For office use **Childhood TB Notification** only in the Gert Sibande District, Mpumalanga Province, **South Africa** V1 **Facility number: Date:** / 2004 Please mark the appropriate box with an "X". **Section A: Biographical Information** 1. ·1 Female 1 V2Gender: ·2 Male 2. Your age at your last birthday: Years **V3** Note your professional qualifications. Mark all that are applicable. 3. ·1 General nursing ·2 Midwifery 3 •3 Psychiatric nursing •4 Community Health Nursing •5 Nursing Administration 6 ·6 Nursing Education •7 Primary Health Care ·8 Other (Please specify): V44. Where is your facility situated? ·1 Rural **V**5 ·2 Urban 5. Which **ONE** of the following best describes the type of Health facility you ·1 Provincial Government – fixed (permanent) clinic ·2 Provincial Government – mobile clinic ·3 Provincial Government – community health centre **V6** 6. Have you had any specific TB training since graduating / completing your basic nursing training? ·1 Yes .1 No V76.1 If **yes**, how many days in total? 6.2 If **yes**, when was the most recent training (provide year)? V87. Do you feel that you would benefit from additional training on TB management in children? ·1 Yes 1 ·1 Unsure 3 V9 ⋅1 No

Which **ONE** best describes your professional role in TB management of

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children?

17.	How many children of 15 years or older are registered in your clinic on active treatment at present (2004)?	V19		
18.1	Do you have any child contacts of adults with TB who are on prophylactic treatment in your clinic at the moment? 1 Yes 1 1 No 2 1 Unsure 3	V20		
18.2	If yes, how many?	V21		
19.	How do you keep record of these children? Mark all that are applicable.	For office use		
	-1 None -2 Extra TB Register -3 Book -4 Form -5 Blue card of positive patient (Adults) -6 Blue card of child contact -7 Baby card/Road to Health card -8 Other (Please specify):	v22 V23 V24 V25 V26 V27 V28 V29		
	Section B: Diagnosing TB in Children			
	Some of the questions in Section B may have more than one answer. Mark all the correct answers, or fill in the blanks.			
1. 1.1	GENERAL What strategies effectively prevent TB in children? 1 BCG vaccination 2 Chemo prophylaxis of child contacts of infectious adults 3 DPT vaccination 4 A functional National TB control programme 5 Treating smear positive adults 6 Integrated Management of Childhood Illness (IMCI) 7 Anti-retroviral therapy (ARV) The rick of TB infection in shildren with TB in a given population depends on	V30 V31 V32 V33 V34 V35 V36		
1.2	The risk of TB infection in children with TB in a given population depends on the following: 1 The number of infectious TB cases in the population 2 The degree of overcrowding in a community 3 The extent of exposure of infectious droplet nuclei 4 The proportion of children under 5 years of age in the population 4	V37 V38 V39 V40		
2. 2.1	BCG What does BCG stands for?			
		V41		
2.2	What is the preferred age for administering BCG to a child? 2 Birth 1 2			

	· Repeat it 1 · Leave it 2 · Unsure 3	V46				
2.7	7 What is the most common adverse event following BCG immunisation? -8 Scar 1					
	·9 Infected wound 2					
	·10 Fever 3					
	·11 Unsure 4	V47				
2.8	.8 How many doses of BCG should be administered?					
	12 One 1					
	·13 Two 2					
	·14 Does not matter 3					
	·15 Unsure 4	V48				
3.	PREGNANT WOMEN AND INFANTS					
3.1	What TB medicine(s) should not be given to pregnant women because it may affect their unborn child?					
	·16 Ethambutal 1					
	·17 INH 2					
	·18 Rifampisin 3					
	·19 Streptomycin 4					
	·20 PZA 5					
	·21 Unsure 6	V49				
3.2	How should you manage a baby born to a mother with active TB?					
	·22 Start treatment immediately after birth 1					
	·23 BCG must be given immediately after birth 2					
	BCG should only be given once treatment of baby is 3					
	completed					
	·25 Unsure	V50				
3.3	Are the TB drugs excreted in breast milk an effective treatment for active TB					
	infection in a breastfeeding infant					
	· Yes 1 · No 2 · Unsure 3	V51				
4.	DIAGNOSTIC TOOLS					
4.1	Tuberculin skin test for children					
4.1.1	When should one perform a Tuberculin test?					
	·26 Suspect TB					
	·27 Suspect HIV/AIDS 2					
	·28 When a BCG vaccination is not followed by a 3					
	scar -29 Unsure	V52				
4.1.2	What does a positive Tuberculin test mean?					
	·30 The child is infected with TB					
	·31 The child has TB diseas e 2					
	·32 The child has been immunised with BC G 3					

Unsure

4.1.5	Correct reading of a Mantoux test is limited to: -44 Height of the swelling -45 Colour of the swelling -46 Diameter of the swelling -47 Unsure 4	V61
4.2	X-rays as a diagnostic tool in children	
4.2.1	Do you make use of x-rays in your clinic to diagnose TB in children? Yes 1 · No 2 · Unsure 3	V62
4.2.2	The gold standard for diagnosing TB in children is chest x-rays. • True 1 • False 2 • Unsure 3	V63
4.3	High index of suspicion / Clinical signs and symptoms of TB in children	
4.3.1	Which ONE group of patients is the main focus of TB control? -48 Adults diagnosed with x-rays -49 Sputum negative adults 2 -50 Sputum positive adults 3 -51 Unsure 4	V64
4.3.2	Which of the following groups are at risk of developing serious forms of TB? 1 Adults 2 Adolescents 3 Children under 2 years 4 Unsure	V65
4.3.3	How do you know when a child is responding to TB treatment? Mark all applicable answers. 1 Gains weight 2 TB symptoms disappear 3 Fever subside 4 X-ray improve 5 Unsure 5	For office use only V66 V67 V68 V69 V70
4.3.4	The diagnosis of TB in children primarily revolves around (mark all applicable answers): 1 Clinical features 2 Tuberculin skin test 3 Chest x-ray 4 History of contact with a sputum positive Pulmonary TB case 5 VCT 6 TB blood test 7 Unsure 7	V71 V72 V73 V74 V75 V76 V77
4.3.5	Which of the following symptoms are suggestive of TB in children? Mark all applicable answers.	

.1 Persistent cough

4.3.7	Which ONE group of children are more susceptible to TB? 15 Chronically overweight 16 Chronically underweight 2 17 Boys 18 Girls 19 Unsure 5	V98
4.4	Score system for diagnosis of TB in children	
4.4.1	Does your clinic use a score system for assisting with the diagnosis of TB in children? • Yes 1 • No 2 • Unsure 3	V99
4.4.2	If yes, do you have a standardised score chart / record that you complete for every child with suspected TB? \cdot Yes $\boxed{1}$ \cdot No $\boxed{2}$ \cdot Unsure $\boxed{3}$	For office use only V100
4.4.3	How do you rate the TB SCORE CHART in assisting you with TB diagnosis in children? -20 Very useful -21 Useful -22 Not useful -23 Unsure 4	V101
4.4.4	Do you have any other comments regarding the TB score chart?	
		V102
4.4.5	Do you use a Paediatric TB FLOW CHART ? · Yes 1 · No 2 · Unsure 3	V103
4.4.6	Is the Paediatric SCORE CHART displayed on the walls of the consulting rooms? • Yes 1 • No 2 • Unsure 3	V104
4.4.7	Is the Paediatric FLOW CHART displayed on the walls of the consulting rooms? · Yes 1 · No 2 · Unsure 3	V105
4.5	Gastric washing / gastric suction	
4.5.1	Why is gastric washing/suction used as a diagnostic tool in children? -24 Children can not easily produce sputum -25 Sputum tests are always negative in children -26 Children under the age of 10 swallow their sputum -27 Unsure	V106 V107 V108 V109
4.6	Road to Health card	

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4.8.1	П						V114
4.9	Delete						
4.9.1							V116
,.2							V117
4.10	Diagnostic tests						
4.10.1	Do you make use of an facility?	y of the following Tests	to diagnose TB	in child	lren in yo	U n s u	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12)	Urine test Stools Rapid Amplification te Pandys test Automated radiometric Serology tests DNA Fingerprinting Computed tomography Polymerase reaction Phage systems Radiometric liquid cult In vitro assays	culture methodolo		1 1 1 1 1 1 1 1 1 1 1	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	r e 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	V118 V119 V120 V121 V122 V123 V124 V125 V126 V127 V128 V129