

CORRIGENDA

WHO operational handbook on tuberculosis. Module 2: screening - systematic screening for tuberculosis disease

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Page 45, lines 18–20

Delete: Recent evidence indicates, however, that the accuracy of W4SS may be suboptimal for all subpopulations living with HIV (35).

Insert: Recent evidence indicates, however, that the accuracy of W4SS may be suboptimal for certain subpopulations living with HIV (35).

Page 45, lines 30–32

Delete: Staging of HIV disease and testing to exclude TB with LF-LAM or mWRD is recommended in people with advanced HIV disease (i.e. ≤ 200 CD4 cells/ μ L or in clinical stage 3 or 4) (12).

Insert: Staging of HIV disease and testing to exclude TB with LF-LAM and mWRD is recommended in people with advanced HIV disease (12).

Page 50, lines 4–6

Delete: TB diagnosis among people living with HIV should include use of an mWRD as a diagnostic test (12), LF-LAM where indicated (12), and other clinical, radiological or laboratory procedures as necessary.

Insert: TB diagnosis among people living with HIV should include use of an mWRD as a diagnostic test (12), LF-LAM where indicated (12), and other clinical, radiological or laboratory procedures for detecting pulmonary and extrapulmonary TB as necessary.

Page 50, lines 10–13

Delete: Before use, all the screening tools described here should be included in the guidelines of national and local TB and HIV programmes and in national and local algorithms for screening and diagnostic care for

people living with HIV (see 5.4 and Annex 3 for further discussion of screening algorithms for people living with HIV).

Insert: As part of scale-up, tools should first be included in the guidelines of national TB and HIV programmes and in national algorithms for screening and diagnostic care for people living with HIV.

Page 50, lines 21–23

Delete: Lack of access to any of the tools described in this section should not be a barrier to TB screening or ruling out TB in order to allow initiation of TPT or ART.

Insert: Lack of access to any of the tools described in this section should not be a barrier to TB screening or ruling out TB in order to allow initiation of TPT.

Page 50, lines 34–35

Delete: A baseline CXR and access to films taken previously are useful for comparing subsequent radiological changes.

Insert: A baseline CXR and access to imaging taken previously are useful for comparing subsequent radiological changes.

Page 50, lines 40–42

Delete: The risks of exposure to ionizing radiation, especially from non-compliant equipment, might be a greater concern for this group, who undergo CXR regularly and may also receive radiography to evaluate health problems between screenings.

Insert: The risks of exposure to ionizing radiation might be a greater concern for this group, who undergo CXR regularly and may also receive radiography to evaluate health problems between screenings.

Page 51, lines 32–34

Delete: Depending on feasibility and available resources, countries may choose to prioritize TB screening with mWRDs in certain subpopulations other than those for whom it is generally recommended, such as medical inpatients in settings where the TB prevalence is < 10% or pregnant women living with HIV.

Insert: Depending on feasibility and available resources, countries may choose to prioritize TB screening with mWRDs in certain subpopulations other than those for whom it is generally recommended, such as all medical inpatients or pregnant women living with HIV.

Page 51, lines 38–41

Delete: To use mWRDs to screen medical inpatients with HIV, the TB prevalence in medical wards may be calculated as the percentage of admissions that are diagnosed with TB during a recent 6–12-month period. Prevalence is calculated for all inpatients, not just those with HIV, to reflect the risk of transmission and the burden of disease in the community.

Insert: To use mWRDs to screen medical inpatients with HIV, the TB prevalence in medical wards may be calculated as the percentage of admissions that are diagnosed with TB among hospital inpatients living with HIV during a recent 6-12-month period.

Page 56, lines 27–30

Delete: Given the high risk of progression to TB disease and the high mortality rate, combined symptom screening should also be done at every contact with the health-care system, including events such as vaccination days, maternal health appointments, at nutritional screening and at food support programmes.

Insert: Given the high risk of progression to TB disease and the high mortality rate, screening for symptoms and contact should also be done at every contact with the health-care system, including events such as vaccination days, maternal health appointments, at nutritional screening and at food support programmes.

Pages 79–90

Delete: Symbol for LF-LAM on the side of the 11 algorithms.

Insert: A footnote stating: “In this population, diagnostic testing for TB with LF-LAM and other methods is usually considered early on. See WHO consolidated guidelines on tuberculosis, Module 3: Diagnosis – Rapid diagnostics for tuberculosis detection (12).”

These corrections have been incorporated into the electronic file.