# ANNEXURE A: EXPLANATORY NOTES ON THE DMR 164 REPORTING ON HIV AND TB FORM

The form and content of the explanatory note is to:

- Inform those responsible for completing the DMR 164 Reporting Form - as to what is required and how to respond to each question that is in the Reporting Form.

**NOTE:**

1. The reporting period is January to December of that particular year.
2. The reporting on TB outcomes is to be based on the TB stats of the preceding (previous) year.

**ABBREVIATIONS AND ACRONYMS**

1. AMR: Annual Medical Report
2. ART: Antiretroviral therapy
3. DMR: Department of Mineral Resources
4. IPT: Isoniazid preventive therapy
5. MDR-TB: Multidrug-resistant TB
6. XDR-TB: Extensively drug-resistant tuberculosis

## 1. MINE DETAILS

1.1 **Company Name:** Provide the Company name
1.2 **Mine Name:** Provide the name of the mine
1.3 **DMR mine code/SAMRASS Mine Code:** Provide The four/five-digit code of the mine as assigned by Mineral Economics (DMR)
1.4 **Main Commodity**: Provide details of the main commodity for the mine
**1.4.1** **Other commodities mined:** Provide details of other commodities that are mined.
1.5 Province: Provide details of the province where the mine is located
1.6 **Region:** Provide details of the region
1.7 **District:** Provide details of the district.
1.8 **Health Facility:** Provide name of the health facility of the mine
1.9 **Health service provider (In house or outsourced):** Indicate whether the health service provider is in house or outsourced provider.
1.10 **Total:** Provide the total number of all permanent and contractor employees

## 2. PARTICULARS: APPOINTED OMP

2.1 **Full Names:** Provide details of the appointed OMP

2.2 **HPCSA Number:** Provide details of the OMP's HPCSA's number

2.3 **E-mail Address:** Provide details of the OMPS's email address

2.4 **Contact Number:** Provide details of the OMP's contact number.

2.5 **Signature:**

## 3. PARTICULARS: PERSON REPORTING

3.1 **Full Names:** Provide details of the person who compiled and provided the report.

3.2 **Job Title:** Provide job title details of the person who compiled and provided the report.

3.3 **E-mail Address:** Provide email address details of the person who compiled and provided the report.

3.4 **Contact Number:** Provide contact details of the person who compiled and provided the report.

**3.5 Signature:**

## 4. PARTICULARS: MINE MANAGER

**4.1 Full Names:** Provide details of the Mine Manager

**4.2 E-mail Address:** Provide email address details of the Mine Manager

**4.3 Contact Number:** Provide contact details of the Mine Manager

**4.4 Signature:**

## 5. COMPLIANCE

5.1 **Integrated HIV and TB policy:** Refers to policy on the joint management of HIV and TB control programmes.

- Provide a **YES** or **NO** response regarding the integrated HIV and TB policy.

5.2 **Integrated HIV and TB programme:** Refers to collaboration and joint management between HIV programmes and TB-control programmes.

- Provide a **YES** or **NO** response regarding the integrated HIV and TB programme.

5.3 **HIV and TB programme budget:** Refers to allocated resources specifically for HIV and TB integrated programme.

- Provide a **YES** or **NO** response regarding the budget that is specifically set aside for HIV/TB/Wellness interventions.

5.4 **Monitoring and evaluation system for the HIV and TB programme**: Refers to monitoring and evaluation unit, clear goals, indicators, data collection, management and analysis, data dissemination and use of results.

- Provide a **YES** or **NO** response as to whether there is system to check / track if the employees are using the HIV and TB services that are provided for them or not

## 6. HIV COUNSELLING AND TESTING (HCT)

6.1 **Number of employees offered HCT:**

- Offered HCT Refers to employees offered the service of HIV counselling and testing; whether initiated by themselves or by the employer.

6.2 **Number of employees Counselling:**

- Counselling refers to an interpersonal, dynamic communication process between a client and a trained counsellor (who is bound by a code of ethics and practice) that tries to resolve personal, social or psychological problems and difficulties. In the context of an HIV diagnosis, counselling aims to encourage the client to explore important personal issues, identify ways of coping with anxiety and stress, and plan for the future (such as keeping healthy, adhering to treatment and preventing transmission). When counselling in the context of a negative HIV test result, the focus is exploring the client's motivation, options and skills to stay HIV -negative.

6.3 **Number of employees tested**: Refers to the number of employees tested for HIV.

6.4 **Number of employees tested HIV positive:**

- **HIV positive** refers to a person who is HIV-positive (or seropositive) has had antibodies against HIV detected in a blood test or gingival exudate test (commonly known as saliva test).

6.5 **Number of newly diagnosed HIV positive employees who were initiated on ART**:

6.6 **Total number of employees living with HIV and on ART**: Refers to (Including the newly diagnosed) HIV positive employees.

6.7 **Total number of employees living with HIV and on ART with viral suppression:**

- **Viral suppression:** Refers to when an antiretroviral therapy (ART) reduces a person's viral load to an undetectable level. The 3rd 90 of 90-90-90 target is achieved

6.8 **Number of employees living with HIV that are on IPT:**

6.9 **Number of employees living with HIV that are on 3HP:**

- **3HP:** Refers to treatment of TB using a regimen of isoniazid (INH) and rifapentine (RPT) given once-weekly for 12 weeks and administered by Directly Observed Therapy (DOT). This regimen, also commonly known as the "3HP regimen".

## 7. ALL TB

7.1 **Number of employees screened for TB:** Refers to the number of employees who have had a test, examination or other procedure e.g. cough questionnaire or X-ray, that distinguishes if they have a high likelihood of having active TB from those who are highly unlikely to have active TB.

7.2 **Number of employees identified as Presumptive TB:** Refers to a patient who presents with symptoms or signs suggestive of TB (previously known as a TB suspect**).**

7.3 **Number of employees subjected to TB investigations from the TB presumptive list**

7.4 **Number of all TB cases diagnosed with Pulmonary TB:**

- **Pulmonary TB:** Refers to any bacteriologically confirmed or clinically diagnosed case of TB involving the lung parenchyma or the tracheobronchial tree. Miliary TB is classified as pulmonary TB because there are lesions in the lungs. Tuberculous intra-thoracic lymphadenopathy (mediastinal and/or hilar) or tuberculous pleural effusion, without radiographic abnormalities in the lungs, constitute a case of extra-pulmonary TB. A patient with both pulmonary and extra-pulmonary TB should be classified as a case of pulmonary TB.

7.5 **Number of all TB cases diagnosed with extra-pulmonary TB:**

- **Extra-pulmonary TB:** Refers to any bacteriologically confirmed or clinically diagnosed case of TB involving organs other than the lungs, e.g. abdomen, genitourinary tract, joints and bones, lymph nodes, meninges, pleura, skin.

7.6 **Number of employees that were reported on the AMR to the DMR:**

## 8. DRUG SENSITIVE TB (DS-TB)

8.1 **Number of employees diagnosed with Drug sensitive pulmonary TB.**

8.2 **Number of employees diagnosed with drug sensitive extra-pulmonary TB**

- **Extra-pulmonary TB:** Any bacteriologically confirmed or clinically diagnosed case of TB involving organs other than the lungs, e.g. abdomen, genitourinary tract, joints and bones, lymph nodes, meninges, pleura, skin**.**

8.3 **Number of employees diagnosed with drug sensitive TB (pulmonary and extra-pulmonary).**

8.4 **Number of employees diagnosed with drug sensitive TB initiated on treatment**

8.5 **Number of employees who are co-infected with drug sensitive TB and HIV**

8.6 **Number of employees who are co-infected with drug sensitive TB and HIV on ART**

8.7 **Number of employees where contacts were traced**

## 9. TREATMENT OUTCOMES FOR DRUG SENSITIVE TB

| **Outcome** | **Definition** |
|---|---|
| 9.1 **Cured** | A pulmonary TB patient with bacteriologically-confirmed TB at the beginning of treatment who was smear- or culture negative in the last month of treatment and on at least one previous occasion. |
| 9.2 **Treatment completed**: | A TB patient who completed treatment without evidence of failure but with no record to show that sputum smear or culture results in the last month of treatment and on at least |

| | |
|---|---|
| | one previous occasion were negative, either because tests were not done or because results are unavailable. |
| 9.3 **Treatment failed:** | A TB patient whose sputum smear or culture is positive at month five or later during treatment. |
| 9.4 **Died:** | A TB patient who died from any cause during treatment. |
| 9.5 **Lost to follow up**: | A TB patient who did not start treatment or whose treatment was interrupted for two consecutive months or more. |
| 9.6 **Not evaluated:** | A TB patient for whom no treatment outcome is assigned. This includes cases 'transferred out' to another treatment unit as well as cases for whom the treatment outcome is unknown to the reporting unit. |
| 9.7 **Treatment success**: | A patient who was cured or who completed treatment. |

## 10. DRUG RESISTANT TB (DR-TB)

10.1 **Number of employees diagnosed with multidrug-resistant tuberculosis (MDR-TB).**

- **Multidrug-resistant TB (MDR-TB):** TB that is resistant to two first-line drugs: isoniazid and rifampicin. For most patients diagnosed with MDR-TB, WHO recommends treatment for 20 months with a regimen that includes second-line anti-TB drugs.

10.2 **Number of employees on MDR-TB treatment:**

10.3 **Number of employees diagnosed with extensively drug-resistant tuberculosis (XDR-TB).**

- **Extensively drug-resistant tuberculosis (XDR-TB)**. XDR-TB occurs when the bacteria causing tuberculosis are resistant to isoniazid, rifampicin, fluoroquinolones and at least one injectable second-line drug. The emergence of XDR-TB underlines the necessity of managing tuberculosis programmes in a systematic way at all levels.

10.4 **Number of employees on XDR-TB treatment?**
10.5 **Number of employees who are co-infected with DR-TB and HIV?**
10.6 **Number of employees who are co-infected with DR-TB and HIV on ART**
10.7 **Number of employees where contacts were traced?**

## 11. TREATMENT OUTCOMES DRUG RESISTANT TB

| **Outcome** | **Definition** |
|---|---|
| 11.1 **Cured** | A pulmonary TB patient with bacteriologically-confirmed TB at the beginning of treatment who was smear- or culture |

| | |
|---|---|
| | negative in the last month of treatment and on at least one previous occasion. |
| 11.2 **Treatment completed**: | A TB patient who completed treatment without evidence of failure but with no record to show that sputum smear or culture results in the last month of treatment and on at least one previous occasion were negative, either because tests were not done or because results are unavailable. |
| 11.3 **Treatment failed:** | A TB patient whose sputum smear or culture is positive at month five or later during treatment. |
| 11.4 **Died:** | A TB patient who died from any cause during treatment. |
| 11.5 **Lost to follow up**: | A TB patient who did not start treatment or whose treatment was interrupted for two consecutive months or more. |
| 11.6 **Not evaluated:** | A TB patient for whom no treatment outcome is assigned. This includes cases 'transferred out' to another treatment unit as well as cases for whom the treatment outcome is unknown to the reporting unit. |
| 11.7 **Treatment success**: | A patient who was cured or who completed treatment. |