



KNOW YOUR RIGHTS: TUBERCULOSIS PREVENTION, DIAGNOSIS, AND TREATMENT

YOUR RIGHTS AND TB DIAGNOSIS

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How do I know if I need to be tested for TB?

If you are coughing for more than two weeks, losing weight, coughing up blood, or having night sweats, you should be tested for TB. If you have HIV, you should also be regularly tested for TB. Sometimes you may first be asked about these symptoms, or offered a chest X-ray. This can give information about whether you need a TB test. X-ray is not a TB test itself because many things that are not TB can look like TB on an X-ray, so more specific TB testing is needed if it seems likely that you have TB from the X-ray.

If you live with or have close contact with someone who finds out they have TB, you should go to the health center to see if you might have TB as well. The health center should ask you about any symptoms you may have and might offer you an X-ray or collect a sputum sample (phlegm or mucus that you cough up) from you to test for TB. Please see the "Your Rights and TB Prevention" section for information on how to protect yourself if you are caring for someone with TB.

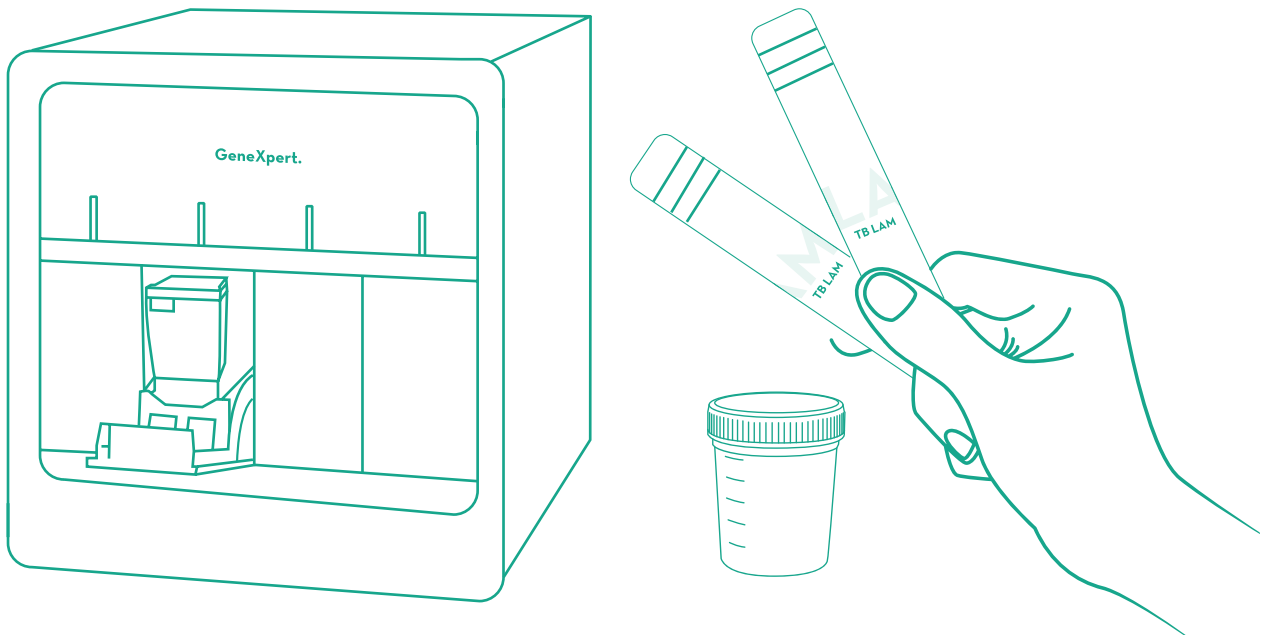
How should TB be diagnosed?

Everybody being tested for TB should have access to GeneXpert MTB/RIF or the new GeneXpert MTB/RIF Ultra as the first test (also sometimes called a CBNAAT test). GeneXpert is faster and more accurate than the common sputum smear microscopy test. This is true for adults and children, and for people with HIV. If GeneXpert does not find TB, but you or your health care provider is worried you have TB, you have the right to additional diagnostic tests, such as a TB culture. The only time GeneXpert should not be the very first TB test is when people are very sick and may have AIDS. Then both the faster urine LAM test and GeneXpert should be used; see below.

Even though GeneXpert should be the first test, many places still use smear microscopy as the first test. If this is the case where you live, you may want to encourage your government to update its policies for diagnosing TB, in accordance with the Right to Science and the Right to Health.

How should children be tested for TB?

Diagnosis can be more challenging in children because they usually have fewer bacteria than adults and can have trouble coughing up sputum. Children should be offered chest X-ray routinely and may require more invasive methods for getting a sample that can be tested on GeneXpert (called gastric aspirate).



What about diagnosing drug-resistant TB?

For TB treatment to work, your TB should be susceptible to the drugs you are being treated with. It is important to find out early if your TB is resistant (not susceptible) to any drugs in your treatment regimen. Diagnosing drug-resistant TB is also called drug susceptibility testing, or DST. GeneXpert can detect resistance to the medicine rifampicin. Another test called a line probe assay can say in a few days if your TB is resistant to other important medicines including isoniazid, the second-line injectables (amikacin, and the no-longer recommended capreomycin and kanamycin — see “Your Rights and TB Treatment”) and fluoroquinolones (levofloxacin, moxifloxacin). Line probe assays should be available. If they are not, liquid culture (which takes a few weeks) can also be used.

What if I am living with HIV?

Diagnosing TB in people with HIV can be more difficult, because people with HIV may have varying levels of TB in their lungs and often have TB outside the lungs (extrapulmonary TB). GeneXpert, especially the new MTB/RIF Ultra cartridge, is much better at detecting TB—including extrapulmonary TB—in people with HIV than smear microscopy.

TB LAM is a newer test that can find TB in urine. The WHO recommends TB LAM for people with advanced HIV (people who are very ill from HIV or have CD4 cell counts of ≤ 100 cells/mm³, if CD4

testing is available). Research also shows the test works well when given to any person with HIV entering a hospital. If the TB LAM test is positive, you should start treatment immediately without waiting for other tests. TB LAM testing can miss cases of TB, so if the TB LAM test is negative for TB, you may still have TB, and it is important to follow with GeneXpert.

What if I am pregnant?

Pregnancy is an opportunity to obtain health care. In some cases, pregnancy may increase your risk of developing TB. If you live in a setting with high rates of TB, you should ask your doctor for a TB test. Because symptom screens do not work as well in pregnant women, you should ask for a GeneXpert or rapid culture test—especially if you have HIV. According to the WHO, chest X-ray does not pose any special risk for your developing baby, as long your clinician follows good practices, like giving you a leaded apron to wear over your abdomen (belly).

Can I be forced to take a test?

TB testing should be done only with your permission (consent). Some professions or immigration procedures require TB tests. However, a positive test should not prevent you from working in your job or living in another country. If your test shows you have TB infection or TB disease, you should get access to treatment.