



## Treatment Action Group

### NATIONAL TB CHECK LIST

Highlighted fields are activities and interventions that are supported by PEPFAR, and are things that advocates should ensure are included in country operational plans.

#### **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; kanamycin and capreomycin 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, including through task shifting to community health workers
  - 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, people presenting to antenatal clinics, etc.)



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- [ ] 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