INTERNATIONAL STANDARDS FOR TUBERCULOSIS CARE - ISTC

WHAT IS ISTC

The International Standards for Tuberculosis Care describes widely accepted standards of care that all practitioners, public and private, should follow in dealing with people who have, or are suspected of having, tuberculosis.

PRINCIPLES OF ISTC

- **Prompt and accurate diagnosis**
- **Treatment with standardized anti TB regimens**
- **Appropriate treatment support and supervision**
- **Close monitoring of the treatment response**
- **Undertaking Public health responsibilities by the practitioners**

Standards for DIAGNOSIS

- To ensure early diagnosis, providers should perform prompt clinical evaluations and appropriate diagnostic testing for persons with symptoms and findings consistent with tuberculosis.
- All patients, including children, with unexplained cough lasting three or more weeks or with unexplained findings suggestive of tuberculosis on chest radiographs should be evaluated for tuberculosis.
- All patients, including children, who are suspected of having pulmonary tuberculosis and are capable of producing sputum, should have at least two sputum specimens submitted for smear microscopy or a single sputum specimen for Xpert MTB/RIF testing
- Patients at risk for drug resistance, or who are seriously ill, should have Xpert MTB/RIF performed as the initial diagnostic test.
- For all patients, including children, suspected of having extra-pulmonary tuberculosis, appropriate specimens from the suspected sites of involvement should be obtained for microbiological and histological examination.
- An Xpert MTB/RIF test is recommended as the preferred initial microbiological test for suspected Tuberculous Meningitis because of the need for a rapid diagnosis.
- Clinical diagnosis of pulmonary tuberculosis should be based on the following criteria: at least two negative sputum smears (including at least one early morning specimen) and chest radiography findings consistent with tuberculosis. If, Xpert MTB/RIF test is done for sputum specimen that shows negative result.
- Children suspected of having intra thoracic (i.e., pulmonary, pleural, and mediastinal or hilar lymph node) tuberculosis, bacteriological confirmation should be sought through examination of respiratory secretions (expectorated sputum, induced sputum, gastric lavage) for smear microscopy, an Xpert MTB/RIF test, and/or culture.

Standards for TREATMENT

- Treatment of Tuberculosis is not only a matter of individual health; it is also a matter of public health. All providers must have the knowledge to prescribe a standard treatment regimen and the means to assess adherence to ensure that treatment is completed.
- Any practitioner treating a patient for tuberculosis must not only prescribe an appropriate regimen, but also utilize local public health services to assess the adherence of the patient and to address poor adherence when it occurs and notify to appropriate authority (NTP).
- All patients who have not been treated previously and do not have other risk factors for drug resistance should receive a WHO-approved first-line treatment regimen using quality assured drugs. The initial phase should consist of two months of isoniazid, rifampicin, pyrazinamide, and ethambutol. The continuation phase should consist of isoniazid and rifampicin given for 4 months.
- Response to therapy in patients with pulmonary tuberculosis should be monitored by follow-up sputum smear microscopy (one morning specimens) at the time of completion of the initial phase of treatment (2 months). Xpert MTB/RIF test to be performed for all non-converters.
- Xpert MTB/RIF examination should be performed at the start of therapy for all previously treated patients (who have failed, lost to follow-up or relapsed following one or more courses of treatment) should always be assessed for drug resistance
- Patients with tuberculosis caused by drug-resistant (especially MDR/XDR) organisms should be treated with specialized regimens containing second-line anti-tuberculosis drugs
- At least four drugs, to which the organisms are known or presumed to be susceptible, including an injectable agent, should be used and treatment should be given as per WHO recommendations. Such treatment should always be initiated under programmatic conditions.
- A written record of all medications given, bacteriologic response, and adverse reactions should be maintained for all patients.

Standards for PUBLIC HEALTH and PREVENTION

- All providers should ensure that persons in close contact with patients who have infectious tuberculosis are evaluated and managed in line with international recommendations. The highest priority contacts for evaluation are:
  - Persons diagnosed as smear / culture positive tuberculosis
  - Children aged <5 years
  - Contacts with HIV infection
  - Contacts of patients with MDR/ XDR tuberculosis
- Children <5 years of age/ HIV positive patient who are close contacts of a person with infectious tuberculosis, and who, after careful evaluation, do not have active tuberculosis, should be treated for presumed latent tuberculosis infection with isoniazid for at least six months.
- All providers must report both new and re-treatment tuberculosis cases and their treatment outcomes to local public health authorities, in conformance with applicable legal requirements and policies.

স্বাস্থ্য ও পরিবার কল্যাণ মন্ত্রণালয়

USAID FROM THE AMERICAN PEOPLE

CHALLENGE TB

msh Management Sciences for Health

IRD Bangladesh

KNCV TUBERCULOSIS FOUNDATION