



Counselling TB patients by DOT providers



An informed and counseled
patient will be better able to
adhere to TB treatment

Manual for DOT providers

Counselling TB Patients by DOT providers

Manual for DOT providers

The Global Health Bureau, Office of Health, Infectious Disease and Nutrition (HIDN), US Agency for International Development, financially supports this publication through Challenge TB under the terms of Agreement No. AID-OAA-A-14-00029. This publication is made possible by the generous support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of Challenge TB and do not necessarily reflect the views of USAID or the United States Government.

▶▶▶ Acknowledgements

This training curriculum is part of the training package “Counselling TB patients by DOT providers” which supports the use of the Job Aides for Drugs Susceptible Tuberculosis (DS-TB) and Drugs Resistant Tuberculosis (DR-TB). The training package was developed by the Challenge TB Bangladesh team and Marleen Heus (KNCV Tuberculosis Foundation) with the guidance of (NTP). The training package was reviewed and field tested by technical staff from NTP and partners, DOT providers and their supervisors.

The Challenge TB Bangladesh team wishes to acknowledge the contributions of NTP and other stakeholders to the development of this training package.

Table of Contents

Acknowledgements	2
1 Introduction of the manual for DOT providers.....	5
2 Training program “Counselling TB patients by DOT providers”.....	6
3 How to communicate effectively with patients?.....	7
4 Counseling the TB patient.....	10
5 How to use the Job Aid in patient counselling?	12
6 Job Aid for drug-susceptible TB patients	13
7 Job Aid for drug-resistant TB patients.....	24

Abbreviations

ACSM	Advocacy Communication and Social Mobilization
CTB	Challenge TB
DR-TB	Drug resistant tuberculosis
DS-TB	Drug susceptible tuberculosis
HCW	Health care worker
PPT	Power Point
TB	Tuberculosis
TOT	Training of trainers

I. Introduction of the manual for DOT providers

Why this manual?

This manual will support you as DOT provider in counselling drugs susceptible (DS) and drugs resistant (DR) TB patients and using the job aids.

What is the content of this manual?

The manual provides you information on :

- The training program “Counselling TB patients by DOT providers” (Chapter 2)
- How to communicate effectively with patients (Chapter 3)
- Counselling the TB patient (Chapter 4)
- How to use the job aids in patient counselling (Chapter 5)
- The DS-TB job aid (Chapter 6) and DR-TB job aid (Chapter 7)

How to use this manual?

You can read through the whole manual to learn more about tuberculosis, the treatment and how to counsel your patients.



You can also use this manual as a reference guide, to look up the information you need. There is space to make notes for your own updates so that you keep your User Manual up to date.

Your own updates

2. Training program “Counselling TB patients by DOT providers”

DAY 1

Time	Session
09.00-09.30	Session 1 : Welcome and introduction
09.30-11.00	Session 2 : The TB Job aids
11.00-11.30	Break
11.30–13.00	Session 3 : Asking questions and active listening

DAY 2

Time	Session
09.00-09.30	Session 4 : Sharing experiences so far
09.30-10.45	Session 5 : Counselling TB patients for treatment adherence (1)
10.45-11.15	Break
11.15-12.30	Session 5: Counselling TB patients for treatment adherence (2)
12.30-13.00	Session 6 : Evaluation of the course

Homework

In the coming weeks you will use the job aid in counselling the TB patient.

Answer the following questions to share with your colleagues in the next training session.

1. **When did you use the Job Aid?**
2. **How did patients respond to the Job Aid?**
3. **What questions do you have about the Job Aid?**

3. How to communicate effectively with patients?

Good communication is the heart of patient education and counseling. Through good communication the HCW and the patient will understand each other. This chapter tells you how to communicate effectively. Knowing is the first step, however you need to practice and develop your communication skills further.

Build trust

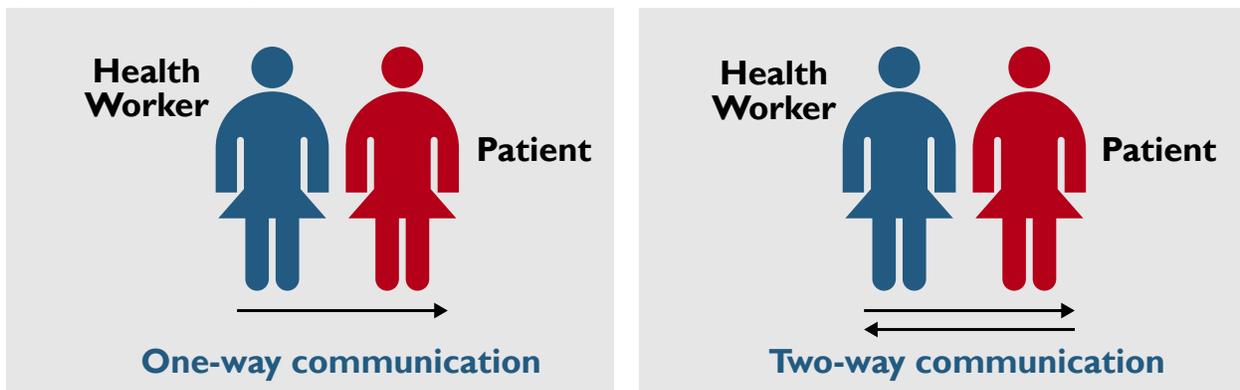
To be open for health education and counselling, the patient must trust the HCW.

To build trust and openness it is important to:

- Greet the patient and ask the patient how he/she is doing
- Meet the patient at a place where the patient:
 - Feel comfortable
 - DOT provider need the skills of asking questions to the patient
 - DOT providers need the skills for hearing the information and able to provide appropriate information
- Be friendly and non-judgmental

Two-way communication

Communication involves the exchange of information and is most productive when it is a two-way process which offers an opportunity for both the HCW and the patient to give information, ask questions, answer questions and listen.



If you TELL only, you will not know what the patients' concerns are, whether the patient has understood the information and is willing to practice what the HCW has advised.

Not all patients will immediately be willing to ask questions and share their concerns. Therefore, you need to take time and encourage patients to tell their story and ask their questions. Be friendly and non-judgmental and show that you have time for them.

Provide correct and relevant information

If you give too much information all at once, patients might be overwhelmed. Other patients may feel not been taken seriously because you give them information they already know. Therefore, it is important to intuitively tailor the information to the patients' needs.

How to provide correct and relevant information?

- Build on the current knowledge the patient has
- Don't overload the patient with information (give the information in pieces)
- Use a visual support such as the job aid
- Check if the patient has understood by asking a question or asking the patient to summarize the information that you have given
- Give the patient a brochure as a reminder

Asking questions

Ask questions to know more about the patient's background, his/her concerns, what the patient knows and what information he/she needs.

You can ask closed and open questions :

Closed questions

These are the questions you can answer with yes or no / or just one precise answer :

Examples of closed questions are

- Did you experience side effects of the drugs?
- Are you married?

A closed question is useful if you want to have a precise answer.

A closed question is not useful if it limits providing information.

An example of a poor closed question : Have you taken your drugs every day?
Better ask : When did you take your drugs?

Open questions

Open questions are the questions that invite patients to give information. Open questions start with : When, What, How - - -

Examples of open questions :

- When do you take your medication?
- How did you feel this week?

HCWs should ask preferably open questions.

Active Listening

Listen to what the patient tells you. Do not only listen to **what** the patient tells you (the words) but also to **how** the patient tells his/her story. This can give you a lot of information about the patient's emotions, hesitations and motivation.

How to listen actively?

Pay attention to the person

- Avoid distraction (switch off telephones, close doors)
- Make sure that everyone is seated comfortably
- Show that you listen (Look at the speaker, nod etc., use verbal affirmation such as yes, I see, I understand)
- Listen to the person's body language: is he/she attentive, does he/she show to have concerns, does he/she follow you.

Check if you have understood the person

- By repeating back (paraphrasing) what the persons has said to you and by asking if that is correct
- By summarizing the key points
- By asking a question for clarification
- By looking at the person's body language

Answering questions

- Answer to the question that the patient asks.
- Be to the point.
- If you don't understand the question: ask the patient to clarify.
- Check if the patient has understood your answer; e.g. by asking the patient to summarize the answer.

Your own updates

4. Counseling the TB patient

What is Counselling?

Counselling aims to provide information, listen to and support the patient so that the patient

- is well informed
- can make the necessary decisions and
- will be able to adhere to treatment



Counseling process

The counseling process includes four steps :

Step	The purpose is to	What do you do as DOT provider
1. Greet	Make the patient feel comfortable.	Greet Ask the patient: <ul style="list-style-type: none">- How are you doing today?
2. Ask	Know how the patient is doing and what information the patient needs.	Ask the patient: <ul style="list-style-type: none">- How are you doing since we met the previous time?- Do you have specific questions?
3. Tell / Explain	Provide the information the patient needs.	Provide the information the patient needs.
4. Return	Check if the patient has understood the information. Check if the patients' questions have been addressed	<ul style="list-style-type: none">- Ask the patient to summarize the key messages.- Add information when needed.

What knowledge, skills and attitudes a counsellor needs?

Knowledge

You need to have up to date information about the tuberculosis disease, the treatment and patients' rights and responsibilities. You find this information in chapter 6 (for drugs susceptible TB) and in chapter 7 (for drugs resistant TB).

So now and then the treatment of TB might change. Therefore, it is important to keep yourself updated and write the latest information in your manual.

Skills

To counsel patients you **need strong communication skills** such as: building trust, facilitating a two-way communication, providing correct and relevant information, listening actively, asking open questions and answering questions appropriately. By practicing these skills, you will become a better counselor. Chapter 3 gives more information about these communication skills.

Attitudes

As a counselor you need to have a **patient centered attitude**, this means that you

- Take time for the patient
- Listen to the patients' needs and concerns
- Respect the knowledge and the skills of the patient that you are counselling
- Treat the patient with esteem and regard.
- Support the patient in finishing his/her treatment.

Observation checklist (for the observers)

Observe how the patient is counseled by the HCW, and write all your observations in your notebook. After the role play you will share your observations with your group members.

Nr	Counselling skills	Yes/No	What do you observe?
1	Does the HCW make the patient feel comfortable?		
2	Does the HCW provide correct and relevant information ?		
3	Does the HCW listen actively?		
4	Does the HCW answer		

Your own updates

5. How to use the Job Aid in patient counselling?

1. Why do we need a job aid?

The job aid is a support to provide the patient the necessary information and counsel the patients to adhere to treatment. Be aware that you as a DOT provider and your communication with the patient are very important for successful patient counselling.

2. When to use the job aid?

The job aid can be used in the different stages of the TB treatment :

- When patients start treatment to inform them about the TB disease, the TB treatment and their rights and responsibilities
- During treatment to address all the questions and concerns the patients have : the drugs side effects, when can they start working, are they still infectious?

The job aid can also be used to inform the patient's family and the community about TB, the TB treatment, the risk for infection and how they can support the patient during his/her treatment.

3. Do's and don'ts in using the job aid

- Make use of the visuals in the job aid, this will help the patient to understand the information.
- Doesn't finish the job aid in one counselling session, the patients will be overwhelmed and forget.
- Discuss the slides that are important for the patient at that moment of the treatment. At the start of the treatment the patient is mainly interested in the treatment duration and drugs. Later questions about drug side effects, their rights and responsibilities might come up.
- Repeat information, so that the patients will remember.
- Give the patient a brochure with all the information that is in the job aid. At home they read again and share the information with their family members and friends.

4. The Job Aid information

Chapter 6 presents the job aid information for DS-TB patients.

Chapter 7 presents the job aid information for DR-TB patients.

Use the chapters 6 and 7 together with the job aides.

Each chapter presents per slide:

- The key information that the patient **must** know
- **Additional information** for you as DOT provider (in italic), to be better equipped to answer the patients' questions
- **Your own updates** : to write updates and information that you don't want to forget.

Your own updates

6. Job Aid for drug-susceptible TB patients

1. What are the symptoms of TB?

When you have TB, you might have the following symptoms :

- Continuous cough for more than 3 weeks
- You lose weight
- Fever at night when you sleep

Additional information

Other symptoms of the TB disease may include :

- Weakness or fatigue
- Loss of appetite

Signs and symptoms of **extra-pulmonary TB** depend on the site involved.

Most Common examples are :

- **TB lymphadenitis** : swelling of lymph nodes
- **Pleural effusion** : fever, chest pain, shortness of breath
- **TB arthritis** : pain and swelling of joints
- **TB Meningitis** : headache, fever, stiffness of neck and subsequent mental confusion
- **TB Abdominal**

Your own updates

2. What is the TB disease?

TB is a contagious disease that is spread by bacilli and affects primarily the lungs but can also spread to other organs.

Additional information

TB is a disease caused by bacilli that are spread through the air from person to person. If not treated properly the TB disease can be fatal.

Tuberculosis of the lungs (**pulmonary TB**) is the most common form of TB and occurs in about 80% of cases. When the infection occurs in other parts of the body it is called **extra-pulmonary TB**.

Your own updates

3. How did I get TB?

TB is spread through air droplets, coming from a coughing person who has lung TB and was not treated (appropriately) or didn't finish treatment.

Additional information

TB infection and TB disease

Patients with pulmonary TB who spread TB bacilli through coughing, sneezing and spitting are the main source of TB infection. Healthy people become infected with TB through inhalation of the droplets containing TB bacilli. Around 90% of the infected people do not progress to TB disease because of their immunity.

Around 10% of the people infected with TB bacilli may progress to the TB disease in their lifetime. TB bacilli multiply in their lungs or other organs and produce the signs and symptoms of TB.

You are at **increased risk for being infected** with TB bacteria if :

- You have spent much time with a person with TB disease e.g. a family member
- You live or work where the TB disease is more common, such as a homeless shelter, prison or jail or health care facility.

You have a **higher chance of getting the TB disease** once infected if :

1. You have a weak immune system because :
 - You have HIV infection
 - You are a child younger than 5 years' old
 - You have other health problems that make it hard for your body to fight the disease (such as diabetes)
2. You smoke cigarettes or abuse alcohol and/or drugs
3. You were not treated correctly for latent TB infection or TB disease in the past.

Your own updates

4. What will happen to me, will I die?

TB is a deadly disease if not treated, but curable with the right treatment.

Additional information

Early diagnosis of the TB disease and treatment of infectious TB patients stops the transmission of TB infection in the community. Therefore, it is important to :

- Identify people with presumptive TB as quickly as possible
- Diagnose them rapidly
- Initiate treatment immediately
- Complete treatment

Your own updates

5. How long do I take treatment to get cured?

You should take the treatment daily during six months supported by a treatment supporter.

Additional information

The duration of the treatment is between the six and eight months. The table below gives the details.

Patient	Treatment duration
A TB patient who is treated for TB for the first time (category-1 TB)	Daily six months' treatment: two months' intensive phase four months' continuation phase.
A TB patient who has been treated for TB before (the category-2 TB)	Daily eight months' treatment: three months' intensive phase five months is the continuation phase.

Your own updates

6. How do I know if I am still infectious to my family or other people?

After two months of treatment you will visit your DOTS facility for checkup and repeat the sputum test. If the test is negative you will not be infectious anymore, but a next check will be needed at 5 months and at the end of treatment to confirm that you are fully cured.

Additional information

Two weeks after initiation of the treatment most of the micro organism died and the patient is not infectious any more. Sputum tests at 2 and 5 months are necessary to confirm that the patient is not infectious.

Your own updates

7. How can I protect my family from getting the disease? (1)

You can use a surgical mask in the first 2 weeks of treatment and practice cough etiquette to prevent spreading of TB bacilli. You need to ventilate the house regularly to keep the air clean.

Additional information

Patients start treatment immediately and follow their treatment so that they will not be infectious any more. If the sputum test at two months is negative, the patient is not infectious anymore, and there is no need for the patient to wear a mask. Good treatment is the best way to prevent TB infection.

Good ventilation of the house is important so that the air that contains TB bacilli will leave the house and the risk for transmission will decrease.

Your own updates

8. How can I protect my family from getting the disease? (2)

If you have a “smear positive” TB let your family members be screened by the HCW.

Additional information

All the members of the household need to be screened, even when they don't show any symptoms yet.

Also the under-fives need to be screened; they are vulnerable for infection because they live close to the TB patient (especially when the TB patient is the mother). Moreover, these children don't have a mature immune system yet to fight against the infection themselves.

The screening will be done at the nearest health facility, by a doctor and is free of costs.

Your own updates

9. How can I protect my small children from getting the disease?

All children under five living in the same household as the TB patient and not having any TB symptoms need to take protective TB drugs every day for 6 months, called “IPT”

Additional information

Qualified/graduate doctors from any health facilities can prescribe IPT. These drugs are free of costs.

Your own updates

10. What can my family do to support me during the treatment?

The family should not be afraid for the TB patient :

- The TB patient can eat together with his/her family. There is no need to separate the utensils. TB is not spread by eating together.
- The family is very important for the TB patient and should encourage the TB patient to follow the long treatment and to support the side effects.

Additional information

The family should talk with the TB patient about the TB disease and the concerns the patient has. By talking about the TB disease the family will address the TB stigma.

Your own updates

11. What about my work?

You can return to work after 2 weeks' treatment if you feel strong enough, and wear a mask until you have the sputum checked and became negative at 2 months' follow-up.

Additional information

Inform your employer that you have tuberculosis and will be absent till you are not infectious anymore.

Give your employer information about tuberculosis :

- It is an infectious disease
- People that are infected with TB show the following symptoms: cough for more than 2 weeks, night sweat and weight loss
- Go to the clinic for screening, if you have these symptoms
- People can be infected by other people that are infected by TB but are not on treatment
- TB patients are not infectious anymore after 2 weeks of treatment.

Your DOT supporter can accompany you to your employer, to fully inform the employer. Suggest the employer to inform all employees about tuberculosis, the symptoms and the risks for infection.

Your own updates

12. What should I eat to become strong again?

Eat healthy food like vegetables, meat/fish/dal/eggs and fresh fruit.

Additional information

Healthy food is important to fight against the disease and recover.

The TB medicines are strong and can cause nausea. If you eat regularly and sufficiently you will suffer less of nausea.

Ask the patient whether they have enough healthy food at home. If not, you need to address this problem with your supervisor.

Your own updates

13. What should I not do?

You must not smoke and drink alcohol during treatment.

Additional information

Smoking is not good for your health and specifically not good for your lungs. Smoking will hinder curing from TB.

Alcohol will hinder curing from TB. More-over the TB drugs cannot be taken together with alcohol. This will burden the stomach and the liver.

Your own updates

14. What will happen if I forget to take my medicine?

1. Continue taking your medicines as you would normally do
2. Do not take two doses at the same time
3. If you forget two days or more you must visit your DOTS health facility as soon as possible, for instructions on how to best take care.

Your own updates

15. What happens if I don't take my drug regularly or don't complete the whole period of treatment?

You will remain sick or can die. You can also develop a very difficult to treat TB, which is complicated to treat.

Additional information

Patients that don't take their drugs regularly or don't complete their treatment can develop drug resistant TB (DR-TB). The treatment of DR-TB is long (9 – 22 months) and the drugs are very toxic. It is important to prevent the spread of DR-TB.

Your own updates

16. Are these TB drugs having side effects?

TB drugs are powerful medicines and can best be taken during or after the meal and always at the same moment of the day (e.g. at breakfast). If you don't take it with a meal the drug may cause nausea and a feeling like vomiting, loss of appetite and abdominal pain.

The TB treatment also makes the urine/tears orange. This will disappear again after treatment. You might have other side effects; tell the DOT provider who can advise you.

Additional information

There are other side effects which are rarer, such as:

- Feeling sick or dizzy
- Skin rashes
- Joint pain
- Pins and needles
- Flu like symptoms
- In very few cases people may experience jaundice, which is the yellowing of skin or eyes. If this happens, stop taking your medication and tell your doctor straight away.

Your own updates

17. What are my rights as a TB patient?

Patients have rights and responsibilities and so do TB patients. Remind them the poster about patients' rights and responsibilities at hospitals in outdoor clinics.

As a TB patient you have the right for :

1. Treatment and care :

- Free TB treatment at the health facility or community level
- Adherence counseling by a DOT provider and health care provider

2. Respect and no discrimination :

- Be treated with respect and dignity
- Support of HCW, family and community

Additional information

The patient has the right :

- To have quality care
- To complain if the patient has any problem with the treatment
- To seek support and advice and share experiences.

More information is available in the Poster about TB patients' Rights and Responsibilities and the TB Patient Charter.

Your own updates

18. What are my rights as a TB patient? (2)

You have the right on information and the right for confidentiality.

1. Information : about the disease, side effects, transmission, what to eat etc.
2. Confidence : concealing information regarding patient's information

Additional information

Patients have the right on information about the :

- TB disease
- Available care services
- His/her health and the progress made
- The drugs, how they work and the side effects
- The treatment duration
- The risks for infection of his/her children, family, friends, neighbors, and others so you can help protect them.

Your own updates

19. What are my rights as a TB patient? (3)

You have the right on :

1. Organization : Establish or join a TB club
2. Job security from diagnosis to cure
3. Access to Quality Assured drugs and diagnostic

Your own updates

20. What are my responsibilities as a TB patient?

You are responsible to :

1. Share information with health service providers about present health, past illnesses and other important information.
2. Tell the HCW about your household contacts with family, friends and school.
3. Inform family and friends about your TB disease.
4. Follow the medication according to the agreed time.
5. Contribute to the community: encourage others to do a TB test if they have symptoms and offer you to be a DOT provider.
6. Join with the fellow TB patient when you are feeling better or cured (show solidarity).

Your own updates

7. Job aid for drug-resistant TB patients

I. What is TB? The Symptoms

When you have TB (also DR-TB), you might have the following symptoms :

- You have continuous cough for more than 3 weeks
- You lose weight
- You have fever when you sleep

Additional information

Other symptoms of the TB disease may include :

- Weakness or fatigue
- Loss of appetite

Signs and symptoms of **extra-pulmonary TB** depend on the site involved.

Most Common examples are :

- **TB lymphadenitis** : swelling of lymph nodes
- **Pleural effusion** : fever, chestpain, shortness of breath
- **TB arthritis** : pain and swelling of joints
- **TB Meningitis** : headache, fever, stiffness of neck and subsequent mental confusion
- **TB Abdominal**

Your own updates

2. What is the TB disease?

TB is a contagious disease that is spread by bacilli and affects primarily the lungs but can also spread to other organs.

Additional information

TB is a disease caused by bacilli that are spread through the air from person to person. If not treated properly the TB disease can be fatal.

Tuberculosis of the lungs (**pulmonary TB**) is the most common form of TB and occurs in about 80% of cases. When the infection occurs in other parts of the body it is called **extra-pulmonary TB**.

People infected with TB bacteria who are not sick may still need treatment to prevent TB disease from developing in the future.

Your own updates

3. What is DR TB? The disease

When the TB treatment is not taken regularly or the treatment course of 6 months is not completed the micro organism are becoming resistant to the normal TB medicines. The TB drugs won't be working anymore and you have developed DR-TB.

Additional information

The bacteria that cause TB can develop resistance to the drugs used to cure the disease. Multidrug-resistant TB (MDR-TB or DR-TB) is TB that does not respond to at least isoniazid and rifampicin, the two most powerful anti-TB drugs.

Drug-resistant TB (DR-TB) is spread the same way that drug-susceptible TB is spread.

TB is spread through the air from one person to another. The TB bacteria are put into the air when a person with TB disease of the lungs coughs, sneezes, speaks, or sings. People nearby may breathe in these bacteria and become infected.

Your own updates

4. How did I get DR-TB?

You get it when you don't take your TB medicines regularly or you don't complete your treatment. You can also get DR-TB through a regular contact with a coughing person having untreated DR-TB.

Additional information

Drug-resistant TB is more common in people who :

- Do not take their TB drugs regularly
- Do not take all of their TB drugs
- Develop TB disease again, after being treated for TB disease in the past
- Come from areas of the world where drug-resistant TB is common
- Have spent time with someone known to have drug-resistant TB disease

Most people who have DR TB got it from someone else, and it is not because they did not take TB drugs adequately themselves.

Your own updates

5. How long will the MDR-TB treatment take?

The standard treatment will take 20-24 months, starting with 8 months' injections followed by 12 months of tablets.

Additional information

The Standard MDR-TB Regimen should be given for a minimum of 20 months and at least 18 months past sustained culture conversion

Length of Treatment for the Standard MDR TB Regimen

Date of first sustained conversion*	Length of injectable agent	Length of Total treatment for Standard MDR TB regimen
Between month 0 and 4	8 months	20 - 22 months
Between month 5 and 8	Add 4 months from conversion date	Add 18 months from conversion date

*Date of first negative smear and culture by two consecutive months

Your own updates

6. How long will the standard shorter MDR TB treatment regimen take?

The treatment will take at least 9 months, starting from the diagnosis period.

Additional information

The short DR-TB treatment includes other drugs than the standard MDR-TB treatment.

This new combination of drugs allows shortening the treatment duration.

The intensive phase will be for at least 4 months includes injection and continuation phase will be for 5 months (fixed) consisting of all oral medicine.

Intensive Phase :

The intensive phase consists of Km (Am, Cm), Mfx (Gfx), Cfz, Z, E, HHD, Pto (Eto) given daily for four months.

Continuation Phase :

The continuation phase consists of Mfx (Gfx,) Cfz, E, Z for a fixed duration of five months.

Your own updates

7. How can I protect my family from getting the disease?

You can wear a surgical mask in day time until your sputum has become converted culture negative for consecutive two months, meaning that you are not anymore infectious to others.

Practice cough etiquette, and ventilate the house. Let your family members be screened by the health care worker.

Additional information

- Patients start treatment immediately and follow their treatment so that they will not be infectious any more. Good treatment is the best way to prevent TB infection.
- Good ventilation of the house, so that the air that contains TB bacilli will leave the house.
- All the members of the household need to be screened, also when they don't show any symptoms yet.
- Also the under-fives need to be screened; they are vulnerable for infection because they live close to the TB patient (especially when the TB patient is the mother). Moreover, these children don't have a mature immune system yet to fight against the infection themselves.
- The screening will be done at the nearest health facility, by a doctor and is free of costs.

Your own updates

8. What about my work?

After one to two months when your sputum result is negative and you are getting released from the hospital, you can return to work if you feel strong enough. Wear a mask in day time until your sputum has become converted culture negative.

Additional information

Inform your employer that you have tuberculosis and will come back when you are strong enough. Give your employer information about tuberculosis and DR-TB :

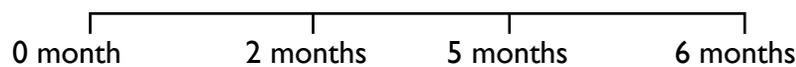
- It is an infectious disease.
- People that are infected with TB show the following symptoms: cough for more than 2 weeks, night sweat and weight loss.
- Go to the clinic for screening, if you have these symptoms. Tell the health care worker that somebody at work was diagnosed with tuberculosis.
- People can be infected by other people that are infected by TB but are not on treatment.
- TB patients are not infectious anymore after 2 weeks of treatment.

Your DOT supporter can accompany you to your employer, to fully inform the employer. Suggest the employer to inform all employees about tuberculosis, the symptoms and the risk for infection.

Sputum Follow-up :

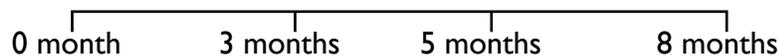
Category-1:

- after 2 months' treatment
 - At the end of 5 & 6 months
- (if the intensive phase increase then after the end of 3 months once more)



Category-2 :

- after 3 months' treatment
 - At the end of 5 months & 8 months
- (if the intensive phase increase then after the end of 4 months once more)



Note that to go from the intensive phase to the continuation phase or if anyone wants to change the regimen then he/she must have to know the sputum test result.

Your own updates

9. What should I eat to become strong again?

Eat healthy food like vegetables, meat/fish/dal/eggs and fresh fruit.

Additional information

DR-TB can cause malnutrition; more over the TB drugs medication might decrease appetite, making adequate nutrition a greater challenge.

Sufficient and healthy food is necessary to support the TB drugs and to get cured. Patients need sufficient proteins (from meat, fish, beans and dairy products), vitamins (e.g. Vitamin B6) and mineral supplements.

DR-TB patients receive food support during the whole period of treatment.

Your own updates

10. What should I not do?

You must not smoke and drink alcohol during treatment.

Additional information

Smoking is not good for your health and specifically not good for your lungs. Smoking will hinder curing from TB.

Alcohol will hinder curing from TB. More over the TB drugs cannot be taken together with alcohol. This will burden the stomach and the liver.

Your own updates

11. What happens if I don't take my drug regularly or don't complete the whole period of treatment?

If you don't complete the course you remain sick, or develop a very difficult to treat TB or can even die.

If you realize that you forgot to take one day's dosage of medications, you can usually just take your next regularly scheduled dose as you would normally. If you've forgotten two days or more of your medications, you'll need to go the DOTS facility for instructions on how to best take care of the situation.

Additional information

If you don't take your drugs properly or don't complete your treatment, you will be infectious and might infect others in your family and the community.

For your own health and to stop the spread of DR-TB it is necessary that you fully complete your treatment.

Your own updates

12. Are these TB drugs having side effects?

TB drugs and injections are powerful medicines and can best be taken during or after meals and always at the same moment (like breakfast). If you don't take it with meals the drug may cause side effects like nausea and feeling like vomiting, loss of appetite abdominal pain and skin rash.

Additional information

If patients face these side effects, they need to tell the DOT provider and discuss what can be done to address these side effects.

Common side effects might include :

- Feeling sick or dizzy
- Skin rashes
- Joint pain
- Hearing problem
- Palpitation/cardiac problem
- Pins and needles
- Renal problem/Oliguria/Swelling of legs and feet
- Jaundice

Your own updates

13. Are these drugs having more serious side effects?

As DR-TB is a complicate form of TB and the drugs and the injections are powerful, there are other serious side effects also. They are: tingling in hands or feet, deafness, ringing of ears, headache, seizures, loss of consciousness, feeling anxious and feeling sad or unhappy.

There are other side effects which are rarer, such as joint pain, itching and skin rash, dizziness and you need to inform the DOT provider for advice or further action.

Additional information

If patients have seen these serious side effects he/she must consult the doctor immediately and must stop taking the medicines.

The doctor will give the patient a slightly different treatment regimen, replacing the drug that causes the side effect by another drug.

Your own updates

14. What are my rights as a TB patient?

Patients have rights and responsibilities and so do TB patients. Remind them the poster at hospitals in outdoor clinics.

As a TB patient you have the right for :

1. Treatment and care :

- Free TB treatment at the health facility or community level
- Adherence counseling by a DOT provider and health care provider

2. Respect and no discrimination :

- Be treated with respect and dignity
- Support of health worker, family and community

Additional information

You have the right :

- To have quality care
- To complain if you have any problem with the treatment.
- To seek support and advice and share experiences.

You can find more information in the Poster about TB patients' Rights and Responsibilities and the TB Patient Charter.

Your own updates

15. What are my rights as a TB patient? (2)

You have the right on information and the right for confidentiality.

1. Information : about the disease, side effects, transmission, what to eat etc.
2. Confidence : concealing information regarding patient's information.

Additional information

Patients have the right on information about the :

- TB disease.
- Available care services.
- His/her health and the progress made.
- The drugs, how they work and the side effects.
- The treatment duration.
- The risks for infection of his/her children, family, friends, neighbors, and others so you can help protect them.

Your own updates

16. What are my rights as a TB patient? (3)

You have the right on :

- Organization: establish or join a TB club
- Job security from diagnosis to cure
- Access to Quality Assured drugs and diagnostic

Your own updates

17. What are my responsibilities as a TB patient?

You are responsible to :

- Share information with health service providers about present health, past illness and other important information.
- Tell the health care worker about your household contacts with family, friends, and school.
- Inform family and friends about your TB disease.
- Follow the medication according to the agreed time.
- Contribute to the community: encourage others to do a TB test if they have symptoms and offer you to be a DOT provider.
- Join with the fellow TB patient when you are feeling better or cured (Show Solidarity).

Your own updates

