

Patient information sheet:

Hello. My name is _____ (*name of surveillance officer or clinician at each centre*) and I would like to ask you for a little of your time to explain something to you, and ask you to please assist us in some work we are doing. As we discuss the information below please feel free to ask any questions.

In South Africa and elsewhere in the world, hospital laboratories and the Department of Health look at specific diseases making people sick. By doing this so-called “surveillance”, we count how many people get sick and collect details about patients to help in the control and prevention of these diseases. All data will be used anonymously. Antibiotics/medicines can be used to prevent the diseases, so can vaccines, and when the number of cases increases the health community can be prepared. We are at present doing a study that will be looking at the use of certain antibiotics/medicines in the community and how it affects the germs that infect people. We want to see if there is an increase in germs that will not be treated by antibiotics/medicines that we normally use.

As part of our surveillance we keep information about the infection that you have. We would like to make sure that all the information we have about you is correct and then ask a few more questions about use of antibiotics. We would also like to ask you if we could use your laboratory test results, including your HIV result if that has already been done. We will keep this information confidential, no one else will know that it is about you and all summaries or publications will only refer to group data. We would also like to ask you to volunteer to have an HIV test done, but this will only be done once you have received full pre- and post-test counselling and are given all the details that you require to make a decision about taking a test. Even if you decide not to take the HIV test, we would still like to ask you a few questions, if you agree.

You can make the decision entirely on your own and none of us can force you to take part. If you decide to answer some of these questions, you may also change your mind at any time.

You do not have to agree, and if you decide not to be involved it will not change the way you are treated in the hospital, and your doctor will not do anything differently.

Thank you for your time. Once you have asked any questions you may have, there is a form you need to sign if you agree to take part.

Surveillance officer details.

Details of clinician at centre.

This copy must be left in the bedletter or hospital file.

Title of project: *Enhancement of Surveillance for Trimethoprim-Sulfamethoxazole Resistant Invasive Respiratory and Diarrhoeal Disease in South Africa*

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