TB treatment in people living with HIV

12. It is recommended that TB patients who are living with HIV should receive at least the same duration of daily TB treatment as HIV-negative TB patients *(strong recommendation, high certainty of evidence) (17).*

13. People living with HIV with TB and histoplasmosis coinfection should receive TB therapy according to WHO treatment guidelines *(conditional recommendation, very low-certainty evidence) (20).*

Integrated delivery of care for HIV-associated TB

14. In settings with a high burden of HIV and TB, TB treatment may be provided for people living with HIV in HIV care settings where a TB diagnosis has also been made *(strong recommendation, very low-certainty evidence) (21).*

Eligibility for TB preventive treatment

15. Adults and adolescents living with HIV who are unlikely to have active TB should receive TB preventive treatment as part of a comprehensive package of HIV care. Treatment should be given to those on antiretroviral treatment, to pregnant women and to those who have previously been treated for TB, irrespective of the degree of immunosuppression and even if LTBI testing is unavailable *(strong recommendation, high certainty in the estimates of effect) (22).*

Algorithms to rule out TB disease prior to offering TB preventive treatment

16. Adults and adolescents living with HIV who are screened for TB according to a clinical algorithm and who report any of the symptoms of current cough, fever, weight loss or night sweats may have active TB and should be evaluated for TB and other diseases and offered preventive treatment if active TB is excluded *(strong recommendation, moderate certainty in the estimates of effect) (22).*

17. Chest radiography may be offered to people living with HIV on ART, and preventive treatment be given to those with no abnormal radiographic findings *(conditional recommendation, low certainty in the estimates of effect) (22).*

Testing for TB infection

18. Either the tuberculin skin test (TST) or interferon-gamma release assays (IGRAs) can be used to test for TB infection *(strong recommendation, very low certainty of the evidence) (15).*

19. Mycobacterium tuberculosis antigen-based skin tests (TBSTs) may be used to test for TB infection *(conditional recommendation for the intervention, very low certainty of evidence) (15).*

TB preventive treatment regimens

20. The following options are recommended for the treatment of LTBI regardless of HIV status: 6 or 9 months of daily isoniazid, or a 3-month regimen of weekly rifapentine plus isoniazid, or a 3-month regimen of daily isoniazid plus rifampicin *(strong recommendation, moderate to high certainty in the estimates of effect).* A 1-month regimen of daily rifapentine plus isoniazid or 4 months of daily rifampicin alone may also be offered as alternatives *(conditional recommendation, low to moderate certainty in the estimates of effect) (22).*

21. In settings with high TB transmission, adults and adolescents living with HIV who have an unknown or a positive LTBI test and are unlikely to have active TB disease should receive at least 36 months of daily isoniazid preventive treatment (IPT). Daily IPT for 36 months should be given whether or not the person is on ART, and irrespective of the degree of immunosuppression, history of previous TB treatment and pregnancy in settings considered to have a high TB transmission as defined by national authorities *(conditional recommendation, low certainty in the estimates of effect) (22).*