

Ten Point Counselling Tool on TB

(Please ensure that the following has been covered during the counselling session)

1. TB disease is the **most common Opportunistic Infection** in HIV disease, the **most common cause of morbidity** and **leading cause of death** in PLWHA.
2. TB is an airborne infection, caused by a germ - *Mycobacterium tuberculosis*. It is estimated that 40% of the Indian population is infected with TB.
3. A person contracts TB infection from an open case of TB (usually a sputum smear positive pulmonary TB case). However infection with TB does not necessarily mean that the infected person would develop TB disease. An infected person develops disease when his/her immunity declines.
 - **An HIV negative person infected with TB has a 10% life-time risk of developing TB disease.**
 - **HIV increases the risk of progression from TB infection to TB disease and PLWHA infected have a 60% lifetime risk** of developing TB disease.
4. Cure from TB can **only be ensured by taking complete and regular treatment**, whether a patient is infected with **HIV or not**.
5. **Prolonged cough, for 3 weeks or more, can be TB disease and therefore it is essential to consult a doctor and get sputum examined to rule out TB.**
6. **Sputum microscopy and treatment** services for TB are available **free of cost** through the Revised National TB Control Programme (RNTCP)
 - **3 sputum smear examinations** are necessary for the diagnosis of pulmonary TB. During the course of treatment the progress is monitored by means of follow up sputum examinations every 2 or 3 months until the end of treatment.
 - Anti TB drugs are provided in **patient-wise drug boxes, which ensures that the full course of treatment is available** at the start of treatment.
 - Treatment is **provided at a place** near the patient's home which is **convenient and acceptable** to the patient and **accountable** to the system.
 - Full course of treatment is necessary to be cured of TB, though a patient starts feeling better after taking anti-TB treatment for a short duration.
7. RNTCP takes upon itself the responsibility of curing the TB patient. RNTCP treats all patients irrespective of HIV status.
8. As per RNTCP policy, before treatment initiation, there is a **process of address verification**, by which the programme ensures that any patient who is late for their treatment can be retrieved and brought back onto treatment. Hence, **patients must disclose their correct address** to the staff providing TB treatment.
9. The **VCTC maintains patient's confidentiality and does not disclose the HIV status of the patient to the personnel providing RNTCP services.**
10. The patient should **voluntarily disclose his/her HIV status to the treating physician** for correct/better categorization and also to get benefit of prophylactic/ treatment options available for him.