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tubidu

Training Outline

For trainings based on
TUBIDU Handbook for community
based organizations on tuberculosis
services for people who inject drugs

TUBIDU 2011–2014

Empowering the Public Health System and Civil Society to Fight the Tuberculosis Epidemic among Vulnerable Groups

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TRAINING OUTLINE

Contents

Abbreviations and acronyms

ART	Antiretroviral therapy
ARV	Antiretroviral drugs
CBO	Community based organisation *(defined as non-governmental and other type of civil society organizations that are usually self-organized in specific local areas to increase solidarity and mutual support to address specific issues)*
DOT	Directly Observed Treatment *(A component of TB case management that helps to ensure that patients adhere to treatment, narrower meaning: a trained health care worker or other designated individual watches the patient swallow every dose of the prescribed TB drugs)*
HEPA	High efficiency particulate air filtration
MDR-TB	Multidrug-resistant tuberculosis
PWID	People who inject drugs
TB	Tuberculosis
UVGI	Ultraviolet germicidal irradiation system
XDR-TB	Extensively drug-resistant tuberculosis

Introduction

This **TUBIDU Training Outline** is compiled as a helpful guide for organising and carrying out training on tuberculosis (TB) prevention among people who inject drugs (PWID). The curricula of this training is based on the TUBIDU Handbook for community based organizations (CBO) on tuberculosis services for persons who inject drugs that has been compiled within the project TUBIDU - Empowering Civil Society and Public Health System to Fight Tuberculosis Epidemic Among Vulnerable Groups. Although the TUBIDU Handbook can be used as the reference material, it is strongly recommended that the trainers have relevant working experience in the field.

This training has originally been planned as a two-day training for 20-24 participants. However, the training does not have to be necessarily carried out on two following days, but it can also take place on two separate week(end)s. The content of the training has been divided into **6 Modules** and each module has **one to three subtopics** that focus more specifically on the given subject. The main **focus points** of the topics have been listed to help to better plan the structure and the content of presentations. **It is highly recommended that all focus points be covered to ensure a minimal standard of the training's content**. Nevertheless, you are more than welcome to complement the training with your personal ideas and experiences!

Each Module has been given a recommended time frame (usually 1h30min) and divided so that all the content of the training would be evenly covered between Modules**. Although it is recommended to keep the time frames of Modules unchanged, the duration of Topics within Modules is up for the trainer to decide** [i.e. whether she/he would prefer to focus on one topic for a longer period of time and thus less on the other one. For example, the duration of Module 2 is 1h30min and the suggested duration of Topics 2.1 and 2.2 are 45min+45min, but the trainer can also decide to divide the time 1h+30min or 50min+40min etc.]

The **layout of PowerPoint slides** has been prepared, but the content must be filled by the trainer him/herself (NB! Remember, that it is better to present the material in short phrases rather than full paragraphs). It is recommended that the bases be used for all presentations of the training. An example of a slideshow layout has been given in the first Topic 1.1. Feel free to use these slides for your presentation!

It is **strongly recommended to use interactive training techniques** to get the participants involved and make the educational process of the training more active and fun. In fact, adults most effectively take in information through problem solving, performing practical exercises and training others, thus it would help them to better memorize the information from the training. Group work, role play games, problem solving and open discussions also function as a **learning and experience sharing platform**. The above serve as useful ways for the participants to develop new ideas, methods and techniques that could facilitate their work with PWID or other vulnerable populations. To facilitate time management and group-discussions, it is recommended to keep the sizes of groups rather small.

Trainer's training tips and instructions

What should be considered before starting training for adults?

1. **Dialogue** with participants is important to facilitate learning, creating meaning and learner awareness. Thus, leave some time also for discussions or a short QA during or after your presentation.
2. **Appreciate** the specific nature of the participants and allow the participant to be self-directed.
3. Use a problem-centred approach for presenting the topics.
4. **Encourage** the participants to share their experiences.
5. Make sure to **familiarize yourself with the TUBIDU Handbook** before delivering the training. **Ensure that your knowledge is up to date** by familiarizing yourself with accompanying guidelines and other additional recommended materials.
6. Feel free to **think creatively** about how to deliver the content of the training so that it would be interesting for the participants.
7. **Arrive** to the training location at least **30 minutes early** for preparations (preparing the materials, equipment and room) as well as to psychologically prepare yourself for the training.
8. **Dress comfortably**, but a little more representatively than the participants ☺
9. In the beginning of the training, **agree upon how and when the participants can pose questions or comment** (e.g. by raising a hand or a sign) so that the participants would feel encouraged and comfortable to interact.
   Open dialogue is an important key factor for the training to be interesting!

Before the training starts, make sure that:

1. You have all the necessary materials (e.g. flipcharts, markers, paper, information materials etc) and equipment (e.g. laptop, projector etc).
2. All electronic equipments are quickly accessible and work properly (e.g. slides appear on the screen, the battery of the laptop is full, if you'd like to show a video or some extra materials, then they're already prepared)
3. Participants know where the restrooms are.
4. During breaks (i.e. coffee break and lunch), catering is provided or that participants have been informed ahead that no catering is included.
5. Water is available in the training room.
6. The participants have been asked to switch off their mobile phones and all other electronic equipment (iPad, laptops, mp3 players, iPods etc) that could distract the training.
7. If the training includes group work, make sure that all participants are divided into groups before the training starts (e.g. during the registration by placing a colourful dot or a number on the name-tag).

It is recommended that **the registration be done before the official start of the training** (e.g. if the training starts at 9, then registration is planned from 8.30 to 9.00).

List of recommended materials and resources:

1. Computer/laptop
2. Flipchart paper, stand and markers
3. Projector
4. Presentation slides
5. Handbook
6. Paper and pencils
7. Handouts for the participants
8. ...

Most importantly - relax, experiment and have fun!

You're doing well and the training is going to be enjoyable both for you and for the participants!

DAY 1

Introduction to the course

Introduction

Time: 45 min
Materials required: Handouts (paper, stickers, pens), black/whiteboard or flipchart
Focus:

- Introduction of the trainers
- Introduction of the TB situation in the region or if there are participants from different countries or regions, then you can make a comparative table (e.g. based on ECDC report), to give an overview of the extent of the TB epidemic in the regions
- Introduction of the participants (e.g. a quick game)
- Pre-test (Annex 1)
    - Pre- and post-test is not compulsory, but it does help the organisers and trainers to get a better overview of the participants' knowledge of the topic and better estimate the progress the participants have made during the training. Before the training takes place, check the questions of the pre- and post-test so that it would be in accordance with the topics covered during the training. If needed, add, remove or complement the questionnaire according to your needs.

PART I – What to do with a client with presumptive TB?

The **first day** of the training concentrates more on the **factual information about TB** and introduces **measures** that would help **to prevent TB transmission in the CBO**. The greatest emphasis is put on **TB prevalence among vulnerable groups**, especially among PWID. As the target groups of TUBIDU Handbook as well as the training are CBOs, civil society organisations, non-governmental organisations and healthcare workers who work with PWID, it is important that the topics would also include an **approach from their clients' (i.e. PWID) perspective**. For example, TB risk factors differ between the general population and PWID, thus those differences should be pointed out so that CBO personnel would know to pay attention to them. Thus, the specifics of PWID should be included in as many topics as possible (e.g. comorbidities, psychosocial risk factors, addictive behaviour etc)

Also, inviting participants to think along, discuss and share their thoughts, ideas as well as experiences with each other in groups, pairs or in open discussions is warmly welcomed. Especially if participants are from different organisations, regions or countries, as in that case, the availability of resources and methods that are be used for TB treatment may vary a great deal. Leaving time for discussions should also be taken into consideration when preparing the time management of the presentation.

MODULE 1 - TB basics

Reference material – HB Chapter I The Basics
HB Chapter II Intensified TB Case Finding

Module time: 2h

By the end of the module, the participants will:

- Have an overview of the TB ; TB epidemiology in the region/country (if it hasn't been mentioned in the Introduction); causes of TB; TB symptoms; how TB is spread; LTBI and TB disease (pulmonary and extra-pulmonary TB); drug-resistance; personal and environmental TB risk factors; PWID and PLHIV as TB risk groups.
- Be able to recognise TB symptoms and be aware of the differences of the occurrence of symptoms among PWID.

TOPIC 1.1 - What to know about TB?

Section time: 45min

Focus:

- Gives an overview of the basics of TB**:**
  What is TB; how is TB spread; what forms of TB exist (latent, resistant); how is TB diagnosed (X-ray, sputum and blood); TB incidence and prevalence in some European countries and in the local region.
- Emphasis is also put on why is TB such a dangerous disease, TB risk factors (foreign-born, close contacts, risk groups e.g. alcohol and drug abusers, low income, special settings e.g. correctional facilities, PLHIV, people with co-morbidities e.g. diabetes etc).

TOPIC 1.2 - What to know about TB among PWID?

Section time: 45min
Focus:

- TB in persons who inject drugs
- Personal and social TB risk factors among PWID
    - Why PWID (and PLHIV) are at greater risk for TB.
- TB and HIV co-infection and other comorbidities

TOPIC 1.3 - How to identify a client who might have TB?

Reference – HB Chapter II, Intensified TB case finding.
Section time: 30min
Focus:

- Helps to recognise TB symptoms among PWID.
- Gives an overview of the aspects that should be considered when trying to identify a TB case among PWID (e.g. methadone and other opiates may suppress cough symptoms, comorbidities etc).
- Introduces questionnaires for screening TB and questioning about TB risk factors (Annex 2)
- Gives tips for facilitating communication with the client and emphasises the need for a special approach when working with PWID.

MODULE 2 TB case finding among PWID

Reference – HB Chapter II "Intensified TB case finding"

Module time: 1h30min (before and after lunch)

By the end of the module, the participants will:

- Have an overview of active and passive TB case finding
- Have an overview of methods and means that are used for TB case finding (e.g. getting contact with hard-to-reach groups)
- Be aware of possible challenges and challenging behaviours of clients and how to handle them
- Will be aware of different possibilities to refer clients with presumptive TB symptoms to TB diagnostic facilities (e.g. healthcare facility, TB clinic etc)

TOPIC 2.1 - TB case finding methods among PWID

Time: 45min

Focus:

- Intensified TB case finding among PWID (what it is, why is it necessary and what are the challenges)
    - Active TB case finding (screening and contact tracing), problems/obstacles (e.g. legislative restrictions) and possible solutions
    - Passive TB case finding (client who present with symptoms), problems and possible solutions.
    - Methods for case finding (e.g. outreach work)
    - Means for case finding and screening for TB (e.g. questionnaires)
- How to reach at high risk groups who are socially excluded and "difficult" to reach.
- How to handle a difficult and challenging behaviours of the client.
- Introduction of questionnaires to screen for TB and evaluate their social risk factors that could weaken their adherence to treatment. Advices, tips and exercises for carrying out questioning a client for TB symptoms and risk factors could be shared with the participants of the training (could be done in pairs or in small groups).

TOPIC 2.2 - Referral of clients with presumptive TB to TB clinics

Time: 45min

Focus:

- Best practices for referring high risk group clients. (e.g. personal accompanying of the client is often recommended as one of the ways to ensure that the client with presumptive TB goes to the TB clinic and does the necessary procedures.) If the CBO doesn't have human or material resources to organise an accompanied referral to TB clinic, then the social worker from TB clinic can also come and pick up the presumptive TB case etc.
- Emphasis should be put on overcoming challenges that are likely to occur with PWIDs well as on means and methods that could be used to motivate the client to get tested for TB. At the same time, country/region specific referral system could be introduced (e.g. where in the region are presumptive TB cases directed etc.)
- Inviting clients to come to screening vs approaching clients personally vs using incentives after having screened the client.

MODULE 3 TB infection control in CBO

Reference – HB Chapter II "TB infection control"
Module time: 45min
By the end of the module, the participants will:

- Know how to protect CBO workers and CBO clients/visitors from getting TB infection.
- Have an overview of what is infection control and how is it applied.
- Know what is and how to apply cough hygiene.
- Know what personal respiratory protection means are and how to use them.

TOPIC 3.1 – TB infection control

Focus: Measures to prevent TB transmission in CBO facilities.

- Managerial activities
- Administrative controls
- Environmental controls - natural ventilation principles and mechanical ventilation (e.g. what equipment can be used)

TOPIC 3.2 - Cough etiquette, personal respiratory protection

Focus:

- Introduction of cough etiquette
- Means and methods for personal respiratory protection (what are the methods, when is it recommended, how is respiratory protection implemented etc.)

MODULE 4 Basics of TB treatment

Reference – HB Chapter I The Basics, "Treatment for TB disease";
HB Chapter III Case Management and Psychosocial Support "Directly Observed Treatment"

Module time: 1h30

By the end of the module, the participants will:

- Know that TB (including its resistant forms) is treatable when diagnosed in time and the treatment regimen is followed.
- Know the length of TB treatment (6-10 months) and M/XDR-TB (18-24months)
- Know, when TB is infectious and when it isn't infectious any more (first third is infectious – stationary care, possible to do it at home too - and after that is released – ambulatory care)
- Be aware of the TB drugs' side effects and acknowledge that although they cause discomfort, they are manageable and will end after the TB treatment is finished
- Have an overview of TB treatment regimens/strategies (DOT)
- Know what are the means used for TB treatment (intake of multiple anti-TB drugs every day)

TOPIC 4.1 - How is TB treated?

Time: 45min

Focus:

- Basic steps of TB treatment (including prophylactics such as isoniazide preventive therapy or ARV in case of HIV positive cases of potential TB infection), considering the country's legislative and other specifics.
- TB treatment phases (stationary, ambulatory, anti-TB drugs, isolation, follow-up etc)
- One-stop-shop or efficiently regulated network between TB services and CBOs are the most effective for PWID (OST, TB drugs, ARV, psychosocial support)
- What makes TB treatment challenging among PWID and how to overcome those challenges. (day 2)

TOPIC 4.2 - Directly Observed Treatment.

Time: 45min

Focus:

- What is DOT, how it is organised/implemented in general and in selected countries/regions.
- CBO worker's role in DOT
- Examples of DOT implementation and challenges that may occur with DOT (in general and country/region specific)
  Other countries' DOT-system can be presented as an example and comparison.

DAY 2

PART II – What to do with a client on TB treatment?

As the **second day** of the training concentrates more on the **actual supporting of the client on TB treatment** and on **strengthening the client's adherence**, then this part could perhaps be more interactive and engage the participants to think along and share their thoughts, ideas and experiences on how to motivate clients to complete their treatment and how to help the clients to overcome their fears and prejudices related to TB treatment. Perhaps some of the participants have already had experiences with supporting their clients to adhere to TB treatment or other long-term treatment. Thus, involving participants by organizing group work, games or open discussions, is strongly encouraged.

Case studies (i.e. collected examples from different TUBIDU partnering countries) and exemplary cases (i.e. fictional cases of clients that need to be solved/managed by the participant(s)) can also be used for group work, work in pairs or in open discussion (see Annex 3 and 4)

MODULE 5 TB case management

Reference – HB Chapter III Case Management and Psychosocial Support

Module Time: 2h 30min

By the end of the module, the participants:

- Are able to foresee and assess possible obstacles and challenges that may occur with the specific client with TB.
- Can use and estimate what means would be the best to tackle those challenges.
- Have an overview of different means and methods that are used to help to strengthen adherence to TB treatment.
- Will be able to prevent clients from getting lost and if it happens, then to find those who have been lost to follow-up.

TOPIC 5.1 – Adherence

Time: 1h30min

Focus:

1. Adherence
    - Introduction to the topic - why is adherence important in TB treatment?
    - Personal danger and social danger of interrupted TB treatment.
      [Emphasise that on the one hand, the client's TB can get worse, may develop resistance (TB -> MDR -> XDR -> Pan-resistant), the client may die. On the other hand, the client may also infect more people (friends, family, acquaintances) with TB when the treatment is interrupted. In addition, it is very likely that the person becomes infectious again and, thus, will be a threat to the community and people around him/her.]
    - Possible ways to assess client's social and health situation and need for support (and choosing suitable methods to meet those needs. Emphasis should be put on the fact that every TB patient and every client is an individual. Therefore, before using any means, it's better to find out what type of a person the client is and what means could be more effective. Questionnaire for assessing the client's social risk factors could be used – Annex 1)

2. Methods to strengthen adherence
   - Incentives to strengthen adherence (E.g. vouchers, food packages etc.)
   - Motivational interviewing;
   - Cognitive-behavioural intervention,
   - Group and individual counselling
   - Peer-support

** TIPP * Before going on a coffee break, an exemplary case could be presented to participants that they would solve in groups during the coffee break.
After the coffee break, give the groups (4-5 persons) 5min time to write down and prepare their preparation (short case management plan). Duration of 1 case management plan presentation is 5min, followed by 5-7min of discussion.**

TOPIC 5.2 - Finding clients lost to follow-up

Time: 45min
Focus:

- Why, when and how are those clients lost to follow-up found.
- Emphasises on the need and importance of preventing clients from getting lost in the first place – prevention is much easier than looking for those who have been lost.
- Consider local possibilities and restrictions (legislations etc)
- Importance of collaboration with other institutions such as the police (optional) and health care facilities may be helpful.

MODULE 6 Challenges with PWID on TB treatment

Reference – HB Chapter II Intensified TB Case Finding, Infection Control and Preventive Measures "How to deal with a challenging behaviour"
HB Chapter III Case Management and Psychosocial Support "Challenges in working with PWID + Case studies.

Module time: 45min

TOPIC 6.1 - Tackling challenges that may occur with PWID on TB treatment

Time: 45min
Focus:

- What are common difficulties that may occur when working with PWID (especially who receive TB treatment) and how can those challenges be tackled
- Challenges with keeping client confidentiality (e.g. contact tracing and active case finding – especially as the legislation of confidentiality issues may differ a great deal between different countries).
- All participants should be encouraged to share their knowledge and experiences with each other. Previously handled topics, facts, ideas, means, methods, case studies and exemplary cases could be discussed whether in groups or openly.

Conclusion and closing of the training

In the conclusion, the main points of the training could be looked over in a more interactive and fun way. For example, a quiz or group work could be organized.
Post-test should also be carried out as the final part of the conclusion (see Annex 1).

Conclusion

Time: 1h30min
Focus:

- Concluding the main points of the training (TB, PWID, methods and measures, recommendation etc) in a more interactive and fun way.
    - One possibility for group work could be a group role play:
      Distribute the participants into groups. Each group will be given a specific role [i.e. 1) CBO workers; 2) PWID; 3) Healthcare workers; 4) politicians; 5)active citizens] from whose point of view they will address and analyse the following question:
      What has caused the current situation in the country, so that vulnerable populations with TB are diagnosed and reach treatment too late, if at all, and often interrupt their treatment?
      How the current situation could be improved based on your role's perspective?

      Give the participants 10-15 minutes time to discuss and then ask them to present their outcomes. Discuss their recommendations and outcomes with other groups. Remind the participants to stay in their role. This enables the participants to approach the problematic situation from different angles and allows them to get a more diverse and better comprehensible overview of the topic.
- Post-test
    - Post-test is not compulsory, but it does help you to get a better overview of the progress that the participants have made during the training.

Closing of the training

Time: 30-45min

Annexes

Annex 1 | Example of a pre- and post-test

Pre- and Post-test

Mark the correct answer on the **answer form**. There can be several correct answers.

1. How is TB spread?
    a) By sharing dishes with a person with infectious TB
    b) From person to person through the air
    c) By touching clothes of a person with infectious TB
    d) By touching surfaces that have been in contact with TB bacteria
    e) By reading a book used by person with infectious TB

2. When the client receives TB treatment, his/her social network can be used
    a) To identify other clients who have TB symptoms
    b) To provide support and encourage client to complete TB treatment
    c) To provide DOT
    d) To escort clients to examinations
    e) To educate clients on TB

3. Which of the following are common symptoms of TB disease?
    a) Fever
    b) Weight loss
    c) Tiredness, feeling exhausted
    d) Running nose
    e) Cough

4. When the client is suspected of TB, what factors should be checked?
    a) Contact with a person who has TB
    b) Symptoms of TB
    c) Previous TB infection or TB disease
    d) Risk factors for developing TB disease

5. Who are at highest risk for developing TB disease after TB infection?
    a) HIV infected
    b) Persons with certain medical conditions (i.e. diabetes mellitus, silicosis, certain types of cancer, severe kidney disease)
    c) Persons who are obese
    d) Previously imprisoned

6. Which organ of the body can be affected by TB bacteria?
    a) Brain
    b) Kidney
    c) Lungs
    d) Lymph nodes

7. What should be done when a CBO worker suspects that a client has TB?
   a) The client should be placed in an area away from other clients
   b) The client should be taught to cover his/her mouth with a tissue when coughing
   c) The client should be tested for lung capacity
   d) The client should be referred to the nearest TB clinic for TB diagnosis

8. Which tasks are involved in delivering Directly Observed Treatment (DOT)?
   a) Check for side effects
   b) Calculate how much medication the client/patient has used
   c) Watch the client/patient take pills
   d) Document the visit
   e) Support the client/patient

9. How can a CBO worker protect him/herself from getting TB?
   a) Using a surgical mask
   b) By opening a window
   c) Making sure that clients follow the cough etiquette and respiratory hygiene
   d) Using a respirator
   e) Eating a balanced diet

True or false

	Question	True	False
10	TB affects only the lungs		
11	TB disease is infectious throughout receiving treatment		
12	Drug resistance can develop when patients do not follow treatment regimens as prescribed.		
13	The use of questionnaires enables to detect TB cases early among PWID		
14	MDR-TB is untreatable		
15	TB disease and TB infection mean the same thing		
16	If I don't have TB symptoms, I don't have TB disease		

Thank you!

NB! This pre-/post-test is an example.
Organisers can change the questionnaire according to the training needs!

Correct answers:

1. b)
2. all
3. a), b), c), e)
4. all
5. a), b), d)
6. all
7. a), b), d)
8. all
9. b), c), d)
10. false
11. false
12. true
13. true
14. false
15. false
16. false

Annex 2 | Questionnaires

1. **How to ask?**

1. How to ask?

Before you question the client, make sure that you have put all the necessary preventative measures in place to decrease the risk of TB transmission.

Here is a little checklist:

- Open a window; turn on the ventilation, HEPA or UVGI.
  If it is not possible to take the precautionary measures listed above, question the client outdoors.
- Inform the client about cough etiquette to reduce the risk of TB transmission.
  In the event of apparent TB symptoms, ask the client to cover his/her nose and mouth with a surgical mask or a tissue/disposable handkerchief. If necessary, wear a respirator.
- Be supportive, empathic and compassionate during questioning. Bear in mind that the client may be sensitive to some stigmatizing aspects whether related specifically to TB or to his/her social status in the society; therefore, try to avoid an interrogative atmosphere. Listen to the client carefully and be respectful.

2. **What to do?**

Remember that each individual risk factor increases the chances of having TB disease!
The sooner TB is diagnosed, the better the treatment outcome.

If it is suspected that the client has active TB disease, then:

- Inform the client about the next steps to be taken
- (e.g. the need for further testing) and the importance of cooperation.
- Direct the client to a healthcare facility for further tests and treatment. If possible, ensure that they are accompanied and receive support on the way to the facility.
- Map potential groups of people and areas that are likely to have been exposed to TB for early detection, diagnosis and treatment of new cases.
- The information collected via the questionnaire about the client's social and risk factors should be used to develop a client-specific adherence support measures so as to ensure a successful TB treatment outcome.

TB SYMPTOMS

Have you experienced any of the following symptoms?

1. Persistent coughing (3 weeks or more)?
   Yes No
2. Coughing up blood or bloody sputum?
   Yes No
3. Fever, excessive fatigue or night sweats (3 weeks or more)?
   Yes No
4. Unexplained weight loss (in the last 2 months)?
   Yes No

If yes, please describe:

If any of those symptoms occur, make sure that the client will be directed to a TB clinic or a healthcare facility for further diagnosis and treatment.

TB RISK FACTORS

1. Have you been diagnosed with a medical condition that has weakened your immune system? (i.e. HIV, HBV, HCV or other conditions that could increase the risk of progression from TB infection to TB disease)
   Yes No
   If yes, what was the diagnosis?
   If yes, how long ago was the diagnosis made?
   If yes, have you received treatment or are you currently undergoing treatment?

2. Have you ever been told that you have TB disease?
   Yes No
   If yes, how long ago?

3. Have you ever been treated with medication for TB infection or disease?
   Yes No
   If yes, how long ago?
   If yes, did you complete your treatment? Were you cured?

4. Have you ever been a resident or employee in correctional facilities, long-term care facilities, homeless shelters or other high-risk congregate settings?
   Yes No

5. Have you ever lived with or been in close contact with someone known to have active TB disease (e.g. family member, friend, coworker, shelter roommate, relative)?
   Yes No

6. Where were you born?
   _____

7. Have you had frequent or prolonged visits to a foreign country?
   Yes No
   Which country?[1]

[1] **Countries with a high TB incidence are:** Afghanistan, Algeria, Angola, Anguilla, Argentina, Armenia, Azerbaijan, Bahrain, Bangladesh, Belarus, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Cape Verde, Central African Republic, Chad, China, China (Hong Kong SAR), China (Macao SAR), Colombia, Comoros, Congo, Cook Islands, Cote d'Ivoire, Croatia, Democratic People's Republic of Korea, Democratic Republic of the Congo, Djibouti, Dominican Republic, Ecuador, El Salvador, Equatorial Guinea, Eritrea, Estonia, Ethiopia, French Polynesia, Gabon, Gambia, Georgia, Ghana, Guam, Guatemala, Guinea, Guinea-Bissau, Guyana, Haiti, Honduras, India, Indonesia, Iraq, Japan, Kazakhstan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lesotho, Liberia, Libyan Arab Jamahiriya, Lithuania, Madagascar, Malawi, Malaysia, Maldives, Mali, Marshall Islands, Mauritania, Mauritius, Micronesia (Federated States of), Mongolia, Montenegro, Morocco, Mozambique, Myanmar, Namibia, Nepal, New Caledonia, Nicaragua, Niger, Nigeria, Northern Mariana Islands, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Rwanda, Saint Vincent and the Grenadines, Sao Tome and Principe, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Solomon Islands, Somalia, South Africa, Sri Lanka, Sudan, Suriname, Swaziland, Syrian Arab Republic, Tajikistan, Thailand, The former Yugoslav Republic of Macedonia, Timor-Leste, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Republic of Tanzania, Uruguay, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam, Yemen, Zambia, Zimbabwe.

SOCIAL RISK FACTORS

If you need to get an overview of the client's social risk factors, then following questionnaire can be used.

1. Current place of residence
    a. Personal residence (apartment, house etc)
    b. Rental apartment, social or municipal housing
    c. Shelter
    d. No place of residence

2. Current social status
    a. Employed or retired
    b. Student/ disability pensioner
    c. Unemployed with previous working experience
    d. Jobber (including unofficially)
    e. Unemployed with no previous working experience

3. Current sources of income
    a. Pension (private or state)
    b. Unemployment benefits
    c. Spouse/partner
    d. Other family members
    e. Social assistance/welfare
    f. Occasional work
    g. Illegal activities

    Income sufficiency

    a. Sufficient
    b. Insufficient
    c. No income
    d. Insufficient income + debts

4. Social network
    a. Family (children, parents, married or living as married)
    b. Relatives
    c. Friends, acquaintances
    d. Alone

5. Harmful habits
    a. None
    b. Smoking
    c. Alcohol abuse
    d. Drug abuse
    e. Multiple addictions (e.g. narcotics + alcohol + psychotropic medications)

6. Management of daily life
    a. Can manage on own
    b. Can manage with help
    c. Not at all

Annex 3 | Exemplary cases

EXEMPLARY CASE 1

A young woman S. arrived at the CBO for the first time and insisted in doing HIV rapid test. She was pale, skinny, and seemed rather nervous. In addition, she said that she had been feeling sick lately and as her partner was an active drug user and infected with HIV, she thought that she might have got it too. However, she refused to go to the hospital or any medical centre, because she was afraid of the doctors and especially the police. During HIV test, she had several bursts of coughing and breathed heavily.

Describe the next steps that you will take when such client arrives at your CBO.

EXEMPLARY CASE MANAGEMENT 1

- Make sure that the rooms where contact with S. took place (e.g. HIV testing room) are properly ventilated to reduce the risk of a possible TB transmission.
- Create neutral atmosphere and give pre-test counseling about testing for TB. Talk calmly and explain her about the basics of TB, the difference between HIV and TB and about the need to screen her for TB. If separate questioning is not possible, then try to ask her about TB symptoms and TB risk factors during conversation.
- Try to calm the client. Explain that no one is there to threaten her and that her confidentiality will be assured.
- If necessary, try to persuade the client to go to a TB clinic for further testing. If possible, accompany her to the clinic or try to find alternative ways to do the screening in a safe environment.
- If necessary, consult other CBO personnel or professionals for advice and ideas.

EXEMPLARY CASE 2

56-year old P., who has been a long-term client at the CBO, was diagnosed with TB about a year ago and admitted to the regional TB clinic for inpatient treatment. After he had been proven non-infectious, he started to receive DOT at an outpatient setting. A member of the CBO personnel is assigned as his DOT worker and he still has estimated 6 months of treatment left. Although at the beginning he came to the CBO regularly to receive his medications, then at the moment, he hasn't shown up for 2 days. He's phone has been switched off and when a designated DOT worker at the CBO went to his given address, it turned out that it was false and that P. had never lived there.

What else could be done to find P.?
How could have this situation been prevented or the process of finding P. facilitated??
In case P. is found, what should be done next?
What could be the consequences of when the client won't be looked for or found?

EXEMPLARY CASE MANAGEMENT 2

- Contact P.'s social network (e.g. family, friends, neighbors, acquaintances etc.). Ask them about potential places where P. could be found.
- Go to places where the client would likely be. Contact the client's social network (e.g. family, friends, colleagues). If possible, do outreach work with a partner to find P.
- In all cases, client's confidentiality should be protected
- Therefore, remain discreet about the client's TB as not everybody may be aware of his disease.
- Explore other legal possibilities for exchange of patient-related information and, if possible (considering legal obstacles), actively seek information about persons who P. has mentioned. Collaboration with NTP and the police can be very helpful in this case.
- If necessary, consult other CBO personnel or professionals for advice and ideas.

When P. is found, then

- Talk to P. and, if possible, his close ones, about what caused the treatment interruption.
- Try to identify causes of P.'s problems and look for ways to solve them. Identify and address P.'s other needs with him, so that adherence to therapy can remain a priority.
- Remind P. about the dangers of treatment interruption and threat to his friends, relatives or beloved ones. Tell him also about how much longer he has left until the treatment is finished and how important it is not to stop now, even when physical symptoms of TB have improved or when the treatment is difficult because of side effects.
- Talk to P. about what could be done to prevent this situation from occurring in the future.
- Try to get a better overview of P's social network. Ask P for more contacts that could have previously provided you with necessary information about his location.

EXEMPLARY CASE 3

A. is a 30-year old man who has worked as a carpenter. After he had been released from prison (he was convicted for selling drugs), he continued to use drugs, got into debt and lost all his belongings, including his apartment. A. has been diagnosed with HIV, HCV and quite recently with MDR-TB. At the TB hospital, he started to receive both methadone and ART, however, he has been experiencing many side-effects of drug interactions and is therefore reluctant to take all of his medications. Now he has started to receive his treatment at an outpatient site, but the nurses and social workers constantly face difficulties with his case, as his social conditions are still complicated – he has no income apart from disability pension, no relatives and no place to live, apart from at his friends' place who are still mostly consuming drugs.

How should case management be conducted in this case?
What measures could be used to help A. to finish his TB treatment?

EXEMPLARY CASE MANAGEMENT 3

- Identify and address P's needs and obstacles, such as a living space, so that adherence to therapy can remain a priority. Try to find solutions to the problems with the highest priority (e.g. find other alternative housing possibilities, offer possibilities for rehabilitation, look for psychological and social counselling. Later preparative activities such as trainings that would help A. to enter the job market, etc.)
- Find suitable methods that would help to work on strengthening A's motivation as well as to support his adhere to treatment (e.g. motivational interviewing, cognitive and behavioural interventions etc.). If necessary, look for other professionals in the CBO or in the region who could provide those services (e.g. therapies, consultations, meetings etc). Find out what interests A. and what could be used to increase his motivation to continue with his treatment.
- Look for suitable adherence reminders.
- Encourage A. to inform about his side effects. Help him to understand that side effects and discomforts are temporary and go away after the treatment is finished.
- Invite previous TB patients to share their experiences with A.
- If necessary, consult other CBO personnel or professionals for advice and ideas.
- If the patient has problems to visit DOT office, then find out whether other alternatives (e.g. home-visits for TB DOT) are available that would be better suitable for A.

Annex 4 | Case studies

CASE STUDY 1

DOSE OF LOVE | BULGARIA |
TB case through the eyes of Milen, an injecting drug user and former TB patient

"I am 38 years old and I have been using drugs for more than 10 years. That's why I have known Dose of Love Association for a long time.

My girlfriend and child live in Sofia. I moved there too for a while and tried to get my family back together, but I couldn't. I didn't have any money, enough to eat and I was still using drugs. My life was miserable. So I went back to my hometown and started to use even more drugs and lost a lot of weight. I heard that it's possible to test for TB in the Dose of Love. At first I thought that TB was an ancient disease and it's not possible to get it, but the team told me new information. When I was doing the screen test then I understood well that I actually was at risk and that I had all those symptoms. But all drug users have most of them, right? As I trusted the Dose of Love team and the nurse from TB hospital was also at the centre, I decided to get tested for TB – and what a surprise, a few days later I got my results and they were positive. I couldn't believe it! I thought it was the end! I had thousands fears and questions - Had infected my mother? Those with who had I been living? I had met hundreds of people during these two months and I couldn't even remember all of them!

I had several conversations with the team of Dose of Love and the TB nurse during following days. So after I had calmed down a bit, I took a decision that I wanted to get treatment, especially as it was free of charge. I knew that I would see the same TB nurse also at the hospital and that I could talk with one of the Dose of Love workers on the phone. They would even come with me to the hospital and offered to talk with my mother and some of my close friends that they should get tested, without revealing that I had the disease. So I was ready. I also had the opportunity to get methadone treatment while being there. Methadone wasn't for free but it was still important for me, as I had to stay at the hospital for at least two months. The drugs weren't pleasant ones, but I wanted to live. Not treating TB wasn't an option - I didn't want to die!

A year and a half later I can say that I am happy I survived! My life has changed a lot. It was definitely not easy to follow everything, but I got help and now I'm feeling much healthier already. I continue to meet the Dose of Love team. I think that what helped me a lot was that the same TB nurse who was at the Dose of Love day centre on the day I got my diagnosis was also at the hospital. The doctors were also very nice and explained everything very well. But, to be honest, then I wouldn't have made it without receiving methadone at the hospital. But I'm happy that I made it and that I'm here alive again with a second chance."

CASE STUDY 2

BULGARIA | Dose of Love | TB-theme party

„Theme party“ has been used in the Dose of Love Association in Bulgaria for many years to increase the awareness and motivation among drug users about different problems, including TB. We came up with this TB-theme party because as we thought that one way how people usually get involved and enjoy themselves is at a party – so the party got started.

Actually, the information that is shared at TB-theme parties doesn't differ that much from educative and informative methods such as trainings, brochures, articles, consultations or other. Essential difference lies in the way we approach our clients and the form that the TB-theme party takes. The main emphasis is put on catching the client's attention, but also on respecting his/her personality, knowledge and experience. We believe that by throwing a TB-party, we help to evoke positive emotions in clients, thereby making them more attentive, active and keep them longer involved. In order to throw a good party, you should know what your clients enjoy, but you could also think of things that could enjoy yourself and make you to accept such invitation.

Tips and steps for organizing "TB-theme party":
Preparation and predisposes:

- Set a clear goal, theme and structure for the party
- Contact the target group
- Choose a party-location where clients feel safe and calm.
  Most theme-parties take place in the low-threshold centre and/or in the organization's rooms. It would be ok to organize them in other places, but it is important that clients would feel comfortable and safe to come.
- Announce the time and location of the event is approximately one week ahead. Invite clients personally - consider the client's personal style and interests while preparing invitations. This way, the invitations are more personal and the client feels special.
- You can ask the clients to register their participation. This way they are more engaged, excited and prepared to participate.
- Prepare the location for the party – in this stage, it is possible to involve one or two representatives of the target group. The general atmosphere should be cozy, warm and relaxing. Small details such as decorations additionally raise the mood. It would be recommended to provide some snacks at the party– coffee, tea, soft drinks, sandwiches, sweets and others.

"Party" time:

- It would be recommended to keep the number of participants around 6- 12.
- Maximum two workers from the CBO should organize the party, so that the clients wouldn't feel as a minority. The CBO member is not a lecturer, but just someone who helps to start conversations and makes sure that participants stick to the theme and follow the rules.
- Conversations should be rather informal. The leaders should also encourage participants to share their knowledge and personal experience with TB as well as give recommendations about what could be done to improve TB prevention.
- You can include some "interactive games" or other methods that could increase the cohesion of the group or lead to better understanding of the information. Those games could cover topics such as "myth or reality".

The most important aspect is that clients leave the party with the impression that they've been involved in a discussion, their opinions have been heard and respected; and that they themselves made the event possible with their participation.

CASE STUDY 3

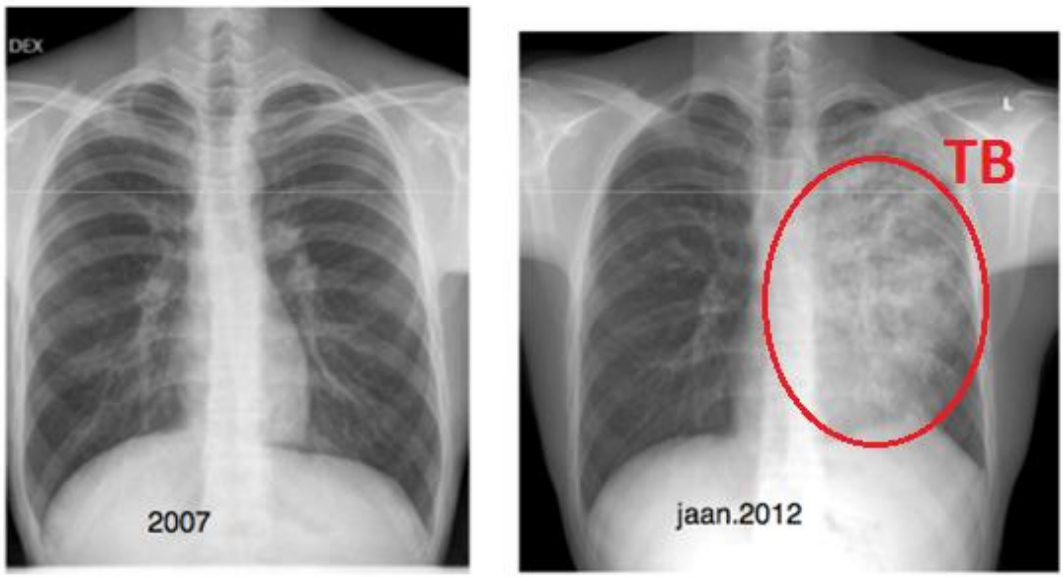
ESTONIA | Consequences of a deficient case finding

In 2011, a 50-years old man was diagnosed with TB disease and started TB treatment in the hospital. Doctors asked the man to inform his family (including two children) about his TB disease and ask them to come and screen for TB. The father didn't follow the doctors' orders and kept his diagnosis to himself. Nobody in the clinic was aware of the fact that the family, friends and other close ones weren't informed about their exposure to TB, as none of the personnel verified whether the man had done it and whether his family had come to screening for TB.

A year later, the man's son, a 24-year old student, who was last screened for TB in 2007 (see normal X-ray on the left), fell ill with cough, and temperature. When X-ray was done, to the son's own surprise, he was diagnosed with TB (see abnormal X-ray on the right). The son was very angry and disappointed that no one in the family had been informed about his father's TB disease a year ago, because now he had infectious TB and he could not continue with his studies at the University. If he would have been tested for TB a year ago, when his father was first diagnosed with TB, he would have been diagnosed with less-developed TB that would not have probably been infectious. Thus, he could have continued with his studies.

Shortly thereafter, all the family was tested for TB and the 50-year old man's daughter was also tested positive for TB.

Figure 1: Son's X-ray in 2007(no TB) and 2012 (with TB)



CASE STUDY 4

LATVIA | Nurse of Ambulatory Department of TB and Lung Disease center of Riga East University Hospital | Work at Directly Observed Therapy Office for Adults.

„I have been working as TB nurse for many years, and I have seen many different cases. As we know, recovery from TB can be very long, hard, and difficult time period (recovery can take 6 up to 24 months) due to a lot of medicine and fact that patient has to take this medicine under somebody's supervision. That is what DOT office is for.

Every day patient has to go to the DOT office, where certified nurse gives them medicine and patient cannot bring those drugs home. He or she has to drink medicine in front of the nurse. A patient has to drink all medicine in one attempt. For easier swallowing of the medicine patient can have a glass of water. Medical personnel want to be sure that patients take their medicine without any interruptions. Every time nurse has to make a note in the special treatment registration list and patients have to sign that medicine has been taken in that particular day and time.

Every day around 90 people comes to DOT office. **Business hours are from 8.00 a.m. to 7.00 p.m. every day (except Saturday and Sunday - 9.00 a.m.-2.00.p.m.). DOT office is opened long hours, so it could be convenient for patients to choose when it is the best time to receive their medicine.**

DOT office workers' strict control over patient has been given positive results. At the same time DOT office workers have problems with patients who make short or long interruptions in their treatment regimen. There are some cases when patient hasn't come to take their treatment for a whole week. Alcohol abuse and drug addictions are the most common problems among TB patients. Sometimes the patient has been drinking so much that he/she forgets to come to the DOT office. Fortunately, people who work at DOT office go and look for missing person(s) immediately.

It is very important to know how our patients feel (physically and mentally health). It is our job to remind our patients how important it is to attend our DOT office and take their medicine. Social support is the main benefit for each TB patient. They receive food vouchers and money to buy public transport tickets, as sometimes people don't come to DOT office, because they simply don't have money for that. But, as I said, every case is different and we have to approach them individually, too.

Working as DOT office nurse I do my duties with all my heart not only for our TB patients wellness, but also for our society's well being. It is important to see improvement in our health situation not only in our country, but also all around the world."

CASE STUDY 5

ROMANIA | Motivating an unmotivated client

A CBO client who had had problems with alcohol addiction and depression was diagnosed with MDR-TB. He was married and had two children. The MDR-TB was discovered when he was requested to do an X-ray examination at his new job. When he was diagnosed and started his treatment at the hospital, he also started to obtain pension, which was more than he would have earned by working.

However, he soon interrupted his treatment in order to keep obtaining his pension as long as possible (as he could get it only during his illness). In addition, he was also put off by the side effects that occurred during the treatment. The CBO personnel counselled him to continue with his treatment and explained him all possible consequences, but without success. The client suspected the CBO personnel to be "on the same side" with the hospital personnel and to exaggerate about the consequences just to frighten him.

A few months later, one of his children caught a cold and went to the doctor for consultation and X-ray for scheduled contacts check up in every 6 months. The doctor explained the client that his children are at high risk to get TB disease and that's what frightened him and made the client to really rethink about the consequences of his untreated MDR-TB.

The CBO personnel (i.e. the psychologist and the peer educator) explained the client once more about TB and TB treatment and that's when the client decided to continue with his treatment. Only then he realized the risk of TB to his children and beloved ones that made him change his mind on TB treatment. His main aim and motivator for continuing was to avoid TB transmission to his children, as he was also afraid that if he transmitted TB to his children, the social protection services would take his children away from him.

CASE STUDY 6

ESTONIA | Arthur's story, told by a CBO worker

"Arthur started to inject drugs in his last year in high school. After his mother's death he was left homeless as the apartment where his mother lived belonged to her partner. He started stealing to get money for buying drugs, which soon led to his first imprisoned for six months. After his release, he came to live at the Ahtme shelter. During his imprisonment, he also was able to overcome his addiction and with the help of social worker, he also found solutions to his most difficult problems and slowly but firmly, his life started to get better. Soon, Arthur met a young woman and they had a son, but unfortunately their relationship ended soon. Shortly thereafter, Arthur's grandmother invited him to live with her and he also found a job.

I heard of Arthur again after one year when his grandmother asked me for help. Apparently, Arthur had started to inject drugs again and started to steal things from home to get money. He also had troubles with the police. However, he didn't return to the shelter, but stayed over at his friends' places or in random apartments. As his health started to get worse, he went to see a doctor and was diagnosed with HIV. Arthur's attitude towards his treatment was rather careless and he didn't take his medication regularly. A complete downfall followed with more burglaries, penalties and imprisonments.

After living on the streets for two years, Arthur came to Ahtme and asked for a place in the shelter. His health was in poor condition – he was weak, had a continuous fever and sweated a lot. He hadn't been to a doctor for a long time. As one of the conditions to live in our shelter is examination for TB, then he went to get his X-ray and other tests done. We have a good collaboration with the local TB hospital and if necessary, they even come and pick up the clients who may have TB by car. That's also how Arthur was diagnosed with TB and had to stay at inpatient treatment for eight months. In the hospital, he started to receive opioid substitution therapy with methadone. The long treatment in the hospital was difficult for Arthur and there were many times when he wanted to stop the treatment if he would have had the chance. But with the support of hospital personnel and his grandmother, he was able to overcome his depression and finish his treatment successfully. After his release from the hospital, he continued OST and was also in psychoneurology hospital for treatment. However, his addiction to drugs remained dominant and in 2012, Arthur died of overdose."

Annex 5 | Example of a training curricula

EMPOWERING CIVIL SOCIETY AND PUBLIC HEALTH SYSTEM TO FIGHT TUBERCULOSIS EPIDEMIC AMONG VULNERABLE GROUPS

Day 1	**Topic**	**Facilitator**
08.30 - 09.00	Registration	
09.00 - 09.05	Welcome	
09.05 - 09.45	Introduction to the course and pre-test	
09.45 - 10.30	*Module 1 – TB basics* What to know about TB?	
10.30 - 11.00	**Coffee break**	
11.00 - 12.15	What to know about TB among PWID? How to identify a client who might have TB?	
12.15 - 13.00	*Module 2 – TB case finding methods among PWID* TB case finding methods among PWID	
13.00 - 14.00	**Lunch**	
14.00 - 14.45	Referral of clients with presumptive TB to TB clinics or other healthcare facilities.	
14.45 - 15.30	*Module 3 – Infection control in CBO and among personnel* Cough etiquette, personal respiratory protection Infection control indoors	
15.30 - 16.00	**Coffee break**	
16.00 - 17.30	*Module 4 – Basics of TB treatment* How is TB treated? Directly Observed Treatment	

Day 2		
09.00 - 10.30	*Module 5 – TB case management* Adherence	
10.30 - 11.00	**Coffee break**	
11.00 - 11.45	Finding clients lost to follow-up	
11.45 - 12.30	*Module 6 – Challenges with PWID on TB treatment* Tackling challenges that may occur with PWID on TB treatment	
12.30 – 13.30	**Lunch**	
13.30 – 15.00	Conclusion and post-test	
15.00 - 15.30	**Coffee break**	
15.30 - 16.00	Closing of the training	

NB! This time schedule is an example!

Organisers can change the duration of modules and topics according to the training needs and the expertise of their trainers!