TB referral criteria

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| Participant | Referral criteria |
| Children $\leq $ 12 years of age | Cough, fever, weight loss, fatigue/reduced playfulness ≥ 2 weeks; household contact with TB since last visit, child not yet evaluated in clinic  |
| Children > 12 years of age | Cough, fever, weight loss, night sweats ≥ 2 weeks; household contact with TB since last visit, child not yet evaluated in clinic |
| Caregivers without HIV | Cough, fever, weight loss, night sweats ≥ 2 weeks; household contact with TB since last visit, participant not yet evaluated in clinic |
| Caregivers with HIV | Cough, fever, weight loss, night sweats of any duration; household contact with TB since last visit, participant not yet evaluated in clinic |

TB Referral Guidelines

Note to DMC: Referral criteria are the following:

A) **Children** $\leq $ **12 Years of age**

Use the CRF “**TB Screening in INFANT/ CHILDREN/ ADOLESCENTS in the FLOURISH Study**.

 \*If any of the responses are selected below, please refer child to additional screening.

1. Initial screen:

Q11: has someone in your household been diagnosed with TB? **□Yes** AND

Q12 ….has your child been evaluated in a clinic for TB = **□No**

1. Follow up 2-week phone call:

Q2: How long has this cough lasted = **□ ≥ 2 weeks**

Q4: How long has this fever lasted = $□\geq $**2 weeks**

Q8: How long has the weight loss (or no weight gain) lasted? = $\geq $**2 weeks**

Q9: Does your child have fatigue or reduced playfulness that has lasted $\geq $2 weeks = **□Yes**

1. Follow up quarterly call:

 Q10: symptoms persist = **“Yes”**

**PROGRAMMING**: If 1 or **more** of the referral criteria are selected at the time interval indicated (red option), this child should be evaluated for TB. Trigger “TB Referral CRF.”

B) **Children > 12 Years of age**

Use the CRF “**TB Screening in INFANT/ CHILDREN/ ADOLESCENTS in the FLOURISH Study**.

 \*If any of the responses are selected below, please refer child to additional screening.

1. Initial screen:

Q11: has someone in your household been diagnosed with TB? **□Yes** AND

Q12 ….has your child been evaluated in a clinic for TB = **□No**

b) Follow up 2-week phone call:

Q2: How long has this cough lasted = **□** $\geq $**2 weeks**

Q4: How long has the fever lasted = **□** $\geq $**2 weeks**

Q6: How long have the night sweats lasted = **□** $\geq $**2 weeks**

Q8: How long has the weight loss lasted = **□** $\geq $**2 weeks**

 c) Follow up quarterly call:

Q10: symptoms persist = “**Yes”**

**PROGRAMMING**: If **1 or more** of the above criteria are selected at the time interval indicated, this participant should be evaluated for TB. Trigger “TB Referral CRF.”

C) **Caregivers without HIV:**

Use CRF **TB Screening in Caregivers in the FLOURISH Study**

 \*If any of the responses are selected below, please refer the Caregiver to additional screening.

1. Initial screen:

Q10: has someone in your household been diagnosed with TB? □ **Yes** AND

Q11…have you been evaluated in a clinic for TB= □ **No**

1. Follow up 2-week phone call:

Q2: How long has this cough lasted = **□** $\geq $**2 weeks**

Q4: How long has the fever lasted = **□** $\geq $**2 weeks**

Q6: How long have the night sweats lasted = **□** $\geq $**2 weeks**

Q8: How long has the weight loss lasted = **□** $\geq $**2 weeks**

1. Follow up quarterly call:

 Q9: symptoms persist = “**Yes”**

**PROGRAMMING:** If **1 or more** of the above criteria are selected at the time interval indicated, this participant should be evaluated for TB. Trigger “TB Referral CRF.”

D) **Caregivers with HIV**

Use CRF **TB Screening in Caregivers in the FLOURISH Study**

 \*If any of the responses are selected below, please refer the Caregiver to additional screening.

a) Initial screen:

Q10: has someone in your household been diagnosed with TB? □ **Yes** AND

Q11…have you been evaluated in a clinic for TB= □ **No**

1. Follow up 2 week phone call:

Q1: Do you currently have any cough= **□ Yes**

Q3: Do you currently have a fever= **□ Yes**

Q5: Are you currently experiencing night sweats= **□ Yes**

Q7: Have you had any weight loss= **□ Yes**

1. Follow up quarterly call:

 Q9: symptoms persist = “**Yes”**

**PROGRAMMING**: If the adult is living with HIV and 1 or more of the referral criteria are selected at the time interval indicated, this participant should be evaluated for TB. Trigger “TB Referral CRF.”