

## Annexe II: Audit tool for the evaluation of TB management in an in-patient setting

Activity to be audited	Reference Standard	Reference
<b>Investigation previous TB diagnosis</b>	Complete information on previous diagnosis (including SS, C, DST), previous treatment regimens, and outcomes (including SS and C conversion and final outcome- Laserson's criteria)	ISTC document; WHO guidelines, Systematic review (G. Sotgiu, ERJ 2009); Laserson K, IJTLD, 2005
<b>Investigation previous DST</b>	Complete information on drugs tested, methodology used, resistance identified, EQA standards if the laboratory performing DST	ISTC document; WHO guidelines
<b>Investigation previous treatment</b>	Complete information on regimens prescribed, dosage, duration, interruptions	ISTC document; WHO guidelines
<b>Investigation contacts</b>	Information on the index case drug resistance profile	ISTC document; WHO guidelines
<b>Diagnostic algorithm</b>	<p>Complete set of bacteriological examinations, chest radiography, other examinations to obtain biological samples, better imaging, or diagnosis of infection.</p> <p>In cases in which DR is suspected: HIV tested, SS; rapid resistance test (Hein test), then correct MDR-TB management</p> <p>See ISTC Standards for diagnosis and ISTC Table 10</p>	ISTC document; WHO guidelines
<b>Microbiology</b>	<p>SS, C, DST requested and performed; rapid test done; DST for all classes of 2nd line drugs, methodology used, resistance identified, EQA standards if the laboratory performing DST</p> <p>See Table 5.1 WHO guidelines;</p> <p>See ISTC Standards for diagnosis</p>	ISTC document; WHO guidelines
<b>Other examinations</b>	<p>Examinations justified by information available and missing, in agreement with national guidelines</p> <p>See ISTC Standards for diagnosis</p>	ISTC document; WHO guidelines
<b>Final decision</b>	<p>Microbiological confirmation (culture) and DST; rapid test when MDR is suspected (waiting for DST)</p> <p>See ISTC Standards for diagnosis</p>	ISTC document; WHO guidelines

<b>TB regimen choice</b>	At least 4 drugs (up to 5-7) with known susceptibility ensured; hierarchy based on 5 classes of anti-TB drugs; eliminate drugs for which cross-resistance is likely and those not safe for the patient; ciprofloxacin no more used; nutritional and social support;  See Table 7.1, 7.2, 7.4, 8.1; See ISTC Standards for Treatment	ISTC document; WHO guidelines
<b>Dosage</b>	See Annex 1, 2, Table 9.2 WHO Guidelines See ISTC Standards for Treatment	ISTC document; WHO guidelines
<b>Duration</b>	18 months past culture conversion See ISTC Standards for Treatment	ISTC document; WHO guidelines
<b>Management adverse events TB treatment</b>	See Chapter 11, Table 11.1, 11.2, 11.3; 11.4, WHO guidelines	ISTC document; WHO guidelines
<b>HIV regimen choice</b>	See Chapter 10 WHO guidelines See ISTC Standards for Treatment	ISTC document; WHO guidelines
<b>Management adverse events HIV treatment</b>	See Chapter 10 WHO guidelines	ISTC document; WHO guidelines
<b>Necessary examinations performed</b>	All previous steps correctly managed	ISTC document; WHO guidelines
<b>Correct outcome assigned</b>	Laserson's criteria; See Chapter 18 WHO guidelines	ISTC document; WHO guidelines
<b>Administrative measures adequate</b>	See Chapter 15 WHO Guidelines and WHO IC Policy document; introduction ISTC V2 and Standard 20 ISTC	ISTC document; WHO guidelines; WHO IC policy
<b>Environmental measures adequate</b>	See Chapter 15 WHO Guidelines and WHO IC Policy document; introduction ISTC V2 and Standard 20 ISTC	ISTC document; WHO guidelines; WHO IC policy
<b>Infection control committee</b>	See Chapter 15 WHO Guidelines and WHO IC Policy document; introduction ISTC V2 and Standard 20 ISTC	ISTC document; WHO guidelines; WHO IC policy
<b>Surveillance system</b>	See Chapter 18 WHO Guidelines and WHO IC Policy document; introduction ISTC V2 and Standard 21 ISTC	ISTC document; WHO guidelines; WHO IC policy
<b>Staff personal protective respiratory measures adequate</b>	See Chapter 15 WHO Guidelines and WHO IC Policy document; introduction ISTC V2 and Standard 20 ISTC	ISTC document; WHO guidelines; WHO IC policy
<b>Cough etiquette</b>	See Chapter 15 WHO Guidelines and WHO IC Policy document;	ISTC document; WHO guidelines; WHO IC policy

	introduction ISTC V2 and Standard 20 ISTC	
<b>Availability of respirators</b>	See Chapter 15 WHO Guidelines and WHO IC Policy document; introduction ISTC V2 and Standard 20 ISTC	ISTC document; WHO guidelines; WHO IC policy
<b>Training of the staff on infection control</b>	See Chapter 15 WHO Guidelines and WHO IC Policy document; introduction ISTC V2 and Standard 20 ISTC	ISTC document; WHO guidelines; WHO IC policy