THE UNITED REPUBLIC OF TANZANIA MINISTRY OF HEALTH AND SOCIAL WELFARE CTC 2 Card No: **FACILITY NAME** FACILITY CODE DISTRICT .. UNIQUE CTC ID NUMBER ... HEALTH FACILITY FILE NUMBER NAME (first, middle, last) Female Male DATE OF BIRTH * MARITAL STATUS (see code 1) AGE (Years/month) HEIGHT ... cm (Adults) PATIENT REFERED FROM (tick appropriate) PATIENT ADDRESS ☐ OPD / INPATIENT DISTRICT / DIVISION / WARD STREET / VILLAGE TB DOTS STREET / VILLAGE / CHAIRMAN RCH / PMTCT / EID NAME OF TEN CELL LEADER PLHIV GROUP NAME OF HEAD OF HOUSEHOLD CONTACT OF HOUSEHOLD HEAD SELF REFFERAL (incl.VCT) PATIENT'S TELEPHONE No. HOME BASED CARE OTHER (specify) ... TRANSFER IN (tick those applicable) PATIENT SUPPORT WITH RECORDS (refferal and CTC 1 forms) NAME OF TREATMENT SUPPORTER NO RECORDS AVAILABLE TELEPHONE No. OF TREATMENT SUPPORTER IN CARE PATIENT JOINED COMMUNITY SUPPORT ORGANISATION Yes No 🗌 NAME OF ORGANISATION / GROUP ON ART **PREGNANT FUNCTIONAL** TB WHO LENGTH / SIGNS and Y/N (if Y, insert TB Rx / ARV WEIGHT CD 4 VISIT DATE VISIT TYPE CLINICAL STATUS Screening HEIGHT SYMPTOMS & EDD & ANC # Status Reason STAGE (dd/mm/yy) (code 2) (kilograms Count / %* (code 4) and Dx Ols (code 3) if N, insert (in cm) (code 7) (code 8) (code 9) (1 - 4)(code 6) code 5) (<15YRS) /

NATIONAL	AND TREATMEN	Т

DRUG ALLE	ERGIES:										
PRIOR ARV EXPOSURE (tick appropriate) NONE PRIOR THERAPY (transfer in without records) PMTCT MONOTHERAPY PMTCT COMBINATION THERAPY PEP) TB REGISTRATION NoHUWANYU / HBC NUMBER							
DATE CONFIRME	ED HIV+										
DATE ENROLLE	D IN CARE										
ATE MEDICALL	Y ELIGIBLE				WHY	ELIGIBL	E: WHO STA (1 - 4)		CO	CD4 DUNT / %	
DATE ELIGIBLE (& READY										
DATE START AR	Т										
	\/\/	HO STAGE			CD4		FUNCTIONAL	STATUS -		BODY	
STATUS AT STA	ART ART: '''	(1 - 4)			JNT / %		(see cod			WEIGHT	
ARV COMBINATION REGIMEN (code 10)+ number of days dispensed	ARV ADHERENCE STATUS (code 11; if poor, give reasons)	OI RX PROPHYLAXIS, & OTHER MEDICINES (code 12)	HB (g/dL)	ALT (mmol/L)	ANY OTHER DIAGNOSTIC (LAB, CXR or OTHER)	NUTRI- TIONAL STATUS (code 13)	NUTRITIONAL SUPPLEMENT (code 14)	REFERRED TO (code 15 enter all that apply)	NEXT VISIT DATE	FOLLOW UP STATUS (code 16)	Name of Clinician
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CTC 2 DISCUSSION TOPICS AND CODES

Discussion topics for follow-up education and counseling (group or individual, pre- and post ART) Coose one to three priority topics each visit

Coose one to three priority topics each visit											
Topic	Date	Comments	Date	Comments	Date	Comments	Date	Comments			
Basic HIV / AIDS and prevention											
Disclosure and identifying treatment supporter											
Coping and planning the future											
Promoting Testing within household											
Pregnancy, MTCT and family Planning											
Adolescent issues											
Disease progression and role of ART											
Prevention of diseases; environmental hygiene, hand washing, bednets and nutrition											
CTX and INH prophylaxis											
Importance of adherence, how to remind, plan, what to do when travel, sick etc. Refer to checklist											
How to use CTC1 for exemptions											
Importance of HBC and PLHA support group											
Self Care											
Importance of appointments, dates and time, planning transport											
Provide patient leaflets / brochures											

1. MARITAL STATUS

S = SINGLE

M = MARRIED

CO = COHABITING

D = DIVORCED/SEPARATED

W = WIDOW/WIDOWED

2. VISIT TYPE

S = Scheduled visit at this clinic

US = unscheduled visit at this clinic

TK = Traced back after LTFU

TS = Treatment supports drug pick up

0 = Visit other clinic (refill / outreach or transit)

IP = In-Patient Consultation

3. SIGNS. SYMPTOMS AND OIS

ABDOMINAL PAIN

ANAFMIA

BN BURNING, NUMB, TINGLING

CNS DIZZY, ANXIETY, NIGHTMARE,

DEPRESSION COUGH *

DB DIFFICULT BREATHING

DEMENTIA

DIARRHOEA

ENC- HIV ENCEPHALOPATHY

FAT CHANGES

FATIGUE FEVER *

GUD GENITAL ULCER DISEASE

HEADACHE

HM HEMOPTYSIS*

IRIS IMM. RECONST. INFLAMM SYNDROME **ITCHING**

JAUNDICE

MOLLUSCUM

NIGHT SWEATS*

NAUSEA

PE PAROTID ENLARGEMENT

PID PELVIC INFLAMMATORY DISEASE

PNFUMONIA

PPE PAPULAR PRURITIC ERUPTIONS

RASH

THRUSH ORAL / VAGINAL

UD URETHRAL DISCHARGE **ULCERS** MOUTH OR OTHER

WEIGHT LOSS*

ZOSTER

If other, specify:

OPPORTUNISTIC INFECTIONS

CM CRYPTOCOCCAL MENINGITIS

KS KAPOSIS SARCOMA

OC OESOPHAGEAL CANDIDIASIS

PCP Pneumocystis Pneumonia

* These are TB Symptoms

4. FUNCTIONAL STATUS

W = WORKING B = BEDRIDDEN

A = AMBULATORY

5. FAMILY PLANNING

O = NOT USING P = PILLS J = DEPO INJECTION M = IMPLANTS

Z = STERILIZATION C = CONDOM T = TRAD/WITHDRAWAL L = IUD

6. TB SCREENING / DIAGNOSIS

Screen –ve = Answered NO to all 5 TB screening questions

TB Susp = Answered Yes to 1 or more of TB screening questions

SS+ = Sputum Sample Positive SS -= Sputum Sample Negative

CXR + CXR -

= Chest X-Ray suggestive of TB = X-Ray NOT suggestive of TB

9. ARV REASON

NO START

51 DOES NOT FULFILL CRITERIA

52 FULFILLS CRITERIA BUT COUNSELING FOR ARVS ONGOING

53 FULFILLS CRITERIA BUT NO ARVS AVAILABLE

54 FULFILLS CRITERIA BUT IS NOT WILLING

55 FULFILLS CRITERIA BUT IS ON TB RX 57 FULFILLS CRITERIA BUT AWAITS LAB

58 FULFILLS CRITERA BUT HAS OI AND IS TOO SICK TO START

99 FULFILLS CRITERIA BUT NO START - OTHER

ARV START

RESULTS

101 ADULT CD4 < 200

102 ADULT WHO STAGE IV

103 ADULT WHO STAGE III, IF CD4 < 350

104 CHILDREN PEDIATRIC WHO STAGE III

105 CHILDREN BETWEEN 12-59 MONTHS CD4%<20%

106 INFANTS LINDER 12 MONTHS

107 CHILDREN > 5 YEARS CD4 < 15%

108 PREGNANT WOMEN FOR PMTCT (PLUS)

109 OTHER REASON TO START

CHANGES OR STOP ARVS BECAUSE OF TB OR ADVERSE REACTIONS

110 START TB TREATMENT

111 NAUSEA / VOMITING

112 DIARRHOEA

113 HEADACHE

114 FEVER

115 RASH

116 PERIPHERAL NEUROPATHY

117 HEPATITIS

118 JAUNDICE

119 DEMENTIA

120 ANAEMIA

121 PANCREATITIS

122 CNS ADVERSE EVENT 123 OTHER ADVERSE EVENT (SPECIFY)

CHANGE OR STOP ARVS BECAUSE OF TREATMENT FAILURE

131 TREATMENT FAILURE CLINICAL

132 TREATMENT FAILURE, IMMUNOLOGICAL

CHANGE OR STOP ARVS. OTHER REASON

141 POOR ADHERENCE

142 PATIENT DECISION

143 PREGNANCY

144 END OF PMTCT

148 STOCK OUT 149 OTHER REASON (SPECIFY)

151 RESTART ARV AFTER 3 OR MORE

MONTHS NOT ON ARV

10. ARV COMBINATION REGIMEN

1ST LINE

d4T, 3TC+NVP Paeds 1a (30) d4T(30)+3TC+NVP Adults 1a (30)L d4T(30)+3TC+NVP Adults Loading dose

ZDV(AZT)+3TC+NVP Adults and Paeds ZDV(AZT)+3TC+EFV Adults and Paeds 1c d4T+3TC+EFV Paeds

1d (30) d4T(30)+3TC+EVF Adults TDF+FTC+EFV Adults 1e TDF+FTC+NVP 1f Adults TDF+3TC+EFV Adults 1h TDF+3TC+NVP Adults

1x Other first line Adults and Paeds

2ND LINE

2x

2a ABC+ddI+ LPV/r Adults and Paeds 2b ABC+ddI+ SQV/r Adults and Paeds 2d ABC+ddI+ ATV/r Adults 2e TDF+3TC+LPV/r Adults 2f TDF+FTC+LPV/r Adults 2g ABC+3TC+LPV/r Paeds

Adults and Paeds

other second line

11. ARV ADHERENCE

8. ARV STATUS

3 = CONTINUE

1 = NOARV

5 = STOP

G (good) = fewer than 2 missed days

P (poor) = 2 or more missed days

7. TB TREATMENT (Rx) / IPT

Restart screening after Completion TB Rx

Restart screening after client stops IPT

(Insert date)

2 = START ARV

4 = CHANGE

6 = RESTART

START TB = START TB Rx

CTN TB = CONTINUE

CPLT TB = COMPLETE

STOP TB = STOPPED

RES TB = RESTART

START IPT = START IPT

CTN IPT = CONTINUE

CPLT IPT = COMPLETE

STOP IPT = STOPPED

RES IPT = RESTART

REASONS FOR POOR ARV ADHERENCE

1 = TOXICITY

2 = SHARE WITH OTHERS

3 = FORGOT TO TAKE DRUGS

4 = FELT BETTER

5 = TOO ILL

6 = STIGMA

7 = PHARMACY DRUG STOCK OUT

8 = PATIENT LOST / RAN OUT OF PILLS

9 = DELIVERY / TRAVEL PROBLEMS

10 = INABILITY TO PAY

11 = ALCOHOL

12 = DEPRESSION 13 = OTHER (SPECIFY)

12. OI TREATMENT / PROPHYLAXIS AND

RELEVANT CO-MEDICATIONS

1 = COTRIMOXAZOLE

2 = FLUCONAZOLE

3 = OTHER ANTIBIOTICS

4 = ANTIMALARIAL 5 = OTHER

13. NUTRITIONAL STATUS

OK = NOT MALNOURISHED

MOD = MODERATE MALNOURISHED

SEV = SEVERELY MALNOURISHED

14. NUTRITIONAL SUPPLEMENT

= THERAPEUTIC FOOD

= SUPPLEMENTAL FOOD

= NOT APPLICABLE 15. REFERED TO

1 = PMTCT

SF

2 = HBC

3 = PLHIV SUPPORT GROUP/CLUB

4 = ORPHAN AND VULNERABLE

CHILDREN GROUP

5 = MEDICAL SPECIALITY 6 = NUTRITIONAL SUPPORT

= LEGAL

= TB CLINIC

9 = FP SERVICES 10 = OTHER (SPECIFY)

16. FOLLOW UP STATUS

MISSAPP = 1 OR 2 missing APPOINTMENTS

= LOST TO FOLLOW-UP (Not seen for 3 or more months since last scheduled appointment [ART patients], OR 3 or more missing appointments

[pre-ART patients] with 2 attempts to

follow-up) = TRANSFER OUT; if TO, to where?

DEAD = PATIENT DIED

OPT OUT = PATIENT OPTED OUT