

National Survey of TB nurses exploring current methods of screening new entrants

Thank you for filling in the questionnaire. Please tick the boxes which reflect your practice in screening new entrants. Some questions need a typed answer.

Which hospital and PCT do you work in? (please type):

1. Does this PCT have a policy for screening new entrants for tuberculosis? Yes No Don't know

2. Which new entrants do YOU screen/investigate further? TICK ANY THAT APPLY:

- New entrants issued with a Port 103 form (abnormal CXR suggests TB) from port of entry
- New entrants issued with a Port 102 form (the CXR cannot exclude TB) from port of entry
- New entrants issued with a Port 101 form (normal CXR) from port of entry
- New entrants identified through GP registrations

3. If you do screen new entrants with a Port 103 form which specific individuals (age groups and countries of origin) do you screen further? TICK ALL THAT APPLY.

| | <16 years | | | 16-35 years | | | >35 years | | |
|----------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Don't know | Yes | No | Don't know | Yes | No | Don't know |
| From all countries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From countries with TB incidence >500/100000 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From Sub-Saharan Africa | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From countries with TB incidence >40/100000 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other: Please specify (type in the box)

4. If you do screen new entrants with a Port 102 form which specific individuals (age groups and countries of origin) do you screen further? TICK ALL THAT APPLY.

| | <16 years | | | 16-35 years | | | >35 years | | |
|----------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Don't know | Yes | No | Don't know | Yes | No | Don't know |
| From all countries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From countries with TB incidence >500/100000 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From Sub-Saharan Africa | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From countries with TB incidence >40/100000 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Other: Please specify (type in the box)

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5. If you do screen new entrants with a Port 101 form which specific individuals (age groups and countries of origin) do you screen further? TICK ALL THAT APPLY.

| | <16 years | | | 16-35 years | | | >35 years | | |
|----------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Don't know | Yes | No | Don't know | Yes | No | Don't know |
| From all countries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From countries with TB incidence >500/100000 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From Sub-Saharan Africa | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From countries with TB incidence >40/100000 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: Please specify (type in the box) | | | | | | | | | |

6. If you screen new entrants identified through GP registrations which specific individuals (age groups and countries of origin) do you screen further? TICK ALL THAT APPLY.

| | <16 years | | | 16-35 years | | | >35 years | | |
|----------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Don't know | Yes | No | Don't know | Yes | No | Don't know |
| From all countries | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From countries with TB incidence >500/100000 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From Sub-Saharan Africa | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| From countries with TB incidence >40/100000 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other: Please specify (type in the box) | | | | | | | | | |

7. Approximately how many new entrants were screened by in this area in these years:

| | | | | | |
|------|---------------------------------------------------------|------|---------------------------------------------------------|------|---------------------------------------------------------|
| 2006 | <input style="width: 50px; height: 20px;" type="text"/> | 2007 | <input style="width: 50px; height: 20px;" type="text"/> | 2008 | <input style="width: 50px; height: 20px;" type="text"/> |
|------|---------------------------------------------------------|------|---------------------------------------------------------|------|---------------------------------------------------------|

8. Approximately how many new entrants (as a percentage) were screened positive for active TB in:

| | | | | | |
|------|---------------------------------------------------------|------|---------------------------------------------------------|------|---------------------------------------------------------|
| 2006 | <input style="width: 50px; height: 20px;" type="text"/> | 2007 | <input style="width: 50px; height: 20px;" type="text"/> | 2008 | <input style="width: 50px; height: 20px;" type="text"/> |
|------|---------------------------------------------------------|------|---------------------------------------------------------|------|---------------------------------------------------------|

9. Approximately how many new entrants (as a percentage) were screened positive for latent TB in:

| | | | | | |
|------|---------------------------------------------------------|------|---------------------------------------------------------|------|---------------------------------------------------------|
| 2006 | <input style="width: 50px; height: 20px;" type="text"/> | 2007 | <input style="width: 50px; height: 20px;" type="text"/> | 2008 | <input style="width: 50px; height: 20px;" type="text"/> |
|------|---------------------------------------------------------|------|---------------------------------------------------------|------|---------------------------------------------------------|

10. Which tools do you use in screening for active TB? PLEASE TICK ALL THAT APPLY

| | | | |
|---------------------------------------|------------------------------|-----------------------------|-------------------------------------|
| a. Symptom questionnaire | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| b. Sputum if chronic cough (>3 weeks) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't know <input type="checkbox"/> |
| c. Chest X-ray (CXR) | Yes <input type="checkbox"/> | No <input type="checkbox"/> | Don't know <input type="checkbox"/> |

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The next few questions deal with preventive therapy/chemoprophylaxis for Latent TB infection (LTBI).

16. Which groups of new entrants do you select for preventive therapy/chemoprophylaxis for LTBI if they have a normal CXR? PLEASE TICK ALL BOXES THAT APPLY

| | <16 years | | | 16-35 years | | | >35 years | | |
|--------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| | Yes | No | Don't know | Yes | No | Don't know | Yes | No | Don't know |
| a.If Mantoux positive and IGRA negative/not done | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b.If IGRA positive and Mantoux negative/not done | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c.If Mantoux positive AND IGRA positive | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

17. Do you know which drug regimens are used for chemoprophylaxis? Yes No

18. IF YES to question 17: Which drug regimes are used? PLEASE TICK ALL THAT APPLY.

- a. 6 months of isoniazid
- b. 9 months of isoniazid
- c. 12 months of isoniazid
- d. 3 months of rifampicin and isoniazid

19. Approximately how many new entrants did you treat between January 1st 2007-December 31st 2008? (please type) Don't know

20. What percentage of these completed therapy? (please type in box) % Don't know

Thank you for filling out this questionnaire. I appreciate it very much.