

# Tuberculosis: prevention, diagnosis, management and service organisation

## Review questions

Number	Review question
A	What are the most effective methods for i) sputum smear microscopy and ii) sputum culture in establishing an accurate diagnosis of active pulmonary TB?
B	What is the most effective method of collecting respiratory samples from children unable to expectorate spontaneously?
C	Apart from culture, what other tests are effective in establishing an accurate diagnosis of active respiratory TB in adults with suspected respiratory TB?
D	Apart from culture, what other tests are effective in establishing an accurate diagnosis of active respiratory TB in children and young people with suspected respiratory TB?
E	In the presence of a negative culture, what other tests may support an accurate positive diagnosis in people with suspected respiratory TB?
F	What clinical signs, symptoms or risk factors are suggestive of a diagnosis of active non-respiratory TB?
G	Apart from culture, what other tests are effective in establishing an accurate diagnosis of active non-respiratory TB in people with suspected non-respiratory TB?
H	In the presence of a negative culture, what other tests may support a positive diagnosis in people with suspected active non-respiratory TB?
I	In children and young people with active TB receiving drug treatment, are intermittent dosing regimens as effective as daily drug treatment regimens in reducing mortality and morbidity?
J	In people co-infected with drug susceptible, active TB and HIV receiving drug treatment for both infections, what are the key

	pharmacological considerations that should be taken into account when selecting a treatment regimen for treating active or latent TB?
K	How should the standard recommended regimen be adapted to accommodate comorbidities or co-existing conditions that affect the choice of regimen for the treatment of active respiratory and non-respiratory TB?
L	In adults with drug susceptible, active respiratory TB receiving drug treatment, what duration of regimen is the most effective in reducing mortality and morbidity?  i) Do regimens of less than 6 months present additional risks to the patient, and if so, in which patients?  ii) Do regimens of more than 6 months present additional benefits to the patient, and if so, in which patients?
M	In children and young people with drug susceptible, active respiratory TB receiving the standard recommended regimen (isoniazid, rifampicin, pyrazinamide and ethambutol), what duration of regimen is the most effective in reducing mortality and morbidity?  i) Do regimens of less than 6 months present additional risks to the patient, and if so, in which patients?  ii) Do regimens of more than 6 months present additional benefits to the patient, and if so, in which patients?
N	In people with active TB receiving the standard recommended regimen (isoniazid, rifampicin, pyrazinamide and ethambutol), do corticosteroids as an adjunct to the antituberculosis drug treatment regimen decrease morbidity and mortality compared to the standard recommended regimen alone?
O	In people with active TB receiving the standard recommended regimen (isoniazid, rifampicin, pyrazinamide and ethambutol), does surgery as an adjunct to an antituberculosis drug treatment regimen decrease morbidity and mortality compared to the standard recommended regimen alone?
P	In people with drug susceptible, active non-respiratory TB receiving the standard recommended regimen (isoniazid, rifampicin, pyrazinamide and ethambutol), what duration of regimen is the most effective in reducing mortality and morbidity?  i) Do regimens of less than 6 months present additional risks to the patient, and if so, in which patients?  ii) Do regimens of more than 6 months present additional benefits to the patient, and if so, in which patients?

Q	In people with active non-respiratory TB receiving the standard recommended regimen (isoniazid, rifampicin, pyrazinamide and ethambutol), do corticosteroids as an adjunct to the antituberculosis drug treatment regimen decrease morbidity and mortality compared to the standard recommended regimen alone?
R	In people with active non-respiratory TB receiving the standard recommended regimen (isoniazid, rifampicin, pyrazinamide and ethambutol), does surgery as an adjunct to the antituberculosis drug treatment regimen decrease morbidity and mortality compared to the standard recommended regimen alone?
S	In people with suspected or confirmed active TB, which relative risk factors are associated with a higher level of: i) multidrug resistance, or ii) any drug resistance?
T	Other than review of a patient's risk factors for drug resistance, what diagnostic methods should be used for the identification of drug resistance?
U	In people with drug-resistant TB (excluding MDR- and XDR-TB), what is the most effective regimen of antituberculosis drugs for reducing mortality and morbidity?
V	In people with drug resistant TB (excluding MDR- and XDR-TB) receiving drug treatment, what duration of regimen is the most effective in reducing mortality and morbidity?
W	In people with drug-resistant TB, are intermittent dosing regimens as effective as daily drug treatment regimens in reducing mortality and morbidity?
X	In people with drug-resistant TB, does surgery as an adjunct to an antituberculosis drug treatment regimen decrease morbidity and mortality compared with an antituberculosis drug regimen alone?
Y	What management strategies are most effective for managing all cases of MDR-TB ?
Z	For people receiving drug treatment for active TB who experience treatment interruptions, what approach to re-establishing appropriate treatment is the most effective in reducing mortality and morbidity?
AA	For people in congregate settings (including hospitals, schools, residential homes, homeless shelters, prisons and religious establishments) who have with suspected or confirmed active TB, what infection control measures are the most effective in

	preventing transmission of TB infection to others?
BB	For people who have active TB who are not in hospital but who are in congregate settings (for example schools, residential homes or homeless shelters), what infection control measures are the most effective in preventing transmission of TB infection to others?
CC	For people who have active TB, i) what duration of isolation is necessary to minimise the risk of infection to others, and ii) what prognostic factors help determine if a person poses a risk of infection to others and should remain in isolation?
DD	For people who have active TB that is not suspected to be MDR-TB, what duration of isolation is necessary to minimise the risk of infection to others. For people who have active TB that is suspected to be MDR-TB, what prognostic factors help determine if a person poses a risk of infection to others and should remain in isolation?
EE	Which diagnostic strategy is most effective in establishing an accurate diagnosis of latent TB in children?
FF	Which diagnostic strategy is most effective in establishing an accurate diagnosis of latent TB in people who are immunocompromised or at risk from immunosuppression?
GG	Which diagnostic strategy is most effective in establishing an accurate diagnosis of latent TB in people from regions with a high incidence of TB?
HH	According to their risk factors, which people with latent TB infection should receive drug treatment to prevent the development of active TB?
II	For people with latent TB infection in which drug resistance is not suspected, which regimen is the most effective in preventing the development of active TB? For people with latent TB infection in which drug resistance (excluding MDR- or XDR-TB) is suspected, which regimen is the most effective in preventing the development of active TB?
JJ	What strategies and interventions are effective and cost effective in increasing the uptake of BCG vaccination among people at increased risk of developing active or latent TB?
KK	What is known from systematic reviews concerning high-risk populations (see below for definition) about the effectiveness of interventions to promote vaccination, barriers or determinants of vaccine uptake?

LL	What case management strategies and interventions are effective and cost effective in increasing the uptake of, or adherence to, treatment for people with active or latent TB?
MM	What is known from studies of case management interventions about the barriers to uptake and adherence to treatment for active or latent TB?
NN	What information, education or other support-based interventions are currently used in practice to support the diagnosis, treatment and management of TB?
OO	How effective and cost effective are strategies and interventions aimed at providing and delivering information and education about the symptoms and risk of TB, clinical management of the illness and broader social support to people affected by TB?
PP	Describe commissioning models, service models, and service structures that are in place in countries, regions and cities that have seen a positive shift in TB incidence and prevalence, in particular how services are commissioned, organised and delivered where possible in relation (but not limited) to: <ul style="list-style-type: none"> <li>• Reducing diagnostic delay for TB</li> <li>• Improving TB contact tracing</li> <li>• Improving TB treatment completion</li> </ul>