treatment options available for him.
10. All TB/ Drug resistant TB patients should maintain cough hygiene (putting a cloth on nose & mouth while coughing or sneezing) to prevent transmission of TB/DRTB.