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**.

**Criteria for positive TB screen:**

1. Household contact with TB:

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

Q11 ….has your child been evaluated in a clinic for TB = **□No**

1. Positive symptoms:

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**

**PROGRAMMING**:

* If household contact with TB since last visit, this child should be evaluated for TB. Trigger “TB Referral CRF.”
* If 1 or more of the symptoms are positive per criteria above (red), the child should have a 2 week follow up phone call programmed. If symptoms remain positive at the follow up phone call, 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**.

**Criteria for positive TB screen:**

1. Household contact with TB

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

Q11 ….has your child been evaluated in a clinic for TB = **□No**

b) Positive symptoms:

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**

**PROGRAMMING**:

* If household contact with TB since last visit, this child should be evaluated for TB. Trigger “TB Referral CRF.”
* If 1 or more of the symptoms are positive per criteria above (red), the child should have a 2 week follow up phone call programmed. If symptoms remain positive at the follow up phone call, this child should be evaluated for TB. Trigger “TB Referral CRF.”

C) **Caregivers without HIV:**

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

**Criteria for positive TB screen:**

1. Household contact with TB

Q9: has someone in your household been diagnosed with TB? □ **Yes** AND

Q10…have you been evaluated in a clinic for TB= □ **No**

1. Positive symptoms

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**

**PROGRAMMING:**

* If household contact with TB since last visit, this caregiver should be evaluated for TB. Trigger “TB Referral CRF.”
* If 1 or more of the symptoms are positive symptoms per criteria above (red), the caregiver should have a 2 week follow up phone call programmed. If symptoms remain positive at the follow up phone call, this caregiver should be evaluated for TB. Trigger “TB Referral CRF.”

D) **Caregivers with HIV**

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

**Criteria for positive TB screen:**

a) Household contact with TB

Q9: has someone in your household been diagnosed with TB? □ **Yes** AND

Q10…have you been evaluated in a clinic for TB= □ **No**

1. Positive symptoms

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**

**PROGRAMMING**:

* If household contact with TB since last visit, this caregiver should be evaluated for TB. Trigger “TB Referral CRF.”
* If 1 or more of the symptoms are positive per criteria above, the caregiver should have a 2 week follow up phone call programmed. If symptoms remain positive at the follow up phone call, this caregiver should be evaluated for TB. Trigger “TB Referral CRF.”

