**Examples of Intermediate Outcomes in TB Case Management**

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| **Activity: Initiate treatment with anti-TB medications**   * Appropriate TB regimen is prescribed and DOT is planned at first visit. |
| **Activity: Directly observed therapy (DOT)**   * DOT is initiated within one working day. * Patient’s monthly adherence rate is compared to established objectives. |
| **Activity: Clinical monitoring of response to anti-TB treatment**   * Sputum conversion (smear) occurs within two to three weeks and sputum remains negative. * Culture conversion occurs within eight to ten weeks, and culture remains negative. * Clinical improvement is subjectively and objectively noted in 80% of patients. |
| **Activity: Monitoring and follow up for side effects and adverse events**   * Side effects of medications are minimized by adjusting method and timing of ingestion. * Baseline CBC, hepatic enzymes, and platelet count are obtained in 100% of patients placed on four first-line drugs. * Blood tests are repeated in 100% of patients who have abnormal baseline test results, are at high risk for side effects, or who present with signs or symptoms of adverse reactions to drugs. * Baseline visual acuity and color vision (Ishihara) test are performed at first visit on 100% of patients taking ethambutol and repeated monthly. * Baseline auditory and renal function studies are performed on 100% of patients taking an aminoglycoside. * Baseline uric acid and hepatic enzyme levels are obtained in 100% of patients taking PZA and repeated if abnormal or if patients present with symptoms of adverse reaction. * Baseline psychiatric evaluation and administration/monitoring protocol are in place for patients taking cycloserine. |
| **Activity: Adherence monitoring**   * Continuity of TB treatment is ensured by patient keeping monthly appointments. * Barriers to adherence are identified within two days of missed DOT and addressed within three working days. |
| **Activity: Insight into TB disease process**   * Education is provided to 100% of patients and caregivers regarding pathogenesis, transmission, and treatment of TB disease, the difference between TB infection and disease, and prevention of transmission in the community. |
| **Activity: Treatment plan documented**   * Individualized, multidisciplinary care plan is developed during the first month of treatment. |
| **Activity: Community health\***   * TB interview is conducted within three days after patient is reported as being evaluated for TB disease or diagnosed with TB disease. * Identified contacts are tested for TB infection, if previously negative, within 15 days after patient is reported as being evaluated for or diagnosed with TB disease. * Contacts with a positive TB test are medically evaluated within 30 days after the index case was reported. |

\* Follow state and local guidelines.