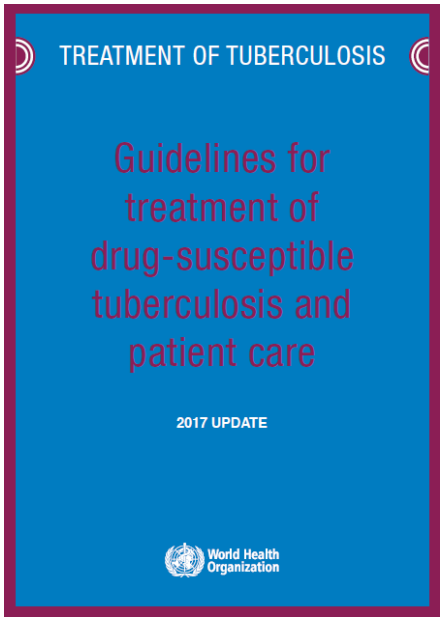
World Health Organization

WHO GUIDELINES FOR TREATMENT OF DRUG-SUSCEPTIBLE TB AND PATIENT CARE

In April 2017, the World Health Organization (WHO) released updated guidelines for the treatment of drug-susceptible tuberculosis (TB) and patient care. The guidelines feature important recent developments in treatment and care for TB patients. These guidelines are critical to support countries in the provision of quality care for people with TB, and in the implementation of the End TB Strategy.



TARGET AUDIENCE

These guidelines are mainly designed for:

- Policy-makers in ministries of health or managers of national TB programmes who formulate country-specific TB treatment guidelines or who plan TB treatment programmes.
- All health professionals – including doctors, nurses and educators working both in government services and in nongovernmental organizations, such as technical agencies that are treating patients and organizing treatment services – are expected to use these guidelines.

RECOMMENDATIONS ON TREATMENT OF DRUG-SUSCEPTIBLE TB*

Effectiveness of shortened fluoroquinolone-containing regimens

In patients with drug-susceptible pulmonary TB, 4-month fluoroquinolone-containing regimens should not be used and the 6-month rifampicin-based regimen 2HRZE/4HR remains the recommended regimen.

Effectiveness of TB treatment using fixed-dose combination tablets

The use of fixed-dose combination (FDC) tablets is recommended over separate drug formulations in treatment of patients with drug-susceptible TB.

Effectiveness of intermittent dosing (thrice weekly) of TB medications

In all patients with drug-susceptible pulmonary TB, the use of thrice-weekly dosing is not recommended in both the intensive and continuation phases of therapy, and daily dosing remains the recommended dosing frequency

Initiation of antiretroviral treatment in TB patients living with HIV

- ✓ ***ART should be started in all TB patients living with HIV regardless of their CD4 cell count.***
- ✓ ***TB treatment should be initiated first, followed by ART as soon as possible within the first 8 weeks of treatment. HIV-positive patients with profound immunosuppression (e.g. CD4 counts less than 50 cells/mm3) should receive ART within the first 2 weeks of initiating TB treatment.***

Duration of TB treatment for HIV co-infected patients

In patients with drug-susceptible pulmonary TB who are living with HIV and receiving antiretroviral therapy during TB treatment, a 6-month standard treatment regimen is recommended over an extended treatment for 8 months or more.

The use of adjuvant steroids in the treatment of extrapulmonary TB disease

- ✓ ***In patients with tuberculous meningitis, an initial adjuvant corticosteroid therapy with dexamethasone or prednisolone tapered over 6–8 weeks should be used.***
- ✓ ***In patients with tuberculous pericarditis, an initial adjuvant corticosteroid therapy may be used.***

The empirical use of the WHO category II regimen in patients who require retreatment for TB

In patients who require TB retreatment, the category II regimen should no longer be prescribed and drug-susceptibility testing should be conducted to inform the choice of treatment regimen.

RECOMMENDATIONS ON PATIENT CARE AND SUPPORT*

Treatment adherence interventions

(cross-cutting for drug-susceptible TB and drug-resistant TB)

1. ***Health education and counselling on the disease and treatment adherence should be provided to patients on TB treatment***
2. ***A package of treatment adherence intervention may be offered for patients on TB treatment in conjunction with the selection of a suitable treatment administration option***
3. ***One or more of the following treatment adherence interventions (complementary and not mutually exclusive) may be offered to patients on TB treatment or to health-care providers:***
   - ✓ ***material support to patient*** *(e.g. food, transport, living allowance, housing or financial bonus)*
   - ✓ ***psychological support to patient*** *(e.g. counselling sessions or peer-group support)*
   - ✓ ***communication with patient*** *(e.g. home visit, SMS or phone call)*
   - ✓ ***digital medication monitor*** *(a device to measure time between openings of the pill box and/or send SMS or audio reminders)*
   - ✓ ***staff education*** *(e.g. education, chart or visual reminder, educational tool and desktop aid for decision-making and reminder)*
4. ***The following treatment administration options may be offered to patients on TB treatment:***
   - ✓ ***Effective treatment administration options such as community or home-based treatment, over facility-based treatment or unsupervised treatment;***
   - ✓ ***Treatment administered by trained lay providers or health-care workers is recommended over treatment administered by family members or unsupervised treatment;***
   - ✓ ***The use of digital health technology such as SMSes or phone calls (as a tracer option), medication monitors, and video observed treatment – as a replacement for in-person directly observed treatment – when conditions of technology and operation allow.***

Model of care for drug-resistant TB

A decentralized model of care is recommended over a centralized model for patients on MDR-TB treatment.

**These recommendations should be read with the accompanying remarks in the original guidelines*

Guidelines for treatment of drug-susceptible TB and patient care

http://www.who.int/tb/publications/2017/dstb_guidance_2017/en/

For more information please access www.who.int/tb

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