WHO recommendations on TB screening and TPT

WHO AFRO regional meeting “Accelerating implementation of the WHO TB recommendations” -16 June 2026

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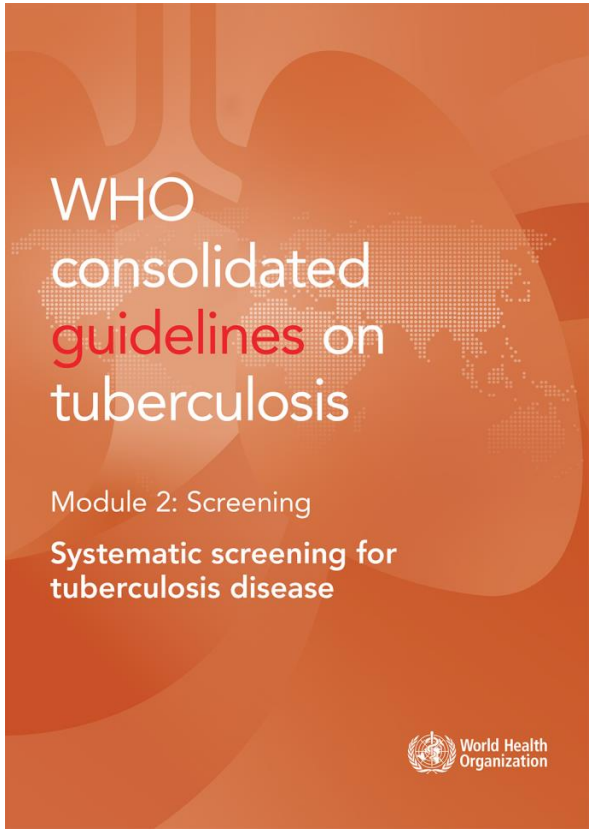
World Health Organization

Overview of guidelines

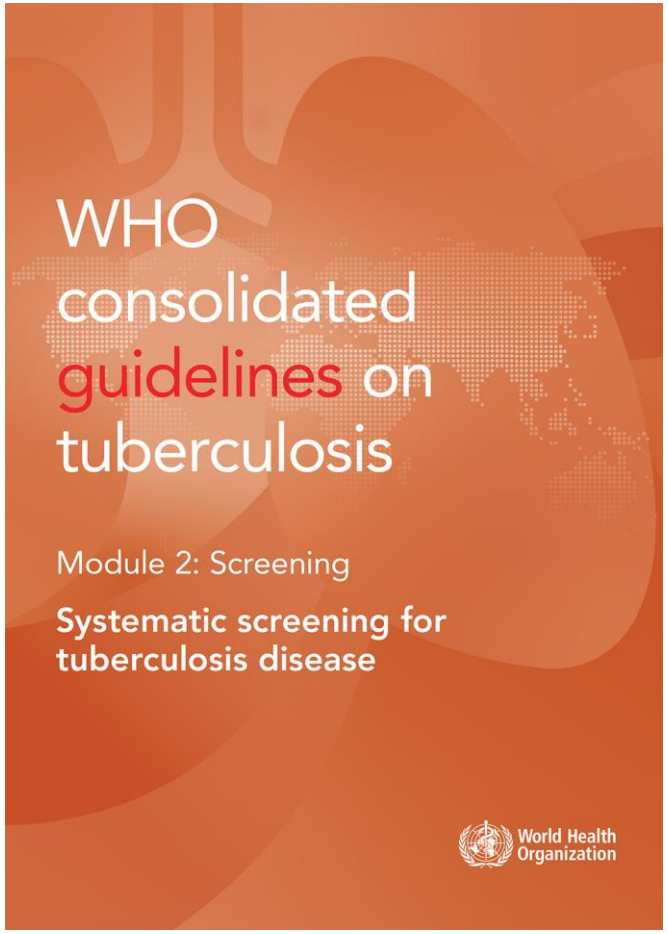
Released March 2021, composed of **17 recommendations** covering two major areas:

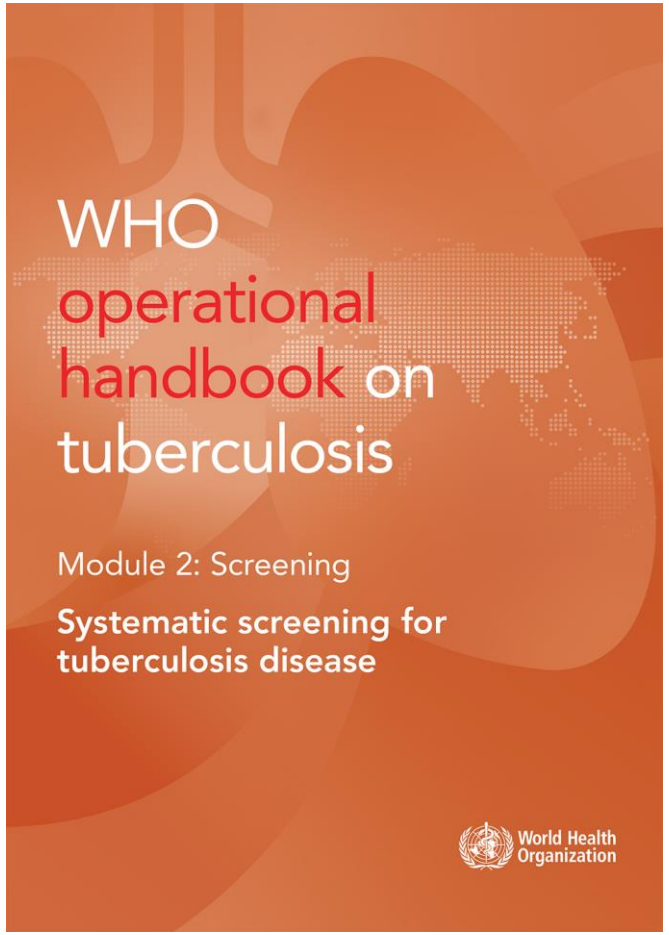
1. **Who to screen** – what populations and groups should be screened for TB disease
2. **How to screen** – what tools should be used for TB screening



https://extranet.who.int/tbknowledge/en/node/1274

2021 TB screening guidelines and handbook





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Recommendations: populations to be screened

TB screening is **strongly** recommended for:

Household and close contacts

People living with HIV

Miners exposed to silica dust

Prisoners

These populations should always be screened in all global settings.

Recommendations: populations to be screened

TB screening is **strongly** recommended for:

Child contacts of people with TB

Children living with HIV

- Very high risk of TB
- Higher risk of rapid progression from infection to disease

Recommendations: populations to be screened

TB screening is **conditionally** recommended for:

Facility-based screening/ intensified case finding (ICF):

People with risk factors for TB seeking health-care service in **settings with ≥0.1% TB prevalence**

- ✓ Malnourishment
- ✓ Diabetes
- ✓ History of previous TB
- ✓ Chronic lung disease
- ✓ Health care workers
- ✓ Those with other risk factors for TB

People with **untreated fibrotic lesions** on chest X-ray

Community-based screening/ active case finding (ACF):

People with **structural risk factors** for TB and limited access to health care

- ✓ Urban poor
- ✓ Homeless
- ✓ Refugees
- ✓ Migrants
- ✓ Other vulnerable, marginalized groups

People in settings with **0.5% TB prevalence**

Prioritization is needed depending on the setting, context.

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Recommendations: **tools for screening** (>15 years)

Symptom screening:
- Cough
- Multiple symptom

- Feasible and easy to implement
- Low resource requirements
- **Not highly accurate**
- Does not detect everyone with TB

- Chest X-ray
- Computer-aided detection (CAD)

- **Highly sensitive** for TB disease
- Can detect TB **before onset of symptoms**
- **CAD approved in place of human reading of CXR for adults (>15 y)**

Rapid molecular tests

- Less sensitive as screening tool but **highly specific**
- Still requires a follow-up test

Recommendations: **tools for screening - HIV**

Adults & adolescents (>10 years) with HIV

WHO 4-symptom screen (W4SS)

- Any one of cough, fever, night sweats, weight loss
- Recommended to be done at **every health visit**

C-Reactive Protein

- A general **marker of inflammation**, can be used as a point-of-care test
- Increases **specificity** of screening, **particularly among those not yet on ART**

Chest X-ray & CAD

- Improves the **sensitivity** of screening, **particularly among those in regular ART care**
- **CAD only recommended for those 15 years & older**

Rapid molecular tests

- Can be used for screening **ALL** people living with HIV
- **Strongly recommended for acutely ill and hospitalized patients** in a "test and treat" strategy directly to guide treatment

Screening Models: Operational handbook

Health facilities

Residential, occupational, penitentiary settings

Community events and gatherings

Mobile outreach screening campaign

Home

Institution-based screening approaches

- Can increase efficiency
- Will note reach remote or isolated populations

Community-based screening approaches

- Can increase reach and coverage
- Higher resource requirements

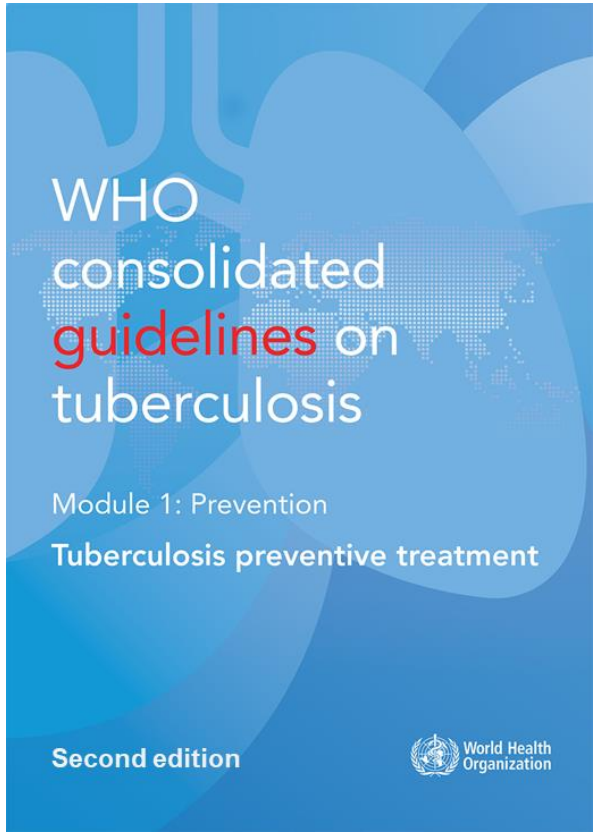
TB preventive treatment guidelines content

21 recommendations on 4 critical steps of the TB preventive care pathway:

1. Identify people at risk
2. Rule out TB disease
3. Test for TB infection
4. Options for TPT regimens

(Research gaps)

2024



https://iris.who.int/bitstream/handle/10665/378536/9789240096196-eng.pdf

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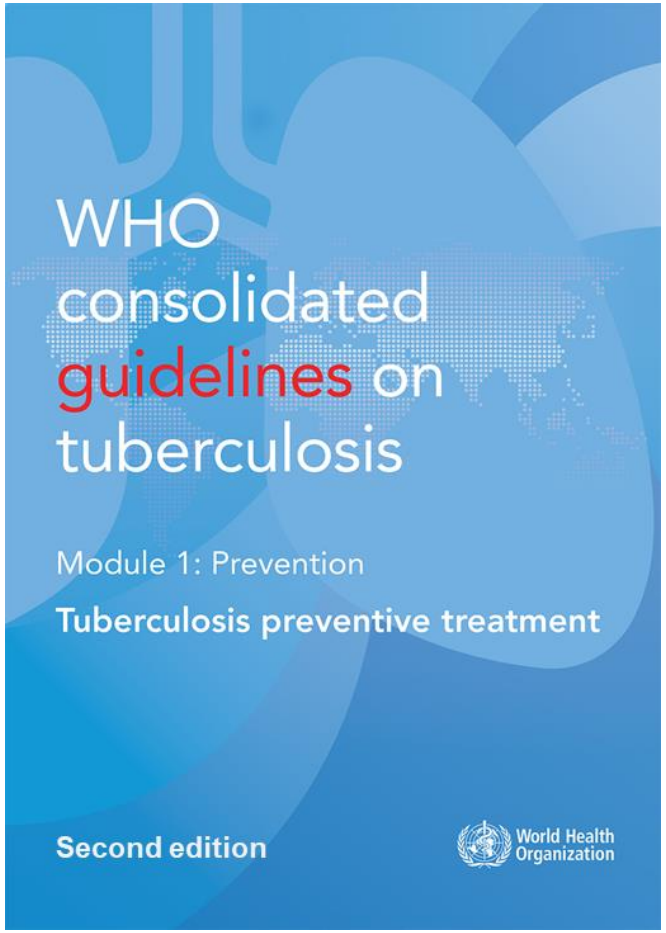
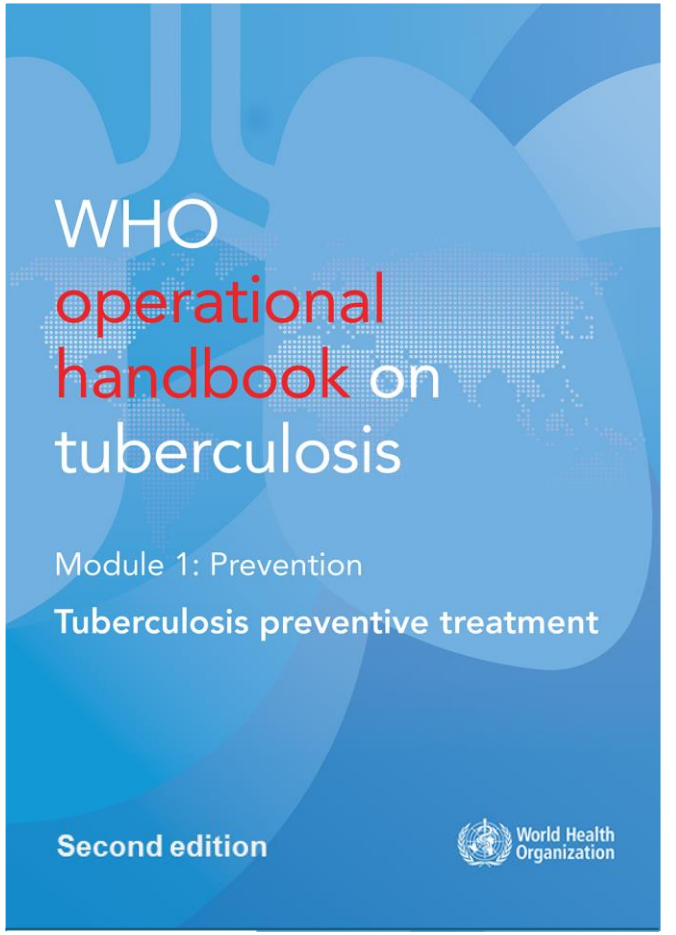
2024 TPT guidelines and handbook





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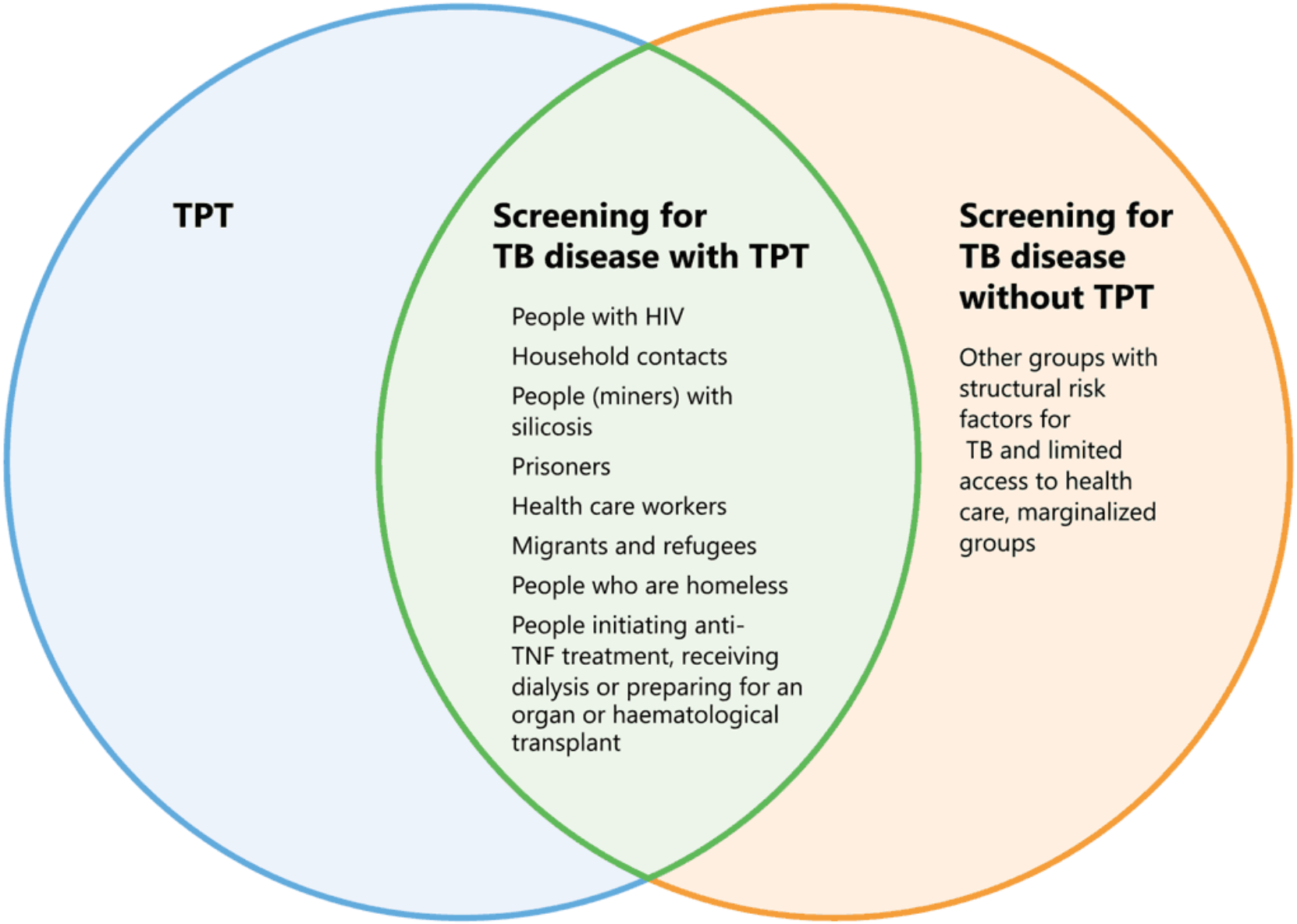
Target populations for TPT & screening



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Recommendations (1) *Identify people at risk*

People living with HIV

- Adults and adolescents (>10y) [regardless of ARV, pregnancy, previous TB treatment, immunosuppression and availability of test for TB infection]*
- Children aged ≥ 12 months in a high TB transmission setting
- Infants aged < 12 months who are in contact with TB*
- All children who successfully completed treatment for TB disease

Household contacts of pulmonary TB (bacteriologically confirmed)

- Children < 5 years*
- Individuals aged ≥ 5 years
- Exposed to multidrug-resistant tuberculosis

Other risk indicating systematic testing & TPT

- People who have silicosis, or who are initiating anti-TNF treatment or dialysis, or preparing for an organ or haematological transplant*
- Prisoners, health workers, immigrants from countries with a high TB burden, homeless people and people who use drugs

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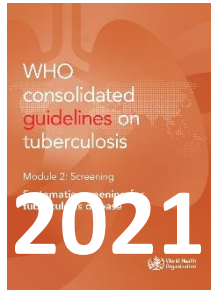
* Strong recommendation

Recommendations (2) *Screen for TB and rule out TB*



People living with HIV

- Infants and children living with HIV who have poor weight gain, fever or current cough or who have a history of contact with a person with TB should be evaluated for TB and other diseases that cause such symptoms. If TB disease is excluded after an appropriate clinical evaluation or according to national guidelines, these children should be offered TB preventive treatment, regardless of their age.*
- Adults and adolescents living with HIV should be screened for TB according to a clinical algorithm. Those who do not report any of the symptoms of current cough, fever, weight loss or night sweats are unlikely to have TB disease. Those who report any of these symptoms may have TB and should be evaluated for TB disease and other diseases and offered TB preventive treatment if TB disease is excluded, regardless of their ART status.*
- Among adults and adolescents living with HIV, **chest X-ray** may be used to screen for TB disease.
- Among adults and adolescents living with HIV, **C-reactive protein** using a cut-off of >5mg/L may be used to screen for TB disease.
- Among adults and adolescents living with HIV, **molecular WHO-recommended rapid** diagnostic tests may be used to screen for TB disease.

* Strong recommendation

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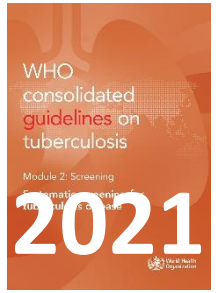
Recommendations (3) *Screen for TB and rule out TB*



Household contacts of pulmonary TB and other risk groups

- The **absence of any symptoms of TB** and the **absence of abnormal chest radiographic** findings may be used to rule out TB disease among HIV-negative household contacts aged ≥ 5 years and other risk groups before TB preventive treatment.
- Among **individuals aged 15 years and older** in populations in which TB screening is recommended, systematic screening for TB disease may be conducted using a **symptom screen, chest X-ray or molecular WHO-recommended rapid diagnostic tests**, alone or in combination.
- Among individuals **younger than 15 years** who are close contacts of someone with TB, systematic screening for TB disease should be conducted using a **symptom screen including any one of cough, fever or poor weight gain; or chest radiography; or both**.*

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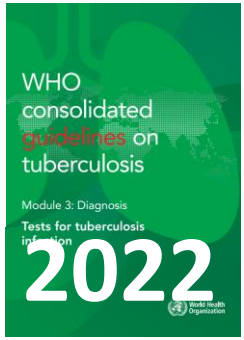
* Strong recommendation

Recommendations (4) *Tests for TB infection*



- Either a TST or IGRA (QuantiFERON®-TB Gold and T-SPOT®.TB) can be used to test for TB infection*

- New antigen-based skin tests for TB infection may be used

A test for TB infection is not required to start TPT in people with HIV or contacts aged < 5 years

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* Strong recommendation

List of IGRAs that meet WHO Recommendations

1.QuantiFERON TB Gold Plus (Qiagen) /ELISA-based

2.T-SPOT®.TB (Oxford Immunotec)/ELISPOT-based

3.TB-IGRA (Beijing Wantai) /ELISA-based

4.Standard E TB-Feron (SD Biosensor) /ELISA-based

5.LIAISON QFT-Plus, (Diasorin) /CLIA

WHO recommends multiple TPT options

- 6 or 9 months of **daily isoniazid***
- 3-month regimen of **weekly rifapentine** plus isoniazid*
- 3-month regimen of **daily isoniazid plus rifampicin***
- **1 month regimen of daily isoniazid plus rifapentine** (>13 Y)
- **4 months of daily rifampicin alone**

*** Strong recommendation**

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Recommendations (6) *TPT for MDR-TB*

New

Strong recommendation (moderate certainty evidence):

- *In contacts exposed to multidrug- or rifampicin-resistant tuberculosis, six months of daily levofloxacin should be used as TB preventive treatment*

Drug dosage for TPT according to body weight band

	Amount of tablets or solution by body weight band (in kilograms)												
	3 – 5.9 <3 months	3 – 5.9 ≥3 months	6 – 9.9 <6 months	6 – 9.9 ≥6 months	10 – 14.9	15 – 19.9	20 – 24.9	25 – 29.9	30 – 34.9	35 – 39.9	40 – 44.9	45 – 49.9	≥50
Three month of weekly rifapentine plus isoniazid (3HP)													
Isoniazid 100 mg dt	0.6 (6 ml)	0.7 (7 ml*)	1	1.5	2.5	3	4.5	4.5	6	6	7.5	7.5	9
Isoniazid 300 mg tab	-	-	-	-	-	1	1.5	1.5	2	2	2.5	2.5	3
Rifapentine 150 mg dt	0.5 (5 ml)	0.7 (7 ml)	1.5	1.5	2	3	4	4	5	6	6	6	6
Rifapentine 300 mg tab	-	-	-	-	-	1.5	2	2	2.5	3	3	3	3
Rifapentine 300mg and Isoniazid 300mg FDC tab[◊]	-	-	-	-	-	1	1.5	2	2.5	3	3	3	3
One month of daily rifapentine plus isoniazid (1HP)													
Isoniazid 300 mg tab	-	-	-	-	-	-	-	1	1	1	1	1	1
Rifapentine 300 mg tab	-	-	-	-	-	-	-	2	2	2	2	2	2
Six month daily levofloxacin (6Lfx)													
Levofloxacin 100 mg dt	0.5	1	1	1.5	2	2.5	3	3.5	-	-	-	-	-
Levofloxacin 250 mg tab	0.25 (2.5 ml)	0.5 (5 ml)	0.5 (5 ml)	1 (10 ml)	1	1.5	1.5	2	2	2	2	2	3
Levofloxacin 500 mg tab	-	-	-	-	-	-	-	1	1	1	1	1	1.5

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WHO TB Knowledge Sharing Platform

Access the modular WHO guidelines on tuberculosis, with corresponding handbooks and training materials.

Quick search

Search for information about TB

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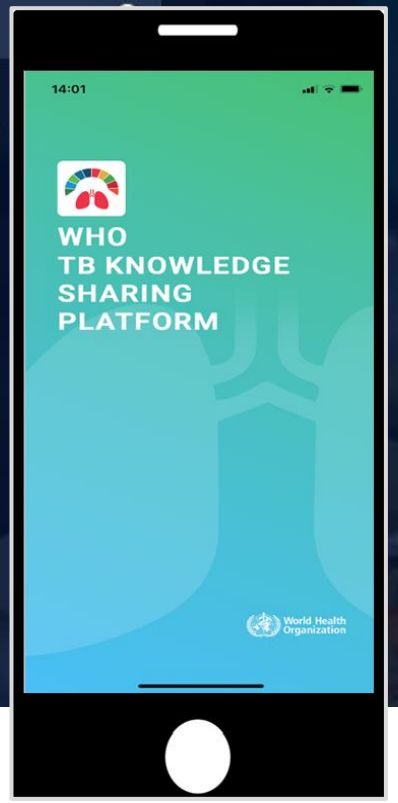

Consolidated Guidelines

WHO guidelines provide the latest evidence-informed recommendations on TB prevention and care to help countries achieve the Sustainable Development Goals (SDGs) and the targets of the End TB Strategy.

Know More →

Operational Handbooks

The WHO Operational Handbooks on tuberculosis provide users with practical "how to" guidance, with details essential for the proper implementation of the corresponding WHO guidance.

Know More →

Training Catalogue

The WHO Training Catalogue on tuberculosis consists of online eLearning courses and other training materials to help users implement the corresponding WHO guidance.

Know More →

Research and Innovation

WHO normative guidance on tuberculosis re
the research agenda and innovation landsca
respond to tuberculosis.

https://extranet.who.int/tbknowledge

Group Discussion

Key achievements, bottlenecks or programmatic gaps, Best practices and enablers

1. Screening with **CXR (+/- CAD), C-Reactive Protein** and other approaches
2. **Scaleup of shorter TPT** (3HP/3HR/1HP/4R)
3. TPT coverage among **<5's and PLHIV**
4. **Scaleup of DR-TPT**

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Group Work Output (Screening approaches/shorter TPT/TPT coverage/DR TPT)

Key achievements (up to 3)

- *[achievement 1]*
- *[achievement 2]*
- *[achievement 3]*

Key bottlenecks OR programmatic gaps

- *[bottlenecks/gaps1]*
- *[bottlenecks/gaps 2]*
- *[bottlenecks/gaps3]*

Best practices and enablers

- *[Enabler or good practice 1]*
- *[Enabler or good practice 2]*
- *[Enabler or good practice 3]*