

Feedback from Dr Mzimela

1. What is 3HP and who is eligible for it now?

Answer: 3HP is a short word used for therapy that is used to protect a person from getting tuberculosis (TB). In medical terms, we call it Tuberculosis Preventive Treatment, shortened TPT. This therapy combines two drugs, Isoniazid (H) and high dose rifapentine (P). 3 stands for the duration of treatment which is 3 months given once weekly.

According to South African TB Guideline, TPT should be given to all adult, adolescent, and child contacts $\geq 25\text{kg}$ regardless of HIV status and age.

It is not recommended for the following but not limited to people with confirmed TB disease, active liver disease (acute and chronic), if there is previous drug reaction to drugs used for TPT, symptoms and signs of peripheral neuropathy and excessive alcohol use.

2. How is it different from the previous TPT that was used, what makes 3HP better?

Answer: Duration has been reduced to three months, whereas previously participants needed to take 6 or 9 months of isoniazid. It has also been reported that 3HP is associated with lower risk of liver toxicity. There are higher treatment completion rates when compared to the previous TPT and it is better tolerated. Studies have also reported great success in prevention of TB for 3HP however there has been no difference in number of new cases when compared to previous TPT. In a nutshell, 3HP is an effective, shorter, and less toxic regimen that leads to higher adherence than previous TPT.

3. Have the guidelines been updated already and what are some of the notable changes in the new TPT guidelines for 3HP?

Answer: The latest National Guidelines on the Treatment of Tuberculosis infection were released last month, February 2023. This guideline has changed the criteria for enrolment with the guiding principle that TPT must be offered to everyone regardless of age and HIV status, so long as they have experienced significant TB exposure, and this includes immunocompromised after TB disease has been excluded. In this guideline, 'family centred', or 'household centred' approach is encouraged to ensure full adherence is achieved and will help in reducing risk of stigmatisation.

4. How do these changes in eligibility help in the fight against TB?

Answer: Change in eligibility criteria will essentially result in curbing TB disease spread within communities as a wider group of population will be targeted. If more people are put on preventative treatment, it will reduce the number of new cases and our goal to meet the WHO End TB targets reducing morbidity and mortality in our communities related to TB infection can be met.

5. Why is it important that 3HP/TPT is rolled out and going into the communities to contact trace?

Answer: It is very important at this point to educate the communities and create awareness of the new approach to TPT, highlight its benefits and the bigger picture with regards to TB outcomes at community level. Poster, Pamphlets, radio & television broadcast, and social media in vernacular languages can help the messages to spread fast as the information will be easy to understand and relatable. It is also vital for the health workers to actively put measures in places to monitor implementation to be able to address promptly if incorrect narratives get widespread within

communities. We should take the lessons from COVID-19 pandemic and be united in our fight against TB.