Expediting the referral and diagnostic pathway

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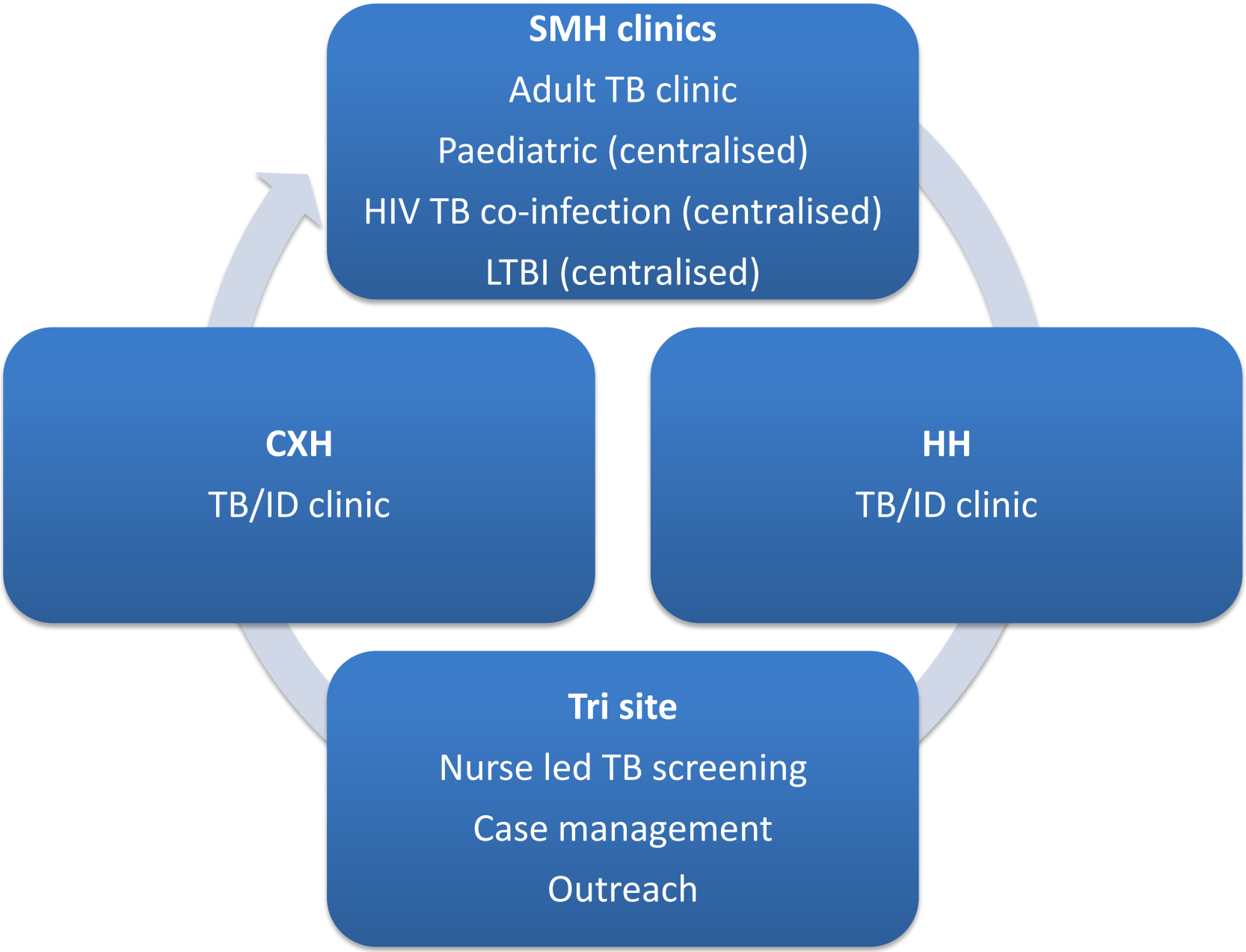
SMH clinics
Adult TB clinic
Paediatric (centralised)
HIV TB co-infection (centralised)
LTBI (centralised)
HH
TB/ID clinic
Tri site
Nurse led TB screening
Case management
Outreach
CXH
TB/ID clinic

Contacts

- Test contacts of (potentially) infectious cases only
- Children with TB any site - source investigation
- Test as soon as possible and 6 weeks post exposure

Active

- Pre clinic work up
- Medical review at start, 2 and 6 months
- Nurse review minimum monthly
- DOT / VOT weekly supervision
- Prescriptions from the hospital (exempt from payment for all) unless patient received community blister packs

LTBI

- Medical review at start
- 2 week LFTs and adherence check minimum monthly
- Prescriptions as above

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Non specific symptoms

- Referrals to Lung clinic, ID and Respiratory etc
- Risk factors for TB – send sputum (ideally 3) for AFB and arrange CXR

Suspected TB

- ICHT – TB referral proforma
- Refer to TB clinic
- No specific TB clinic - **state suspected TB**

NICE 2016

- Multidisciplinary TB teams should ensure people who have a smear-positive result or imaging features highly suggestive of smear-positive TB (for example, evidence of cavitation on chest X-ray) are assessed the next working day. This is so that case management and infection control procedures start promptly.
- 2 week pathway for suspected PTB GP referrals

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