

NATIONAL TB CHECKLIST

TB testing is widely available, and free of charge, including:

- HIV testing offered to all patients with confirmed or presumptive TB
- TB testing with Xpert MTB/RIF (Ultra) offered to all as initial test for TB, including people with HIV and children
- Digital chest x-ray to screen for TB
- Line probe assay for TB diagnosed rifampicin-resistant by Xpert MTB/RIF (Ultra)
- Liquid culture for further drug-susceptibility testing and treatment monitoring
- In high TB/HIV settings: TB-LAM testing for all with advanced HIV/danger signs
- Linkage to treatment ensured
- Strong specimen transport systems to improve access to lab services/results
- TB screening integrated into primary health care and antenatal clinics

TB treatment programs provide quality-assured treatment, based on drug susceptibility, free of charge, and in regular supply, including:

- TB treatment for all with confirmed TB or in need of empirical treatment, using
 - daily fixed dose combinations for adults and children with drug sensitive TB
 - optimized, injectable-free regimens for adults and children with rifampicin-resistant TB (*amikacin used only as a last resort and with appropriate monitoring; capreomycin and kanamycin never used*)
 - including child-friendly formulations for levofloxacin, moxifloxacin, cycloserine
 - management of drug-drug interactions for TB/HIV, including through dose adjustments (and rifabutin as necessary)
- Early universal ART for all people with TB diagnosed with HIV
- Pre-approval access to new drugs for adults and children with few remaining treatment options or intolerance to available drugs
- Person-centered care delivery in an environment sensitive to patient needs and conducive to treatment success, including:
 - counseling and participatory decision making for both TB and HIV care
 - care delivery integrated with other aspects of health system, including HIV care
 - decentralized treatment, without routine compulsory hospitalization
 - accessible clinic hours and/or community-based care
 - transportation support
- Medicines and supplements to support treatment, such as nutritional support for those who need it, anti-emetics, anti-pain medicines, vitamin B6, and potassium/magnesium
- Side effect risk assessment and monitoring at baseline and regularly once on treatment
- Protections for patients' livelihoods, including housing, employment, and schooling
- Integrated supply chain management for HIV and TB services

TB prevention programs that provide:

- Bacillus Calmette–Guérin (BCG) vaccine at birth to HIV-negative babies
- Contact tracing and active case finding
- Routine screening for high-risk populations (e.g. children, people living with HIV, people who are incarcerated, women presenting to antenatal clinics, etc.)
- Immediate ART start for people newly diagnosed with HIV
- Preventive therapy offered to all high-risk groups—people with HIV and household contacts of all ages, especially children under age 5—and in regular, quality supply using one or more of the following recommended regimens:
 - 3 months of weekly isoniazid + rifapentine (3HP) + B6
 - 1 month of daily isoniazid + rifapentine (1HP) + B6 for people with HIV (under operational research conditions)
 - 3 or 4 months of daily isoniazid + rifampicin (3HR/4HR) +B6
 - 3 or 4 months of daily rifampicin alone (3R/4R)
 - 6 or 9 months of daily isoniazid (6H/9H) + B6, now available as a fixed-dose combination with cotrimoxazole (Q-TIB) for people with HIV in settings where cotrimoxazole prophylaxis is recommended
- Infection control, including properly designed facilities, N95 respirators for healthcare workers, and information for patients and caregivers on preventing the spread of TB