4.1.1 Age ≥ 18 years, or minimum age of consent according to locally applicable laws or regulations at screening, verified per site SOPs; and able and willing to provide written informed consent for study at screening

4.1.2 At screening, evidence by ultrasound of a viable singleton pregnancy with an estimated gestational age at enrollment of ≥ 14 weeks through ≤ 34 weeks as per screening ultrasound
INCLUSION CRITERIA

4.1.3 Has at least one of the following risk factors for TB:

- Per participant report, the participant is a household contact* of a known active pulmonary TB patient

* For IMPAACT 2001, a household contact is defined as a person who currently lives or lived in the same dwelling unit and shares or shared the same housekeeping arrangements and who reports exposure within the past two years to an adult index case with pulmonary TB. Shared housekeeping arrangements are defined as sleeping under the same roof as the index TB case for at least seven consecutive days during the one month prior to the index case TB diagnosis.

- Per medical records, confirmation of HIV-1 infection (see Section 4.1.4) and a single positive TST or IGRA at any time in the past. If not available in medical record, perform at screening.

Applies only to HIV-infected potential participants
CONFIRMATION OF HIV-1 INFECTION

- Q: Can a woman that is confirmed HIV-uninfected enroll with a positive TST or IGRA?

- A: NO, HIV-uninfected women must be a household contact of a known active pulmonary TB patient as defined by the protocol.
4.1.4 Confirmation of HIV-1 infection status

Confirmation of HIV-1 infection is defined as positive results from two samples collected at different time points. All samples tested must be whole blood, serum or plasma. As this study is being conducted under an IND, all test methods should be FDA-approved, if available. If FDA-approved methods are not available, test methods should be verified according to GCLP and approved by the IMPAACT Laboratory Center.
# Confirmation of HIV-1 Infection

<table>
<thead>
<tr>
<th>Sample #1</th>
<th>Sample #2</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Two rapid antibody tests from different manufacturers or based on different principles and epitopes</td>
<td>• Rapid antibody test</td>
</tr>
<tr>
<td>• One EIA OR Western blot OR immunofluorescence OR chemiluminescence</td>
<td>• One EIA OR Western blot OR immunofluorescence OR chemiluminescence</td>
</tr>
<tr>
<td>• One HIV DNA PCR</td>
<td>• One HIV DNA PCR</td>
</tr>
<tr>
<td>• One quantitative HIV RNA PCR (result above limit of detection)</td>
<td>• One quantitative HIV RNA PCR (result above limit of detection)</td>
</tr>
<tr>
<td>• One qualitative HIV RNA PCR</td>
<td>• One qualitative HIV RNA PCR</td>
</tr>
<tr>
<td>• One total nucleic acid test</td>
<td>• One total nucleic acid test</td>
</tr>
</tbody>
</table>
CONFIRMATION OF HIV-1 INFECTION

- Sample #1 may be tested by non-study public or PEPFAR programs. However, both the result and the assay date must be recorded in participant’s charts. Source documentation {patient’s medical record/chart, Ministry of Health registers, laboratory results, etc.} must be available.

- Sample #2 must be tested in a CAP/CLIA-approved laboratory (for US sites) or in a laboratory that operates according to GCLP guidelines and participates in appropriate external quality assurance program (for international sites).

- If Sample #2 is tested with a rapid antibody test, in combination with two rapid tests for Sample #1, at least one of the three rapid tests must be FDA-approved and the third rapid test must be from a third manufacturer or based on a third principle or epitope.
Q: Can study site staff collect Sample #1 and Sample #2 on the same day (if non-study test results are not available or not adequate for Sample #1)?

A: YES, but the two samples MUST be collected in **two different tubes** and at **two different times**.
CONFIRMATION OF HIV-1 UNINFECTED STATUS

- If a participant has a negative result per medical history, or if her status is unknown, HIV-1-\textit{uninfected} status must be confirmed per Sample #1 requirements within 14 days prior to enrollment.
Q: Can study site staff perform one rapid antibody test to confirm a participant is HIV-1-uninfected?

A: NO, two rapid antibody tests MUST be collected per Sample #1 requirements from two different manufacturers or based on different principles and epitopes.
INCLUSION CRITERIA

4.1.5 If HIV-1-infected, documented current prescription of EFV + 2 NRTI regimen and reports taking regimen for at least two weeks prior to enrollment (regimens containing protease, integrase, or entry inhibitors are not permitted)

4.1.6 Documented laboratory values obtained within 14 days prior to enrollment:

- Hemoglobin ≥ 7.5 g/dL
- White blood cell count ≥ 1,500 cells/mm³
- ALT < 2.5 times the upper limit of normal (ULN)
- Total bilirubin < 1.6 times the ULN
- Absolute neutrophil count (ANC) ≥ 750 cells/mm³
- Platelet count ≥ 100,000/mm³
INCLUSION CRITERIA

4.1.7 Per participant report at screening, intent to remain in the current geographical area of residence for the duration of the study

4.1.8 Per participant report at screening, able to swallow whole tablets

4.1.9 Per participant report, intention to keep the pregnancy

4.1.10 Per participant report, willingness to permit infant to participate in the study
EXCLUSION CRITERIA

4.2.1  Evidence of confirmed or probable active TB disease per WHO symptom screen and confirmation by Gene Xpert, shielded chest x-ray, or sputum sample

4.2.2  Participant report of personal history of INH- or rifampin-resistant, multi-drug resistant (MDR), or extensively drug-resistant (XDR) TB

4.2.3  Participant report of personal history of active TB in the past 2 years

4.2.4  Participant report of previous treatment for LTBI
4.2.5 Household contact (as defined above) with known active MDR or XDR TB disease

4.2.6 Known major fetal abnormality as detected on ultrasound

4.2.7 Known allergy/sensitivity or any hypersensitivity to components of study drugs or their formulation
EXCLUSION CRITERIA

4.2.8 Known history of liver cirrhosis at any time prior to study entry

4.2.9 Per participant report and/or medical records, evidence of acute clinical hepatitis, such as a combination of abdominal pain, jaundice, dark urine, and/or light stools within 90 days prior to entry

4.2.10 Participant report and/or medical records of peripheral neuropathy Grade 2 or higher within 90 days prior to entry

4.2.11 Current use or history of active drug or alcohol use or dependence that, in the opinion of the site investigator, would interfere with adherence to study requirements
EXCLUSION CRITERIA

4.2.12 Participant report and/or clinical evidence of porphyria

4.2.13 Any other condition that, in the opinion of the IoR/designee, would preclude informed consent, make study participation unsafe, complicate interpretation of study outcome data, or otherwise interfere with achieving the study objectives, including taking the study medication

4.2.14 Planned or current participation in an interventional drug study

4.2.15 Current use of any prohibited or precautionary medications (see Section 5.5), including didanosine (DDI) or stavudine (D4T)
What are your questions about the eligibility criteria?