

Health Care Utilization and Treatment of TB/HIV coinfection

Dear TB:HIV study investigator,

We would highly appreciate your participation in this survey on Health Care Utilization and Treatment of TB/HIV coinfection.

Aim of survey: To gain further insight in the set-up and organization of TB-HIV management in Europe.

Time required for completion: 20-25 minutes

Deadline: 14 September, 2018

Reimbursement: 150€

Please note that results for a specific named clinic or country will not be reported on separately unless we have obtained acceptance from the involved clinics

► PLEASE SCAN THE COMPLETED FORMS AND RETURN TO
ole.kirk@regionh.dk OR FAX TO +4535455758

► PLEASE COMPLETE ONLY ONE SURVEY/FORM FOR YOUR
TB-HIV SERVICE - NOT TWO SEPARATE FORMS, IF TB AND
HIV SERVICES ARE SEPARATED.

This questionnaire consists of 44 questions and is divided into five different categories as follows:

- I: Background information
- II: Integration of HIV and TB services
- III: Utilization of HIV health care
- IV: Utilization of TB health care
- V: Follow-up of TB/HIV coinfecting patients

I: Background information

Background information about the person completing this questionnaire.

Title: _____

Position: _____

Background information about the hospital/department where you are employed.

City: _____

Country: _____

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: _____

Date of questionnaire completion: _____

II: Integration of HIV and TB services

QUESTION 1:

Are HIV and TB services for management of TB/HIV coinfecting patients currently integrated in your clinic? 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, please provide details: _____ ☐

No ☐

QUESTION 2:

Are TB/HIV coinfecting patients usually treated by the same doctors for both diseases?

Yes, always. ☐

Yes, sometimes. ☐

No ☐

QUESTION 3:

If HIV and TB are treated by different specialists, is there a well established collaboration?

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

☐ Weekly

☐ Monthly

☐ Other, please provide details: _____

Yes, we communicate regularly by phone consultations: ☐

☐ Weekly

☐ Monthly

☐ Other, please provide details: _____

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

Yes, other, please provide details: _____ ☐

No ☐

QUESTION 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. ☐

TB doctors can prescribe cART independently ☐

QUESTION 5:

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

Only TB doctors can prescribe TB treatment. ☐

HIV doctors can prescribe TB treatment in consultation with TB doctors. ☐

HIV doctors can prescribe TB treatment independently and consult with a TB specialist later, if needed. ☐

HIV doctors can prescribe TB treatment independently. ☐

QUESTION 6:

Which guidelines are you using for the management of TB/HIV patients?
Please, check all statements that apply.

Local guidelines. ☐

National guidelines.
Please, indicate country: _____ ☐

International guidelines (please check which): ☐

- ☐ European AIDS Clinical Society (EACS)
- ☐ International AIDS society (IAS)
- ☐ Center for Disease Control and Prevention (CDC), USA
- ☐ World Health Organization (WHO)
- ☐ British HIV Association (BHIVA)
- ☐ Other, please provide details: _____

QUESTION 7:

Do you provide opioid substitution therapy (OST) 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, please provide details: _____

☐

If yes, is OST provided as part of the clinical management within the HIV/TB institutions? Please, check all statements that apply.

Yes, in the TB department.

☐

Yes, in the HIV department.

☐

No, patients are referred somewhere else for OST:

☐

☐ OST department

☐ Community pharmacy

☐ Other: _____

III : Utilization of HIV Health Care

QUESTION 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 TB patients tested during last year: _____

QUESTION 9:

What are the most common reasons for not testing TB patients for HIV?

Please, check all statements that apply.

The prevalence 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.

☐

Not enough funding to do HIV test in TB patients.

☐

Patients frequently refuse to be tested for HIV.

☐

Lack of awareness among doctors.

☐

Other, please provide details: _____

☐

QUESTION 10:

In general, how often are routine tests (e.g. CD4-cell count, HIV-RNA, other blood tests not necessarily all of them) performed among stable HIV patients without ongoing infections/diseases, who for some reason, do not receive cART. Please only check one.

Every 3-4 months.

☐

Every 6 months.

☐

Every 12 months.

☐

Other, please provide details: _____

☐

QUESTION 11:

In general, how often are routine tests performed among stable HIV patients receiving cART and without ongoing infections/diseases in the outpatient clinic? Please only check one.

Every 3-4 months. ☐

Every 6 months. ☐

Every 12 months. ☐

Other, please provide details: _____ ☐

QUESTION 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 need to pay a fee for HIV services. ☐

No. ☐

If “Yes, some patients” please specify. Please check all that apply:

- ☐ Patients without some kind of health insurance.
- ☐ Patients without a residence permit
- ☐ Patients who are assessed to be “able to pay”
- ☐ Other, please provide details: _____

Please also specify what the patients need to pay a fee for. Please check all that apply:

- ☐ Clinical consultation
- ☐ cART
- ☐ Treatment for opportunistic infections
- ☐ CD4 measurements
- ☐ HIV-RNA measurements
- ☐ Other laboratory investigations, please provide details: _____
- ☐ Other services, please provide details: _____

QUESTION 13:

Which guidelines for management of HIV-infection (not TB/HIV coinfection) do you use? Please check all statements that apply.

Local guidelines.

☐

National guidelines.

☐

Please, indicate country: _____

International guidelines. Please check which:

☐

- ☐ European AIDS Clinical Society (EACS)
- ☐ International AIDS society (IAS)
- ☐ Center for Disease Control and Prevention (CDC), USA
- ☐ World Health Organization (WHO)
- ☐ British HIV Association (BHIVA)
- ☐ Other, please provide details: _____

QUESTION 14:

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

As soon as possible after TB diagnosis and no later than 2 months, irrespectively of the CD4 count.

☐

Can be delayed till after completion of TB treatment, depending on CD4 cell count.

☐

Other, please provide details: _____

☐

QUESTION 15:

Which antiretroviral regimens are the regimens of choice for TB/HIV coinfecting patients at your clinic? Please, check all statements that apply.

Two NRTIs + one integrase inhibitor

☐

Please indicate the preferred II:

- ☐ Dolutegravir
- ☐ Raltegravir
- ☐ Elvitegravir
- ☐ Other, please provide details: _____

Two NRTIs + one NNRTI

☐

Please indicate the preferred NNRTI:

- ☐ Efavirenz
- ☐ Nevirapine
- ☐ Rilpivirine
- ☐ Other, please provide details: _____

Two NRTIs + one boosted PI

☐

Please indicate the preferred PI:

- ☐ Boosted darunavir
- ☐ Boosted atazanavir
- ☐ Boosted lopinavir
- ☐ Other, please provide details: _____

QUESTION 16:

Please indicate the preferred NRTI backbone:

- ☐ TDF + FTC
- ☐ ABC + 3TC
- ☐ AZT + 3TC
- ☐ Other, please provide details: _____

QUESTION 17:

Any other antiretroviral regimen, please provide details:

☐

QUESTION 18:

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

600 mg

☐

800 mg

☐

Weight-dependent

☐

Also please consider the following:

Do you routinely use Therapeutic Drug Monitoring (TDM) when administering Efavirenz?

☐ Yes, always.

☐ Yes, sometimes.

☐ No.

QUESTION 19:

Do you routinely use co-trimoxazole to TB-HIV patients?

Yes, always.

☐

Yes, sometimes

☐

No.

☐

IV: Utilization of TB Health Care

QUESTION 20:

Do you regularly screen HIV patients for TB?

Yes, always.

Yes, sometimes.

No.

Latent TB
infection

☐

Active TB
disease

☐
☐
☐
☐
☐

QUESTION 21:

If, yes to question 20, how often do you screen HIV patients for TB?

Please, check all statements that apply.

All patients once per year.

In case of risk factors (e.g. recent contacts, CD4 cell count < 200 cell/mm³).

In case of clinical indication.

Depends on funding.

At time of HIV diagnosis

Other, please provide details: _____

Latent TB
infection

☐

Active TB
disease

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

QUESTION 22

What tests do you normally use for TB screening in HIV-patients?

Please, check all statements that apply.

Tuberculin skin test (TST).

Interferon Gamma Release Assay (IGRA) test.

Chest X-ray.

Clinical algorithm based on clinical symptoms.

Other, please provide details: _____

Latent TB
infection

☐

Active TB
disease

☐
☐
☐
☐
☐
☐
☐
☐
☐

QUESTION 23:

Do you treat patients with latent TB infection?

Yes, always.

☐

Yes, sometimes.

☐

No.

☐

Other, please provide details: _____

☐

If “Yes to treatment of latent TB infection” which regimen do you use?

☐

☐ Isoniazid, please indicate duration: _____

☐ Isoniazid + rifampicin, please indicate duration: _____

☐ Other, please provide details: _____

QUESTION 24:

Which guidelines for the management of TB (not TB/HIV coinfection) do you use?

Please, check all statements that apply.

Local guidelines.

☐

National guidelines.

☐

Please, indicate country: _____

International guidelines. Please check which:

☐

☐ Center for Disease Control and Prevention (CDC)

☐ World Health Organization (WHO)

☐ NICE/UK guidelines

☐ Other, please provide details: _____

QUESTION 25:

Where are the TB/HIV coinfecting patients treated for their TB?

At a special TB hospital.

☐

At an infectious diseases hospital/department.

☐

In a HIV clinic/department.

☐

Other, please provide details: _____

☐

QUESTION 26:

What are the standard diagnostic procedures for TB in HIV-patients at your clinic?

Please, check all statements that apply.

Microcopy - sputum (or any other sample). ☐

Culture - sputum (or any other sample). ☐

Nucleic Acid Amplification Test (NAAT). ☐

Microscopy followed by culture/NAAT. ☐

NAAT followed by culture. ☐

Primarily only microscopy. ☐

X-ray. ☐

CT-scan ☐

MR-scan ☐

Other, please provide details: _____ ☐

QUESTION 27:

Do you have rapid TB diagnostic test available at your clinic?

Please, check all statements that apply.

Yes, we have Xpert MTB/RIF test. ☐

Yes, we have other tests available, please provide details: _____ ☐

No. ☐

QUESTION 28:

Do you perform resistance testing to anti-TB drugs at time of TB diagnosis?

Yes, routinely performed in our institution for all positive cultures. ☐

Yes, routinely for all positive cultures, but we have to send samples to another facility. ☐

Yes, performed in our institution, but only if resistance is suspected. ☐

Yes, but only if resistance is suspected, and we have to send samples to another facility. ☐

Depends on funding. ☐

No, we do not have resistance tests available. ☐

If “yes to resistance testing”, what type of resistance test do you use?

Please, check all that apply.

☐ Conventional resistance tests.

☐ Xpert MTB/RIF test.

☐ Molecular genotypic tests.

☐ Other, please provide details: _____

QUESTION 29:

In case of resistance, which drugs can you test for resistance (test used in daily clinical work)? Please check all that apply:

- ☐ Isoniazid
- ☐ Ethambutol
- ☐ Pyrazinamide
- ☐ Rifampicin
- ☐ Rifabutin

- ☐ Streptomycin
- ☐ Amikacin
- ☐ Kanamycin
- ☐ Capreomycin
- ☐ Viomycin

- ☐ Ciprofloxacin
- ☐ Levofloxacin
- ☐ Moxifloxacin
- ☐ Ofloxacin

- ☐ Cycloserin
- ☐ Terizidone
- ☐ Clofazimine
- ☐ Ethionamide
- ☐ Prothionamide

- ☐ P-aminosalicylic acid (PAS)
- ☐ Linezolid
- ☐ Thioacetazone
- ☐ Amoxicillin/clavulanate
- ☐ Meropenem
- ☐ Imipenem

- ☐ Bedaquiline
- ☐ Delamanid

- ☐ Other, please provide details: _____

QUESTION 30:

Do you use Therapeutic Drug Monitoring (TDM) when administering rifampicin and isoniazid?

Yes, always.

Yes, sometime.

No.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

QUESTION 31:

What is the standard initial and continuation phase TB treatment regimen for TB/HIV coinfecting patients in your clinic?

Please, check all statements that apply.

Initial phase:

- ☐ Two months of isoniazid, rifampicin, pyrazinamide and ethambutol.
- ☐ Two months of isoniazid, rifampicin, pyrazinamide and streptomycin.
- ☐ Other, please provide details: _____

Also please consider the following:

Is Rifampicin usually used as a part of the initial TB-treatment?

- ☐ Yes, always.
- ☐ Yes, sometimes.
- ☐ No.

If no to the previous question, please indicate why.

Please, check all that apply

- ☐ Concern of primary resistance to rifampicin.
- ☐ Concern of drug-drug interactions with antiretroviral drugs.
- ☐ Concern of side-effects/adverse events.
- ☐ Rifampicin is not routinely available at our site.
- ☐ Other, please provide details: _____

Also please consider the following:

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

- ☐ Yes.
- ☐ No.
- ☐ Other, please provide details.

Continuation phase:

- ☐ Four months of isoniazid and rifampicin
- ☐ Seven months of isoniazid and rifampicin
- ☐ Other, please provide details: _____

QUESTION 32:

For how long do you usually treat fully susceptible pulmonary TB in HIV patients?

Six months.

☐

Nine months.

☐

Other, please provide details: _____

☐

QUESTION 33:

For how long do you usually treat fully susceptible extra-pulmonary TB in HIV patients?

Six months.

☐

Nine months.

☐

Twelve months.

☐

Other, please provide details: _____

☐

QUESTION 34:

For how long do you usually treat fully susceptible disseminated TB in HIV patients?

Six months.

☐

Nine months.

☐

Twelve months.

☐

Other, please provide details: _____

☐

QUESTION 35:

Do you use a standard regimen for MDR-TB?

Yes, always.

☐

Yes, sometimes.

☐

No.

☐

If yes, please provide details of the standard regimen of choice: _____

☐

QUESTION 36:

For how long time do you usually treat HIV-patients with MDR-TB?

Twenty months.

☐

Other, please provide details: _____

☐

Please, also consider the following:

Do you use the short course “Bangladesh” regimen for treatment of TB/HIV patients?

☐ Yes, whenever possible.

☐ Yes, sometimes.

☐ No

QUESTION 37:

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

Yes, always.

☐

Yes, sometimes.

☐

No.

☐

QUESTION 38:

Do you use biomarkers/radiology (PET-CT/MRI etc) as test of cure?

Yes, always.

☐

Yes, sometimes.

☐

No.

☐

If yes, please provide details: _____

QUESTION 39:

Please indicate which of the following anti-TB drugs are available at your clinic?

	Unlimited	Limited	Unavailable
Isoniazid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ethambutol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pyrazinamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rifampicin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rifabutin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Streptomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
Ofloxacin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cycloserin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Terizidone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clofazimine	<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"/>
Linezolid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thioacetazone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amoxicillin/clavulanate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meropenem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imipenem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bedaquiline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Delamanid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other, please provide details: _____

QUESTION 40:

Do you use the directly observed therapy (DOT) strategy for the treatment of TB?

Yes, for the entire duration of TB treatment.

☐

Yes, but only for the initial phase of TB treatment.

☐

Yes, but only for selected patient groups.

☐

No, we do not have resources/funds to perform DOT strategy.

☐

No, DOT is not part of our routine management of TB.

☐

V: Follow-up of TB/HIV coinfectd patients

QUESTION 41:

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, please provide details: _____ ☐

QUESTION 42:

Our clinic/hospital has procedures in place to support HIV/TB patients to adhere to treatment.

Please, check all statements that apply.

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

Providing social-economic support. ☐

Providing drinks/snacks at the clinic. ☐

Providing counselling support (psycho-emotional support). ☐

Providing health education. ☐

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

Providing OST along with TB treatment. ☐

QUESTION 43:

Our clinic/hospital has procedures in place to prevent loss to follow-up of TB/HIV patients such as one or more of the following:

Attempting to contact patients if they miss an appointment by:

☐

☐ Phone.

☐ Email.

☐ Postal mail.

☐ Other, please provide details: _____

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

☐

Other, please provide details: _____

☐

None of the above.

☐

QUESTION 44:

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

Yes, always.

☐

Yes, sometimes.

☐

No.

☐

Do not know.

☐

If yes, please provide details. Please, check all 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, please provide details: _____