

NATIONAL TUBERCULOSIS CONTROL PROGRAMME-SCC AREA
Quarterly Report on New and Retreatment Cases of Tuberculosis

Patients registered during _____ quarter* of 20

Name of area _____ No.# _____

Name of the Reporter _____

Signature: _____

Date of Completion of this form

				2	0		
--	--	--	--	---	---	--	--

d d m m

Block 1: All patients registered in the quarter

Pulmonary tuberculosis						Extra-pulmonary tuberculosis (4)		Total (5)			
Smear-positive			Smear-negative (3)								
New Cases (1)			Relapse (2)								
M	F	Total	M	F	M	F	M	F	M	F	Total

Block 2: Smear-positive new cases only: from Column(1) above

0-14		15-24		25-34		Age-group (years) 35-44		45-54		55-64		65 and above		Total		
M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total

Block 3: Treatment Regimen given

Type of patient	Regimen A ^a		Regimen B ^b	Regimen 1 ^c		Regimen 2 ^d		Total
	Smear-positive	Others	(Smear-positive patients only)	Smear-positive	Others	Smear-positive	Others	
New								
Relapse								
Failure								
Return after default								
Others								
Total								

Notes: * Quarters:
 1st quarter January, February, March
 2nd quarter April, May, June
 3rd quarter July, August, September.
 4th quarter October, November, December

#Number Identification number of the area

a Regimen A [2HRZE 6HE OR 2HRZE 6HT]
 b Regimen B [2HRZS 4(HRS)₂ every dose supervised]
 c Regimen 1 [2HSE 10HE or 2HST 10HT]
 d Regimen 2 [12 HE or 12 HT]

How to fill in the form

Block 1: New cases and relapses of tuberculosis registered during _____ quarter of (year)_____ (*Fill in the quarter and year*)

Column (1): Smear- positive new cases Patients with sputum smear-positive pulmonary tuberculosis who have never received anti-Tuberculosis treatment or have received treatment for less than 4 weeks.

Column (2): Smear-positive relapses Patients with sputum smear-positive pulmonary tuberculosis who were declared cured by a Medical Officer but have now got the disease again.

Column (3): Smear-negative Cases Patients with pulmonary tuberculosis with 3 sputum samples negative for AFB, in whom the diagnosis of tuberculosis was made by means other than sputum microscopy.

Column (4): Extra-pulmonary tuberculosis Patients with tuberculosis of organs other than the lungs.

Column (5): Total	Males	Add all male patients in columns 1+2+3+4
	Females	Add all female patients in columns 1+2+3+4
	Total	Add all patients (males +females) in columns 1+2+3+4

Block 2: Smear-positive new cases: from Column (1) above.

In this block enter the patients already recorded in Block 1, Column (1) according to their sex and age group. If the exact age of a patient is not known at the time of his/her registration it should be estimated to the nearest 5 years (e.g. 15,20,25, etc).

Block 3 : This gives category-wise break up of treatment regimens for new patients (both smear-positive and smear- negative), relapses, failures, return to treatment after default (RAD), and patients who are classified as others.

NATIONAL TUBERCULOSIS CONTROL PROGRAMME –SCC AREA

Quarterly Report of Sputum Conversion of New Cases

Patients registered during
_____ Quarter of 20____

Name of area: _____
No_____

Name of reporter: _____ Signature: _____

			2	0	0	
d	d	m	m			

Date of completion of this form:

Complete this proforma for sputum smear-positive patients. The total number should be the same as in Block-3 of the Quarterly Report on New and Retreatment Cases of Tuberculosis of the previous quarter.

Total number of Sputum smear positive patients treated with Regimen A [2 HRZE 6HE]	Sputum at 2 months		
	Negative	Positive	NA

Total number of Sputum smear positive patients treated with Regimen B [2 HRZS 4(HRS)₂]	Sputum at 2 months		
	Negative	Positive	NA

N.A. - Not available; sputum examination was not done.

NATIONAL TUBERCULOSIS CONTROL PROGRAMME- SCC AREA
Quarterly Report on the Results of Treatment of Smear Positive Patients Registered 12-15 Months Earlier

Name of district: _____ No.: _____ Date of completion of this form _____ 200_____	Patients registered during _____ Quarter of 200_____	Name of Reporter*: _____ Signature: _____
--	---	--

Patients reported during quarter**	Type of patient (all smear-positive patients put on treatment)	Cured (1)	Treatment completed (2)	Died (3)	Failure (4)	Defaulted (5)	Transferred to another district (6)	Total number evaluated (sum of columns 1 to 6) (7)
	Pulmonary smear-positive cases treated with Regimen A [2HRZE 6 HE or 2HRZE 6HT]							
	Other Cases treated with Regimen A [2HRZE 6HE or 2HRZE 6HT]							
	Cases treated with Regimen B [2HRZS 4 (HRS) ₂]							

*The Reporter is the Medical Officer responsible, not the person completing this form. This form includes all smear-positive patients. These totals should match those of the Quarterly Report on New and Retreatment cases for the quarter.

* Of these, _____(number) were excluded from evaluation of chemotherapy for the following reasons:

NATIONAL TUBERCULOSIS CONTROL PROGRAMME- SCC AREA
Quarterly Report on Programme Management and Logistics

Name of the District _____ Quarter: _____ Year: _____

Microscopy Activities

Number of chest symptomatic patients whose sputum was examined for case-finding (diagnosis)	
Number of Smear-positive patients diagnosed	

Staff Position and Training

(Check ✓ if in place or not during quarter)

District Tuberculosis Officer in place	<input type="checkbox"/>	No	<input type="checkbox"/>	Trained in revised Reporting format	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	
Medical Officer of the DTC	<input type="checkbox"/>	Yes (No. ___)	No	<input type="checkbox"/>	Trained in revised Reporting format	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
Statistical Assistance in place	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	Trained in revised Reporting format	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
Treatment Organizer in place	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>	Trained in revised Reporting format	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>
District Tuberculosis Officer in place	<input type="checkbox"/>		No	<input type="checkbox"/>	Trained in revised Reporting format	<input type="checkbox"/>	Yes	No	<input type="checkbox"/>

Equipment in Place

Item	Number	In working condition	Not in working condition
Monocular microscopes			
Binocular microscopes			
X-ray machine			
Photocopier			
Overhead projector			
Jeep			
Two/three-wheeler			

Medication

<i>Item</i>	Stock on first day of quarter	Stock received during the quarter	Consumption during quarter	Stock on last day of quarter
	1	2	3	4
Daily Combipack for intensive phase treatment with (HRZE)				
Isoniazid 300 mg				
Isoniazid 100 mg Isoniazid 75 mg/ Thiacetazone 37.5 mg				
Isoniazid 150 mg/ Thiacetazone 75mg				
Isoniazid 300 mg/ Thiacetazone 150mg				
Rifampicin 450 mg				
Rifampicin 300 mg				
Rifampicin 150 mg				
Pyrazinamide 500 mg				
Ethambutol 800 mg				
Ethambutol 400 mg				
Ethambutol 200 mg				
Streptomycin 1000 mg				
Streptomycin 750 mg				

Name of the Officer reporting (in Capital Letters): _____

Signature : _____

Date: _____