

REPUBLIC OF KENYA



MINISTRY OF HEALTH

## Departmental Summary Tool for Facility-Based Active Case Finding



February 2023

MOH/F/DNTLDP/01

## Instructions:

1. **Workload** - Information to be obtained from MOH 717.
2. **Number of people screened for TB** - All patients visiting the facility should be symptomatically screened for TB (Summarize from the various departmental screening tools/registers/EMR).
3. **Number of respiratory conditions identified** - All those who have been found to have respiratory symptoms and are documented in the MoH 705 A & B. It is a sum of all respiratory conditions (e.g. Asthma, pneumonia, URTIs, etc).
4. **Number of presumptive TB cases identified** - All those who have been found to have TB symptoms and are documented in the presumptive register.
5. **Number of presumptive TB cases investigated for TB** - All presumptive TB cases who have been evaluated or subjected to TB tests (Xpert/TruNat, microscopy, Chest X-ray, TB LAM, culture etc.).
6. **Number of presumptive cases bacteriologically confirmed with TB** - All presumptive TB cases diagnosed to have TB through a laboratory test.
7. **Number of presumptive cases clinically diagnosed with TB** - All presumptive TB cases diagnosed to have TB clinically (CXR and other radiological imaging/clinical evaluation etc).
8. **Number of diagnosed TB cases initiated on treatment** - All diagnosed TB cases initiated on treatment as evidenced in the presumptive register.

## Departmental Summary Tool for Facility-Based Active Case Finding

County..... Sub County.....

Health Facility..... Department.....

Month..... Year.....

No	Indicator	Number
1	Workload	
2	Number of people screened for TB	
3	Number of people with respiratory conditions	
4	Number of presumptive TB cases identified	
5	Number of presumptive TB cases investigated for TB	
6	Number of presumptive cases bacteriologically confirmed with TB	
7	Number of presumptive cases clinically diagnosed with TB	
8	Number of diagnosed TB cases initiated on treatment	

**Prepared by:**

Name..... Signature..... Date.....



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