

Global TB Programme

WHO/HQ

Geneva, Switzerland

GUIDELINES UPDATE

NOW ALL CAPTURED IN

THE COMPENDIUM

THE COMPENDIUM



- Incorporates all recent policy guidance from WHO; Last update June 2018
- Follows the care pathway of persons with signs or symptoms of TB
- Has key algorithms and cross-cutting elements that are essential to a patient-centered approach in the cascade of TB care.
- Is structured into 33 WHO standards and consolidates all current WHO TB policy recommendations into a single resource, with electronic links to the individual, guidelines
- It is updated annually, including in its digital format, to allow incorporation of new evidence emerging from the rapidly evolving TB diagnostic and treatment landscape.

<http://apps.who.int/iris/bitstream/handle/10665/272644/9789241514101-eng.pdf>

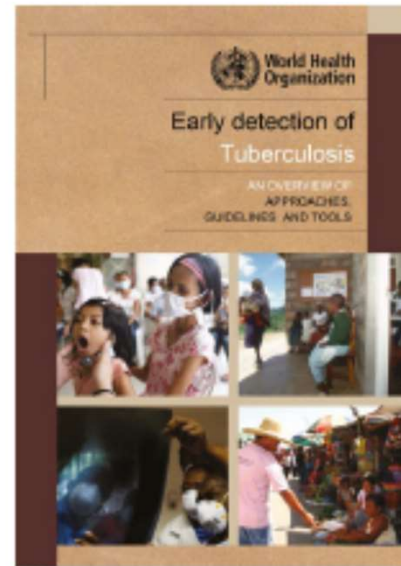
EARLY CASE FINDING

Early detection of TB

WHO TB Standard 1. For persons with signs or symptoms consistent with TB, performing prompt clinical evaluation is essential to ensure early and rapid diagnosis.

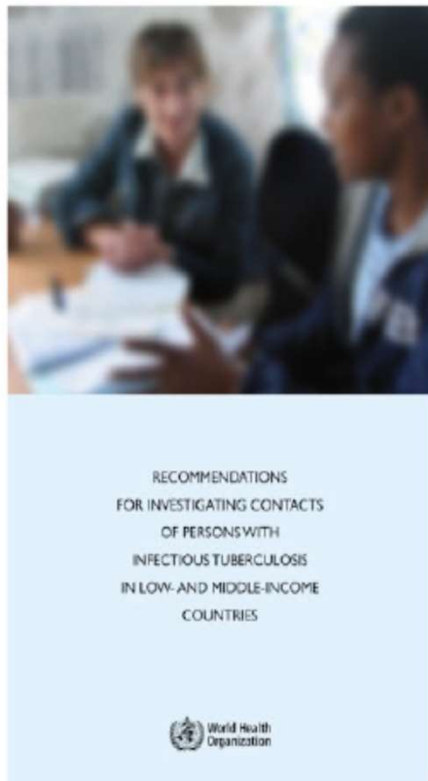
Health-care workers may delay or fail to undertake promptly the clinical evaluation of persons presenting with symptoms suggestive of TB. Therefore, all health-care workers in relevant public and private health-care facilities should be sensitive to the need to identify and evaluate persons suspected of having TB, especially those with respiratory symptoms¹⁵. Health-care workers should also be aware of the need to pay special attention to risk groups that are common to all settings and those that are specific to the settings in which they work. An overview of approaches guidelines and Tools¹⁵

¹⁵ Early detection of tuberculosis: An overview of approaches, guidelines and tools. Geneva: World Health Organization (WHO/HTM/STB/PSI/2011.21 http://apps.who.int/iris/bitstream/handle/10665/70824/WHO_HTM_STB_PSI_2011.21_eng.pdf?sequence=1&isAllowed=y, accessed 1 May 2018).



An overview of approaches guidelines and tools¹⁵

Early detection of TB



Investigating contacts of persons with infectious tuberculosis¹⁶



WHO TB Standard 2. All persons who have been in close contact with patients who have pulmonary TB should be evaluated. The highest priority contacts for evaluation are those:

- with signs or symptoms suggestive of TB;**
- aged < 5 years;**
- with known or suspected immunocompromising conditions, particularly HIV infection;**
- who have been in contact with patients with MDR-TB or extensively drug-resistant (XDR) TB.**

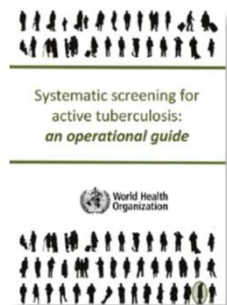
16 Recommendations for investigating contacts of persons with infectious tuberculosis in low- and middleincome countries. Geneva: World Health Organization (WHO/HTM/TB/2012.9 http://apps.who.int/iris/bitstream/10665/77741/1/9789241504492_eng.pdf?ua=1, accessed 1 May 2018).

Early Case Finding

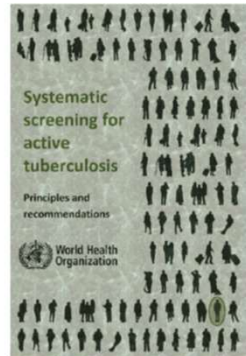
- Background on problem of **missed cases**: prevalence surveys, epi assessments, NTP reviews, capture/recapture studies, operational research results ; & reducing delays for patients that are “in system”
- Patient Pathway analysis
- Varied challenges along the patient-initiated pathway to care depending on setting, including large-scale systemic obstacles
- Guidance on early detection through systematic screening, PPM, community engagement, diagnostic decentralization and introduction of new tests

WHO TB Standard 3. All persons living with HIV and workers who are exposed to silica should always be screened for active TB in all settings. Other high risk groups should be prioritized for screening based on the local TB epidemiology, health system capacity, resource availability and feasibility of reaching the risk groups.

Systematic screening for active tuberculosis. Principles and recommendations¹⁷



Systematic screening for active tuberculosis: An operational guide¹⁸



Systematic screening for active tuberculosis. Principles and recommendations¹⁷



People with very high risk of TB or severe consequences of delayed TB diagnosis should be prioritized first:

- persons in prisons and other penal institutions, and prison staff;
- persons with an untreated fibrotic lesion on chest X-ray (CXR);
- persons in settings where there is a high burden of TB (an estimated prevalence >100/100 000 in the general population) who are seeking care or who are in care and belong to selected risk groups), and health-care workers in these settings;
- geographically defined subpopulations with extremely high levels of undetected TB (>1% prevalence) and other subpopulations with very poor access to health care.

Early detection of TB is essential to further improve health outcomes for people with TB, and to reduce TB transmission more effectively. Systematic screening in high risk groups is a possible complement to efforts to improve the patient-initiated pathway to TB diagnosis.

Indiscriminate mass screening should be avoided while risk groups should be prioritized for screening based on careful assessment of local TB epidemiology, potential benefits and risks of harm of screening, and alternative interventions to improve early TB detection^{17, 18}.

¹⁷ Systematic screening for active tuberculosis. Principles and recommendations. Geneva: World Health Organization, 2013. (WHO/HTM/TB/2013.04.

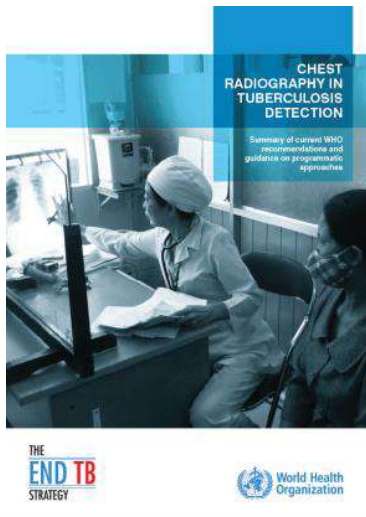
http://apps.who.int/iris/bitstream/10665/84971/1/9789241548601_eng.pdf?ua=1&ua=1, accessed 1 May 2018).

¹⁸ Systematic screening for active tuberculosis: an operational guide. Geneva: World Health Organization, 2015. (WHO/HTM/TB/2015.16

http://apps.who.int/iris/bitstream/10665/181164/1/9789241549172_eng.pdf?ua=1&ua=1, accessed 1 May 2018).

“Chest radiography in tuberculosis detection –
Summary of current WHO recommendations and guidance on
programmatic approaches Oct 2016

**CXR is an essential tool for early detection of
tuberculosis (TB), and therefore fundamental to achieving
the targets set out in WHO’s End TB Strategy**



Chest radiography as a triage tool.

- Chest radiography as a diagnostic aid.
- Chest radiography as a screening tool.
- Technical specification, quality assurance and safety.
- Strategic planning for use of CXR in national TB control.

- **CXR IS A SENSITIVE TOOL FOR SCREENING FOR ACTIVE TB** with higher sensitivity than screening for TB symptoms.
- **CXR CAN IMPROVE THE EFFICIENCY OF XPERT MTB/RIF USE**
- **CXR HELPS RULE OUT ACTIVE TB BEFORE TREATING LATENT TB INFECTION**
- **WHO has recommended that CAD (Computer aided detection)** should be used only as part of research designed to contribute to the required evidence base for future guideline development.

Country challenges need specific & renewed commitment

- Human resources
- Infrastructure
- Quality assurance of medicines & diagnostics
- Community engagement
- Legal frameworks

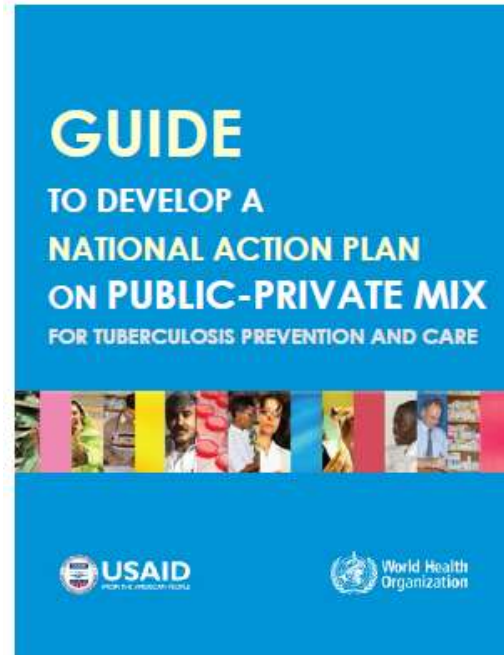
premised on

- Patient-centred care
- Ethics and human rights
- Social protection to address catastrophic costs and support adherence to treatment & care

New in PPM 2018

- A guide to develop
A national TB PPM action plan has been developed as an important addition to the PPM Tool kit.

The Guide is a planning document designed to facilitate the integration of strong PPM components that are the basis of funding proposal and budget processes.

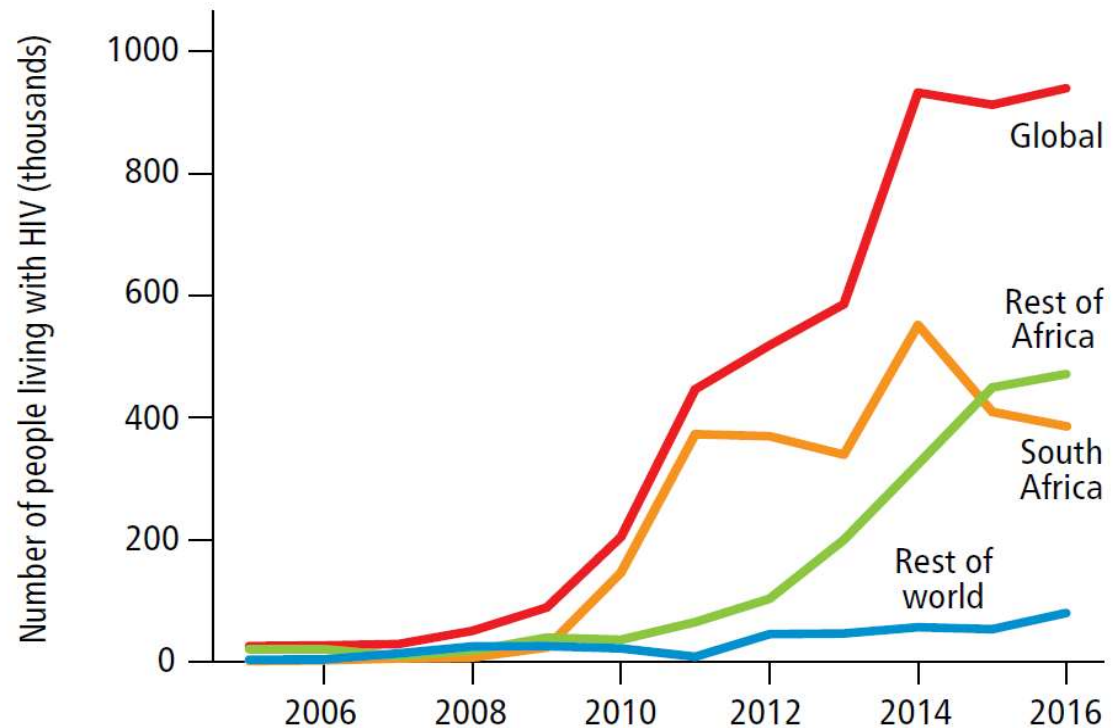
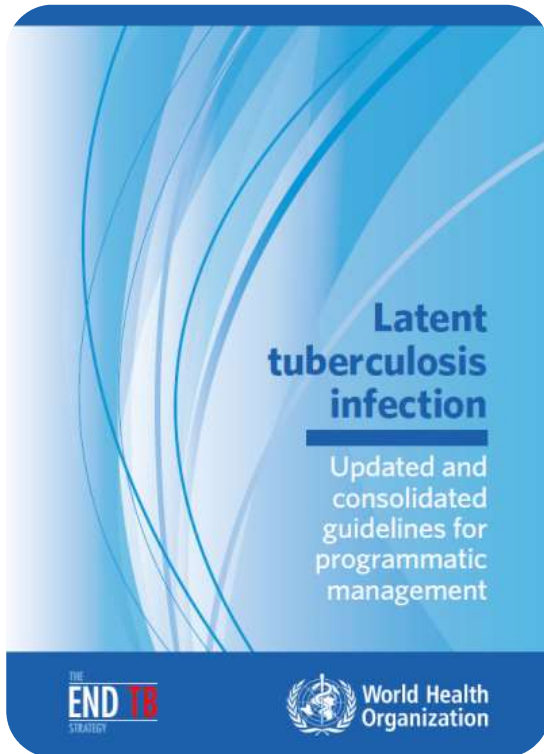


Guide to develop a national action plan on public-private mix for tuberculosis prevention and care¹³

The action plan development process is
Opportunity to engage multisectoral,
stakeholders
and raise awareness

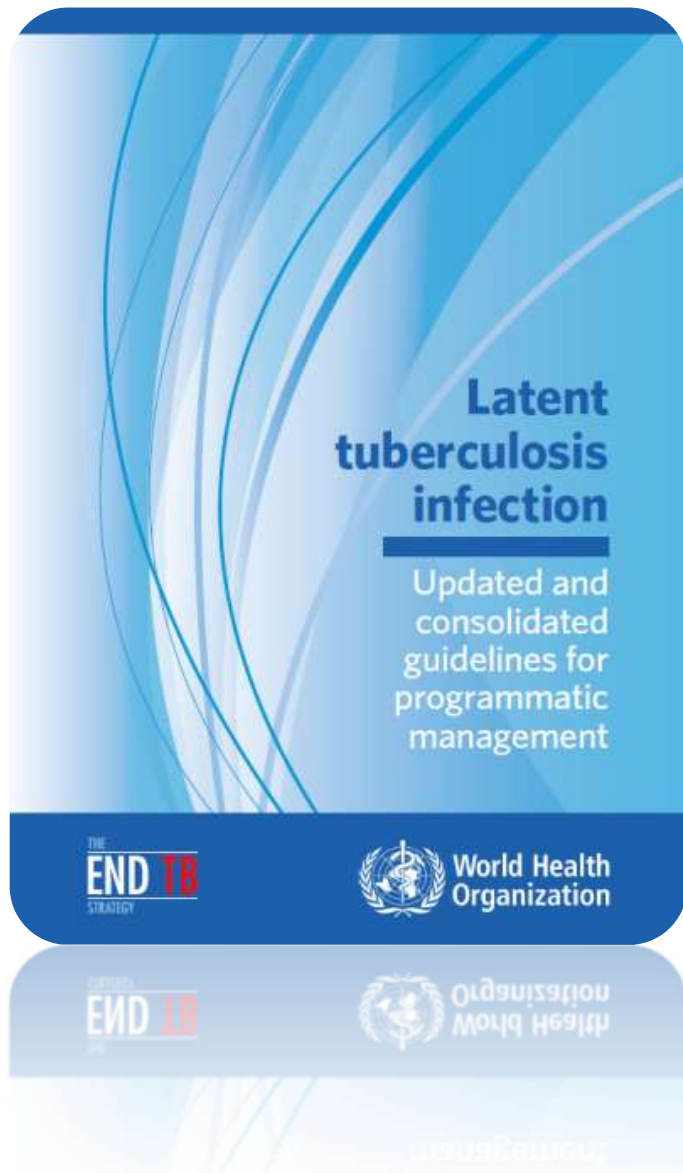
Latent TB infection

Consolidated and updated guidelines, 2018



Only 60 countries report IPT among PLHIV in 2016

Consolidated and updated guidelines, 2018



Harmonised, catalytic, and transformative

Expanded risk groups

- People living with HIV, Children < 5y old with contact to a pulmonary TB, **AND** clinical indications (silicosis, anti-TNF treatment, dialysis, transplantation)
- HIV negative children aged ≥ 5 years, adolescents and adults who are household contacts of people with bacteriologically confirmed pulmonary TB cases.
- In selected high-risk household contacts of patients with multidrug-resistant tuberculosis, preventive treatment may be considered based on individualized risk assessment and a sound clinical justification.

Expanded options for screening

- **Ruling out TB in PLHIV.** Absence of any of the symptoms of current cough, fever, weight loss or night sweats.
- Chest radiography may be offered to people living with HIV and on ART and preventive treatment given to those with no abnormal radiographic findings.
- **Ruling out TB in HIV negative people ≥ 5 and other groups.** Absence of any TB symptom and, absence of any chest radiography abnormality
- **Testing for LTBI.** Either TST or IGRA (QuantiFERON[®]-TB Gold In-Tube and T-SPOT[®].TB) can be used to test for LTBI. However, LTBI testing by TST or IGRA is not a requirement for initiating preventive treatment in people living with HIV or child household contacts aged < 5 years.

Expanded options for treatment

- 3RH should be offered as an alternative to 6H for children and adolescents aged < 15 years.
- 3HP treatment may be offered as an alternative to 6H for both adults and children in countries with a high TB incidence.

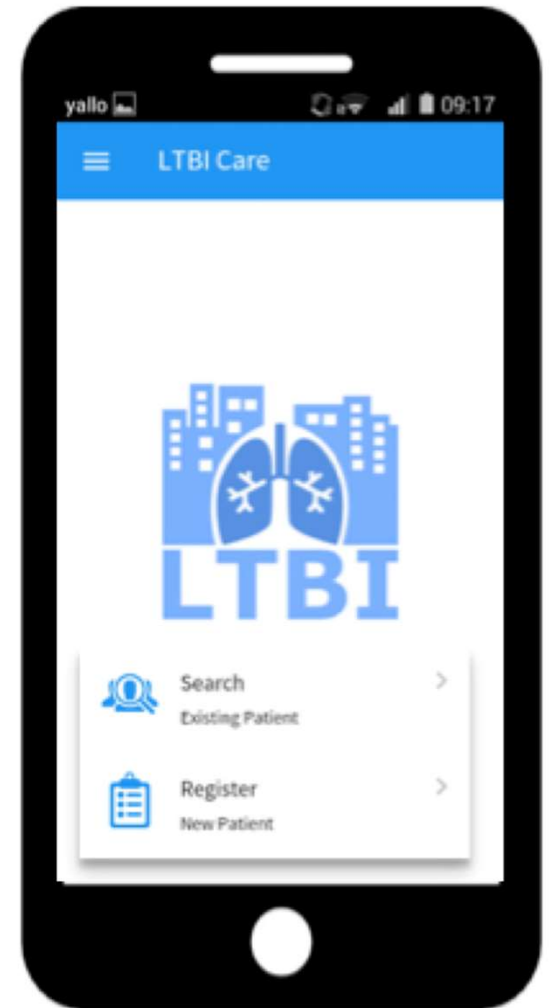
Monitoring and evaluating LTBI implementation

- Aligned with national M & E systems
- Standardized indicators should be used
- Surveillance to monitor resistance to drugs used to treat LTBI
- Tools to support M & E and scale up developed

CORE GLOBAL & NATIONAL	CORE NATIONAL INDICATORS	OPTIONAL
<p>(1) Proportion of children < 5 who are household TB contacts (according to national guidelines) who have completed TB investigations</p> <p>(2) Proportion of children < 5 who are household TB contacts (according to national guidelines) who are eligible for starting on TB preventive therapy that have started treatment</p> <p>(3) Proportion of eligible PLHIV newly enrolled in HIV care, started on TB preventive therapy</p>	<p>4) Proportion of eligible individuals from at risk populations (according to national guidelines) tested for latent TB infection</p> <p>(5) Proportion of individuals from at risk populations (according to national guidelines) with a positive latent TB test who are eligible for starting TB preventive therapy that have started treatment.</p> <p>(6) Proportion of individuals from at risk populations (according to national guidelines) with a positive latent TB test who have started on TB preventive therapy that have completed the course.</p> <p>(7) Proportion of eligible PLHIV who completed a course of TB preventive therapy</p> <p>(8) Proportion of children < 5 who are household contacts (according to national guidelines) who have completed a course of TB preventive therapy</p>	<p>(9) TB incidence rate among risk populations (as defined by national guidelines)</p>

LTBI digital tool key characteristics

- Free – downloadable from WHO website
- Adaptable - to country specific context and needs
- Functional - on mobile devices
- Flexible - record data off line and synchronise later and use local server



<https://www.youtube.com/watch?v=QxJknYG53jM>