

# Health Care Utilization and Treatment of TB/HIV coinfection

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Dear TB:HIV study investigator,

Thank you very much for participating in the Health Care Utilization and Treatment of TB/HIV coinfection on-line survey

â€¢ Aim of survey: to evaluate health care provided to the TB/HIV coinfecting patients at different countries/ clinics, participating in the TB:HIV Study

â€¢ Time required for completion: 15 minutes

â€¢ Reimbursed with: 100 Euro

â€¢ Deadline: 14 December, 2012.

Results for a specific clinic or country will not be reported on separately unless we have obtained acceptance from the involved clinics.

Date: \_\_\_\_\_

City: \_\_\_\_\_

Country: \_\_\_\_\_

Centre:

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- ☐ 151
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- ☐ 970
- ☐ 975
- ☐ 989
- ☐ 990

Name of the hospital:

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Department:

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Name of the person completing the questionnaire:

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**Background information about the person completing this questionnaire**

Title: \_\_\_\_\_

Position: \_\_\_\_\_

Number of years employed at this hospital: \_\_\_\_\_

How many HIV-positive patients without TB do you usually see per month? \_\_\_\_\_

How many HIV-positive patients with a new TB diagnosis do you usually see per month? \_\_\_\_\_

How many new TB patients without HIV infection do you usually see per month? \_\_\_\_\_

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**Background information about hospital/department where you are employed**

Number of beds: \_\_\_\_\_

Number of HIV-positive patients under regular follow-up: \_\_\_\_\_

Number of newly diagnosed HIV-positive patients over the last 12 months: \_\_\_\_\_

Number of new TB cases (both smear positive and negative) diagnosed over the last 12 months among HIV-positive patients: \_\_\_\_\_

Number of new TB cases (both smear positive and negative) diagnosed over the last 12 months among HIV-negative patients: \_\_\_\_\_

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**I. INTEGRATION OF HIV AND TB SERVICES**

1. Are HIV and TB services for management of TB/HIV coinfecting patients currently integrated in your country/city? (this question does not cover management of TB-monoinfected patients, without HIV infection)
  - ☐ Yes, HIV and TB services are located at the same department within one hospital
  - ☐ Yes, HIV and TB services are located at different departments within one hospital
  - ☐ Yes, but HIV and TB services are located at different hospitals/facilities
  - ☐ Yes, other
  - ☐ No

If other, please indicate: \_\_\_\_\_
2. Are TB/HIV coinfecting patients usually treated by the same doctors for both diseases?
  - ☐ Yes
  - ☐ No
  - ☐ Sometimes
3. If HIV and TB are treated by different specialists, is there a well established collaboration? (Check all answers that apply)

☐ Yes, we have regular face-to-face meetings

- ☐ Weekly  
☐ Monthly  
☐ Other

If other, please indicate: \_\_\_\_\_

☐ Yes, we communicate regularly by phone consultations

- ☐ Weekly  
☐ Monthly  
☐ Other

If other, please indicate: \_\_\_\_\_

☐ Yes, we consult patients by visiting the corresponding department/ hospital

☐ Yes, other

If other, please indicate: \_\_\_\_\_

☐ No

4. If HIV and TB are treated by different specialists, who can normally prescribe combination antiretroviral therapy (cART)?

- ☐ Only HIV doctors can prescribe cART  
☐ TB doctors can prescribe cART in consultation with HIV doctors  
☐ TB doctors can prescribe cART independently and consult with an HIV specialist later, if needed

5. If HIV and TB are treated by different specialists, who can normally prescribe anti-TB treatment?

- ☐ Only TB doctors can prescribe anti-TB treatment  
☐ HIV doctors can prescribe anti-TB treatment in consultation with TB doctors  
☐ HIV doctors can prescribe anti-TB treatment independently, and consult with TB specialist later, if needed

6.

Which guidelines are you using for the management of TB/HIV patients? (Check all answers that apply)

☐ Local

Indicate and attach guidelines/provide internet link: \_\_\_\_\_

☐ National

Indicate country and attach guidelines/provide internet link: \_\_\_\_\_

☐ International

Please indicate which:

- ☐ European AIDS Clinical Society (EACS)  
☐ International AIDS Society (IAS)  
☐ Centres for Disease Control (CDC), USA  
☐ World Health Organization (WHO)  
☐ BHIVA (British HIV Association)  
☐ Other

Indicate and attach guidelines/provide internet link: \_\_\_\_\_

7. In your country, is opioid substitution therapy (OST) available for TB/HIV patients who inject drugs (IDU)?

- ☐ Yes, OST is available for all TB/HIV patients in need of OST  
☐ Yes, but availability is limited and not all in need of OST are offered OST  
☐ Only within research projects  
☐ No  
☐ Other

If other, please indicate: \_\_\_\_\_

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## II. UTILIZATION OF HIV HEALTH CARE

8. Do you test TB patients for HIV-infection?

- ☐ Yes, all patients diagnosed with TB are offered HIV testing  
☐ Yes, but not all patients diagnosed with TB are offered HIV testing  
☐ No

Please indicate approximate proportion of patients tested during last year: \_\_\_\_\_

9. What are the most common reasons for not testing TB patients for HIV? (Check all answers that apply)

- ☐ The incidence of HIV among TB patients in our country/city is very low  
☐ An HIV test is not included among the routine tests for TB patients in our hospital  
☐ No funding to do HIV test in TB patients  
☐ Patients frequently refuse to be tested for HIV  
☐ Lack of awareness among doctors  
☐ Other

If other, please indicate: \_\_\_\_\_

10. In general, how often are routine tests (CD4-cell count, HIV-RNA, blood test) performed among stable HIV patients without ongoing infections/diseases and not receiving combination antiretroviral treatment (cART) in the outpatient clinic?

- ☐ Every 3-4 months  
☐ Every 6 months  
☐ Other

If other, please indicate: \_\_\_\_\_

11. In general, how often are routine tests performed among stable HIV patients receiving cART and without ongoing infections/disease in the outpatient clinic?

- ☐ Every 3-4 months  
☐ Every 6 months  
☐ Other

If other, please indicate: \_\_\_\_\_

12. Do patients need to pay a fee for HIV services at your clinic/hospital?

- ☐ Yes, all patients need to pay a fee for HIV services  
☐ Yes, some patients  
☐ No

If yes, some patients: (Check all answers that apply)

- ☐ Patients without some kind of health insurance  
☐ Patients without a residence permit  
☐ Patients who are assessed to be 'able to pay'  
☐ Other

If other, please indicate: \_\_\_\_\_

Please specify what the patients need to pay a fee for: (Check all answers that apply)

- ☐ Clinical consultation  
☐ ART  
☐ Treatment for opportunistic infections  
☐ CD4 measurements  
☐ HIV-RNA measurements  
☐ Other laboratory investigations  
☐ Other services

If other laboratory investigations, please indicate: \_\_\_\_\_

If other services, please indicate: \_\_\_\_\_

13. Which guidelines for management of HIV-infection (NOT TB/HIV coinfection) do you use? (Check all answers that apply)

- ☐ Local

Indicate and attach guidelines/provide internet link: \_\_\_\_\_

- ☐ National

Indicate country and attach guidelines/provide internet link: \_\_\_\_\_

- ☐ International

- ☐ EACS
- ☐ IAS
- ☐ CDC
- ☐ WHO
- ☐ BHIVA
- ☐ Other

Indicate and attach guidelines/provide internet link: \_\_\_\_\_

14. What are the criteria to start cART in TB/HIV coinfectd patients (if patients are not on cART at TB diagnosis)?

- ☐ As soon as possible after TB diagnosis and no later than 2 months, irrespective of CD4 cell count
- ☐ Depends on CD4 cell count using general guidelines for when to start cART
- ☐ Other

If other, please indicate: \_\_\_\_\_

15.

What antiretroviral regimens are the regimens of choice for TB/HIV coinfectd patients at your clinic? (Check all answers that apply)

- ☐ 2 NRTIs + 1 NNRTI

Please indicate the preferred NNRTI

- ☐ Efavirenz
- ☐ Nevirapine
- ☐ Other

If other, please indicate: \_\_\_\_\_

- ☐ 3 or 4 NRTIs

- ☐ 2 NRTIs + 1 boosted PI

Please indicate the preferred PI

- ☐ Boosted LPV (Kaletra)
- ☐ Boosted FOS-APV
- ☐ Boosted DRV
- ☐ Boosted SQV
- ☐ Boosted ATV
- ☐ Other

If other, please indicate: \_\_\_\_\_

- ☐ Other

If other, please indicate: \_\_\_\_\_

16. Please indicate the preferred NRTI backbone:

- ☐ TDF + FTC
- ☐ ABC + 3TC
- ☐ AZT + 3TC
- ☐ Other

If other, please indicate: \_\_\_\_\_

17. If efavirenz is prescribed as part of the antiretroviral regimen, what dosage do you use together with rifampicin?

- ☐ 600 mg
- ☐ 800 mg
- ☐ Weight-dependent

18. Do you routinely use Therapeutic Drug Monitoring (TDM) when administering efavirenz?

- ☐ Yes
- ☐ No
- ☐ Sometimes

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### III. UTILIZATION OF TB HEALTH CARE

20. Do you regularly screen HIV patients for TB?

- ☐ Yes
- ☐ Sometimes
- ☐ No

21. How often do you screen HIV patients for TB? (Check all answers that apply)

- ☐ All patients once per year
- ☐ In case of risk factors (recent contacts, CD4 cell count < 200)
- ☐ In case of clinical indication
- ☐ Depends on funding
- ☐ At time of HIV diagnosis
- ☐ Other

If other, please indicate: \_\_\_\_\_

22. What tests do you normally use for TB screening in HIV-patients? (Check all answers that apply)

- ☐ Tuberculin skin test (TST)
- ☐ Interferon Gamma Release Assay (IGRA) test
- ☐ Chest X-ray
- ☐ Other

If other, please indicate: \_\_\_\_\_

23. Which guidelines for the management of TB (NOT TB/HIV) do you use? (Check all answers that apply)

- ☐ Local

Indicate and attach guidelines/provide internet link: \_\_\_\_\_

- ☐ National



Indicate country and attach guidelines/provide internet link:

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☐ International

- ☐ WHO  
☐ CDC  
☐ BHIVA  
☐ Other

Indicate and attach guidelines/provide internet link:

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24. Where are TB/HIV coinfecting patients treated for their TB?

- ☐ At a special TB hospital  
☐ At an infectious diseases hospital/department  
☐ In an HIV clinic/department  
☐ Other

If other, please indicate:

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25. What are the standard diagnostic procedures for TB in HIV-patients at your clinic? (Check all answers that apply)

- ☐ Sputum (or any other sample) microscopy  
☐ Sputum (or any other sample) culture  
☐ Nucleic Acid Amplification (NAA) Tests  
☐ Microscopy followed by culture/NAA test  
☐ Primarily only microscopy  
☐ X-ray  
☐ CT-scan  
☐ MR-scan  
☐ Other

If other, please indicate:

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26. Do you have rapid TB diagnostic tests available at your clinic? (Check all answers that apply)

- ☐ Yes, we have Xpert MTB/RIF test  
☐ Yes, we have other tests available  
☐ No

If other tests available, please indicate:

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27. Do you perform resistance testing to anti-TB drugs?

- ☐ Yes, routinely for all positive cultures on site  
☐ Yes, but only if resistance is suspected on site  
☐ Yes, routinely for all positive cultures, but we have to send samples to another facility/laboratory  
☐ Yes, only if resistance is suspected, but we have to send samples to another facility/laboratory  
☐ Depends on funding  
☐ No, we don't have resistance tests available

What type of resistance test do you use? (Check all answers that apply)

- ☐ Conventional resistance tests
- ☐ Xpert MTB/RIF test
- ☐ Molecular genotypic tests
- ☐ Other

If other, please indicate: \_\_\_\_\_

Which drugs do you test for resistance: (Check all answers that apply)

- ☐ 1st line anti-TB drugs
- ☐ 2nd line anti-TB drugs
- ☐ 3rd line anti-TB drugs

28.

What is the standard initial anti-TB treatment regimen for TB/HIV coinfecting patients at your clinic? (Check all answers that apply)

Initial phase:

- ☐ 2 months of isoniazid, rifampicin, pyrazinamide and ethambutol
- ☐ 2 months of isoniazid, rifampicin, pyrazinamide and streptomycin
- ☐ Other

If other, please indicate: \_\_\_\_\_

Continuation phase:

- ☐ 4 months of isoniazid, rifampicin
- ☐ 7 months of isoniazid, rifampicin
- ☐ Other

If other, please indicate: \_\_\_\_\_

☐ Rifampicin is not usually used as a part of the initial anti-TB treatment

☐ We normally add second-line drugs as part of the initial TB regimen in HIV-infected patients (without awaiting resistance test results)

☐ Other

If other, please indicate: \_\_\_\_\_

29. How long do you usually treat fully susceptible pulmonary TB in HIV patients?

- ☐ 6 months
- ☐ 9 months
- ☐ Other

If other, please indicate: \_\_\_\_\_

30. How long do you usually treat fully susceptible extra-pulmonary TB in HIV patients?

- ☐ 6 months
- ☐ 9 months
- ☐ 12 months
- ☐ Other

If other, please indicate: \_\_\_\_\_

31. How long do you usually treat fully susceptible disseminated TB in HIV patients?

- ☐ 9 months  
☐ 12 months  
☐ Other

If other, please indicate: \_\_\_\_\_

32. Do you perform a test of cure (culture of sputum/other material) at the end of TB treatment?

- ☐ Yes  
☐ No  
☐ Sometimes

33. If rifampicin is not used as a part of initial anti-TB treatment, please indicate why? (Check all answers that apply)

- ☐ Concern of primary resistance to rifampicin  
☐ Concern of drug-drug interactions with antiretroviral drugs  
☐ Concern of side-effects  
☐ Rifampicin is not routinely available at our site  
☐ Other

If other, please indicate: \_\_\_\_\_

34. Do you have Rifabutin available at your clinic?

- ☐ Yes, unlimited  
☐ Yes, only limited  
☐ No

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**35. Do you have second line anti-TB drugs available at your clinic?**

	Unlimited	Limited	Not available
Amikacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kanamycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Capreomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Viomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ciprofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Levofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moxifloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oflaxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethionamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prothionamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P-aminosalicylic acid (PAS)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycloserin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**36. Do you have third line anti-TB drugs available at your clinic?**

	Unlimited	Limited	Not available
Clarithromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Linezolid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thioacetazone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thioridazine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arginine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TMC207	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**37. Do you use the directly observed therapy strategy for the treatment of TB?**

- ☐ Yes, for the entire duration of TB treatment  
☐ Yes, but only for the intensive phase of TB treatment  
☐ Yes, but only for selected patient groups  
☐ No, we don't have resources/funds to perform DOT strategy  
☐ No, directly observed therapy is not part of our routine management of TB.

**IV. FOLLOW-UP OF TB/HIV COINFECTED PATIENTS****38. Is it standard practice that patients remain under follow-up in your clinic/hospital for the entire period of TB-therapy?**

- ☐ Yes  
☐ No, patients are referred to other facilities for follow-up and treatment after the initial phase of TB-therapy  
☐ No, other

If no other, please indicate: \_\_\_\_\_

39.

Our clinic/hospital has procedures in place to prevent lost to follow up of TB (and HIV) patients such as:  
(Check all answers that apply)

- ☐ Attempting to contact patients if they miss an appointment

(Check all answers that apply)

- ☐ By phone  
☐ Email  
☐ Postal mail  
☐ Other

If other, please indicate: \_\_\_\_\_

- ☐ Having appointment slots at off-hours (e.g. early in the morning, after work, weekends)

- ☐ Providing drinks/snacks at the clinic

- ☐ Providing other diagnostic or medical services as part of TB or HIV care (e.g., viral hepatitis screening, STI screening, on site opioid substitution therapy etc.)

☐ Providing OST along with TB treatment

☐ Contacting other facilities providing TB, HIV care or OST e.g. NGOs, or other public and private facilities to locate patients lost to follow up

☐ Other

If other, please indicate: \_\_\_\_\_

☐ None of the above

40. Are there any procedures in place to gain information about the status of the patient (dead, alive, cured, still on treatment) if a patients is no longer seen in the clinic?

☐ Yes

☐ No

☐ Don't know

If yes, please indicate: (Check all answers that apply)

☐ Repeated attempts to contact the patient

☐ Contact to the patient's family and/or friends

☐ Contact to other health care facilities

☐ Contact to social authorities or OST facilities

☐ Access to the death registry

☐ Other

If other, please indicate: \_\_\_\_\_