



# NATIONAL SURVEY OF TUBERCULOSIS DRUG RESISTANCE

## NORTHERN PROVINCE

### A. TB SUSPECT IDENTIFICATION

Hospital/Clinic/Register number

Surname \_\_\_\_\_ Name \_\_\_\_\_

District \_\_\_\_\_ Hospital/Clinic \_\_\_\_\_

Hospital/Clinic tel \_\_\_\_\_ Hospital/Clinic fax \_\_\_\_\_

Date of birth 

	<sup>d</sup>	<sup>d</sup>	/		<sup>m</sup>	<sup>m</sup>	/		<sup>y</sup>	<sup>y</sup>	<sup>y</sup>	<sup>y</sup>
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Age  yrs

ID

Race and sex 

1	2	3	4	5	6	7	8
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Town/village residing for the past six months \_\_\_\_\_

Has this person worked as a miner?  
Previously  Yes, when   No

Currently  Yes  No

Has this person been in prison?  
Previously  Yes, when   No

Currently  Yes  No

Sputum collection date 

	<sup>d</sup>	<sup>d</sup>	/		<sup>m</sup>	<sup>m</sup>	/		<sup>y</sup>	<sup>y</sup>	<sup>y</sup>	<sup>y</sup>
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### B. TREATMENT HISTORY FROM EXISTING MEDICAL RECORDS

*(Check through all available documents to determine whether the TB suspect had been treated/registered before)*

Previously treated  Yes  No

If yes, what was the outcome of the last course of treatment?

- Cured
- Treatment completed
- Treatment interrupted
- Treatment failed
- Transferred out

### C. TREATMENT HISTORY GIVEN BY THE TB SUSPECT

*(Ask the following questions to the TB suspect)*

Have you been treated for TB before?  
 No  Not sure

**GO TO SECTION C1**

Yes  
**GO TO SECTION C2**

C1. How long have you been sick?   weeks

Have you had the same symptoms in the past?  Yes  No

Have you had other symptoms of lung disease in the past?  Yes  No

Have you had chest x-rays in the past?  Yes  No

Have you had sputum tests in the past?  Yes  No

Have you taken medication for more than one month in the past?  Yes  No

Have you ever received injections for more than one month?  Yes  No

C2. Where were you treated?  Hospital   Clinic   Workplace   Home   Other

When were you treated?     <sup>y y y y</sup>

How long was the treatment?  <1 month   1-2 months   3-4 months   4-6 months   >6

How many courses of treatment did you receive?  One   Two   >Two

D. Should this suspect be found to have TB, what treatment regimen will you use?

- Regimen I (new cases)
- Regimen II (retreatment cases)

Name of doctor/nurse \_\_\_\_\_ Signature \_\_\_\_\_

Date   /   /

- COLLECT THE SPUTUM SPECIMEN *BEFORE* ANY TB TREATMENT IS GIVEN
- PLEASE ENSURE THAT THE *COMPLETED* FORM ACCOMPANIES THE SPUTUM SPECIMEN TO THE LABORATORY

- THANK YOU -



**The  
Medical  
Research  
Council**

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## **Tuberculosis Research Lead Programme Operational and Policy Research**

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### **NORTHERN PROVINCE**

### **PRELIMINARY LABORATORY REPORT**

<b>NAME</b>	<b>AGE</b>	<b>SEX</b>
<b>REFERRAL CLINIC</b>	<b>CLINIC NUMBER</b>	
<b>DISTRICT</b>	<b>LAB NUMBER</b>	
<b>DATE RECEIVED</b>	<b>DATE PROCESSED</b>	
<b>SPECIMEN TYPE</b>		
<b>SPUTUM ASSESMENT</b>		
<b>MICROSCOPY RESULT</b>		
<b>CULTURE RESULT</b>		
<b>FOLLOW-UP REPORT</b>	Susceptibility and identification test results to follow	

Report date:

Signed \_\_\_\_\_  
Chief Specialist Scientist



**The  
Medical  
Research  
Council**

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## **Tuberculosis Research Lead Programme Operational and Policy Research**

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Director: Dr Karin Weyer ([karin.weyer@mrc.ac.za](mailto:karin.weyer@mrc.ac.za))

### **NORTHERN PROVINCE FINAL LABORATORY REPORT**

**NAME** **AGE** **SEX**

**REFERRAL CLINIC**

**CLINIC NUMBER**

**DISTRICT**

**LAB NUMBER**

**DATE RECEIVED**

**DATE PROCESSED**

**SPECIMEN TYPE**

**SPUTUM ASSESMENT**

**MICROSCOPY RESULT**

**CULTURE RESULT**

**DIFFERENTIAL TEST RESULTS**

***Biological***

Colony morphology

Growth rate

Pigmentation

***Biochemical***

Niacin production

Nitrate reduction

**IDENTIFICATION**

**DRUG SUSCEPTIBILITY TEST RESULTS**

Susceptible to Isoniazid

Susceptible to Streptomycin

Susceptible to Ethambutol

Susceptible to Rifampicin

Report date:

SIGNED \_\_\_\_\_

Chief Specialist Scientist

## NATIONAL SURVEY OF TUBERCULOSIS DRUG RESISTANCE IN LIMPOPO PROVINCE

## SELECTED TREATMENT UNITS PER DISTRICT

Region	Treatment Facility	Patients	
		Required	Actual
Bushveld	Warmbath Hospital	17	24
	Ellisras Hospital	32	31
	Amandelbult Hospital	36	19
Western Region	George Masebe Hospital	38	61
	Makopane Hospital	44	10
	Voortrekker Hospital	35	12
Central Region	Mankweng Hospital	23	24
	Pietersburg Hospital	94	9
	Helen Franz Hospital	11	15
	Buitestreet Clinic	32	16
	Phuti Clinic	7	2
Northern Region	Tshildzini Clinic	53	6
	Elim Hospital	51	3
	Siloam Hospital	32	4
	Messina Hospital/Nancefield Clinic	68	7
Lowveld Region	CN Phatudi Hospital	17	48
	Kgapane Hospital	24	3
	Nkhesani Hospital	55	9
	Sekororo Hospital	28	25
Southern Region	HC Boshoff Hospital	19	39
	Dr MM Hospital	45	39
	Jane Furse Hospital	36	44
	Matlala Hospital	26	12
Bushbuckridge	Mapulaneng Hospital	51	103
	Tintswalo Hospital	47	61
	<b>TOTAL</b>	<b>921</b>	<b>626</b>