

1. Treatment of drug-susceptible tuberculosis

1.1. The effectiveness of shortened fluoroquinolone-containing regimens when compared to the standard 6-month treatment regimen of 2HRZE/4HR in patients with drug-susceptible pulmonary TB disease

Recommendation:

In patients with drug-susceptible pulmonary TB, 4-month fluoroquinolone-containing regimens² should not be used and the 6-month rifampicin-based regimen 2HRZE/4HR remains the recommended regimen (Strong recommendation, moderate certainty in the evidence).

1.2. The effectiveness of TB treatment using fixed-dose combination tablets when compared to separate drug formulations in patients with drug-susceptible TB disease

Recommendation:

The use of fixed-dose combination (FDC) tablets is recommended over separate drug formulations in treatment of patients with drug-susceptible TB (Conditional recommendation, low certainty in the evidence).

1.3. The effectiveness of intermittent dosing (thrice weekly) of TB medications, both in the intensive phase and in the continuation phase of treatment, when compared to daily treatment

Recommendation:

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 (Conditional recommendation, very low certainty in the evidence).³

1.4. Initiation of antiretroviral treatment (ART) in TB patients living with HIV

Recommendation:

- 1.4.1. *ART should be started in all TB patients living with HIV regardless of their CD4 cell count (Strong recommendation, high certainty in the evidence).*
- 1.4.2. *TB treatment should be initiated first, followed by ART as soon as possible within the first 8 weeks of treatment (Strong recommendation, high certainty in the evidence). 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.*

1.5. The effectiveness of a TB treatment period of greater than 8 months compared to the standard 6-month treatment period for HIV co-infected patients with drug-susceptible pulmonary TB

Recommendation:

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 (Conditional recommendation/very low certainty in the evidence).

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

Recommendation:

- 1.6.1. *In patients with tuberculous meningitis, an initial adjuvant corticosteroid therapy with dexamethasone or prednisolone tapered over 6-8 weeks should be used (Strong recommendation, moderate certainty in the evidence).*
- 1.6.2. *In patients with tuberculous pericarditis, an initial adjuvant corticosteroid therapy may be used (Conditional recommendation, very low certainty in the evidence).*

1.7. The empirical use of the WHO category II regimen⁴ in patients who require retreatment for TB

Recommendation

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 (Good practice statement).