

HARVEST trial - improving outcomes from TB meningitis with high-dose oral rifampicin

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|--------------------------|-----------------------------|--|
| Submission date | Recruitment status | <input checked="" type="checkbox"/> Prospectively registered |
| 23/05/2019 | No longer recruiting | <input checked="" type="checkbox"/> Protocol |
| Registration date | Overall study status | <input type="checkbox"/> Statistical analysis plan |
| 17/06/2019 | Completed | <input checked="" type="checkbox"/> Results |
| Last Edited | Condition category | <input type="checkbox"/> Individual participant data |
| 02/01/2026 | Infections and Infestations | |

Plain English summary of protocol

Background and study aims

Tuberculous meningitis accounts for 1-5 % of all TB infections and carries a high case-fatality (up to 50%) and many survivors are left with long-term disabilities. Rifampicin is the most important anti-TB drug but at the currently recommended dose (10 mg/kg) it fails to penetrate into the brain and spinal fluid adequately. This trial is testing whether giving a much higher dose of rifampicin by mouth, in addition to the normal anti-TB drugs, can reduce death and disability caused by TB meningitis.

Who can participate?

Patients aged 18 and over with first episode tuberculous meningitis suspected by attending physician and anti-TB treatment planned

What does the study involve?

Participants are allocated by chance to receive either four rifampicin 300 mg capsules in addition to standard fixed dose combination TB treatment, or standard fixed dose combination TB treatment. Participants are followed up in hospital until discharge and then as an outpatient for 12 months.

What are the possible benefits and risks of participating?

The high dose rifampicin may be more effective at treating the infection so the participants' chance of dying or being left with a disability may be reduced (though this won't be known until the end of the trial). More intensive monitoring of blood tests and clinical status may allow complications to be picked up and treated earlier than they would in the normal care environment. Transport and costs of follow-up are covered by the study which may reduce financial burden on the participant. Possible risks of participation include: side effects or toxicity from the high-dose rifampicin; more frequent blood tests and an additional lumbar puncture; and the high dose rifampicin may not have an impact on clinical outcomes.

Where is the study run from?

1. Infectious Diseases Institute (Uganda)

2. University of KwaZulu Natal (South Africa)
3. Eijkman-Oxford Clinical Research Unit (Indonesia)
4. Universitas Padjadjaran (Indonesia)

When is the study starting and how long is it expected to run for?
November 2019 to June 2025

Who is funding the study?
Medical Research Council (UK)

Who is the main contact?
Dr Fiona Cresswell
fiona.cresswell@lshtm.ac.uk

Contact information

Type(s)
Scientific

Contact name
Dr Fiona Cresswell

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Additional identifiers

Clinical Trials Information System (CTIS)
Nil known

ClinicalTrials.gov (NCT)
Nil known

Protocol serial number
MHREC 1554

Study information

Scientific Title
High-dose oral rifampicin to improve survival from adult tuberculous meningitis: a double-blinded randomised placebo-controlled Phase III trial

Acronym

HARVEST

Study objectives

High dose oral rifampicin (35 mg/kg) alongside other regular first-line antituberculous drugs will improve survival and neurological outcomes from Tuberculous meningitis compared to standard of care TB treatment.

Ethics approval required

Old ethics approval format

Ethics approval(s)

Approvals have been received from 8 regulatory authorities across the 3 participating countries:
UGANDA

Approved 17/06/2020, Mulago National Referral Hospital IRB (Mulago National Referral Hospital, P.O. Box 7051, Kampala, Uganda; +256 414 53 25591; admin@mulago.or.ug), ref: MHREC 1554.

National Drug Authority; ref: CTA0118

Uganda National Council of Science and Technology; ref: HS428ES

SOUTH AFRICA

Approved 20/04/2021, University of KwaZulu-Natal Biomedical Research Ethics Committee (Research Ethics Office, Westville Campus, Govan Mbeki Building; Private Bag X54001, Durban 4000; BREC@ukzn.ac.za); ref: BFC003/19

South Africa Health Product Regulatory Authority; ref: 20200331

INDONESIA

Approved 22/07/2020, Universitas Indonesia Fakultas Kedokteran (Gedung Fakultas Kedokteran UI, Jl. Salemba Raya No.6, Jakarta 10430, PO.Box 1358); +62.21.3912477, 3193037 1, 31 930373, 3922977, 3927360, 31 53236; E. humas @fk.ui.ac.id, office @fk.ui.ac.id); ref: 19-03-0238

Universitas Padjadjaran Research Ethics Committee (Jl. Prof Eyckman No. 38 Bandung 40161; 022-2038697; etik.unpad@gmail.com); ref: 0719070991

National Agency of Drug and Food Control (Badan Pengawas Obat dan Makanan); ref: BPOM-B-RG.01.06.32.321.08.20.513

Study design

Double-blinded parallel group randomised placebo-controlled Phase III trial

Primary study design

Interventional

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Tuberculous meningitis

Interventions

Participants are allocated by chance to receive either:

1. Four oral rifampicin 300-mg capsules in addition to standard fixed-dose combination TB treatment

2. Standard fixed-dose combination TB treatment

Participants are followed up in hospital until the time of discharge and then as an outpatient for 12 months.

Intervention Type

Drug

Phase

Phase III

Drug/device/biological/vaccine name(s)

Rifampicin

Primary outcome(s)

6-month survival

Key secondary outcome(s)

1. 12-month survival
2. Functional and neurocognitive outcomes measured using the following instruments:
 - 2.1. Normalization of mental status with Glasgow coma scale score (GCS) of 15 and maintained for >2 days (among those with GCS <15 at study entry). A substantial proportion of TBM patients (~50%) present with altered mental status and depressed consciousness. In these participants, early response to treatment is assessed by determining the days from randomization until observation of a GCS of 15 which is achieved for >2 consecutive days
 - 2.2. Functional outcomes assessed by Liverpool Outcome Score at month 6 (Appendix C)
 - 2.3. Quantitative neurocognitive performance Z-scores (QNPZ-8) at 2 and 12 months (Uganda only). QNPZ-8 is derived from a test battery, which includes:
 - 2.3.1. Grooved Pegboard test
 - 2.3.2. Colour Trails 1 and 2 tests
 - 2.3.3. WAIS-III Digit Symbol test
 - 2.3.4. Finger Tapping test
 - 2.3.5. WHO-UCLA Auditory Verbal Learning Test
 - 2.3.6. Semantic Verbal Fluency test (category fluency)
3. Safety and tolerability endpoints:
 - 3.1. Clinical AEs, grade 3-5 as classified by Division of AIDS (DAIDS) Toxicity Scale
 - 3.2. Laboratory AEs, grade 3-5 as classified by DAIDS Toxicity Scale
 - 3.3. All Serious AEs (SAEs)
 - 3.4. Drug-induced liver injury (grade 3-5)
§ Alanine transaminase (ALT) or aspartate transaminase (AST) >5x upper limit of normal (ULN)
 - 3.5. Discontinuation of TB treatment for >5 days in the first 8 weeks for any cause
4. Cumulative days of hospitalization (and re-hospitalization)
5. Incidence of re-hospitalization for neurologic deterioration
6. Incidence and management of drug-induced liver injury

Completion date

01/06/2025

Eligibility

Key inclusion criteria

1. First episode TBM suspected by attending physician (>3 days of meningitis symptoms and CSF abnormalities) and anti-TB treatment planned
2. Age ≥ 18 years
3. Provision of written informed consent by participant or surrogate

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Mixed

Lower age limit

18 years

Upper age limit

100 years

Sex

All

Total final enrolment

0

Key exclusion criteria

1. Presence of jaundice, known liver cirrhosis, or known elevated ALT >5 x ULN
2. More than 5 doses of any TB treatment received within the previous 7 days
3. Known allergy to: isoniazid, rifampicin, ethambutol, or pyrazinamide
4. Known current/previous rifampicin-resistant M.tb infection
5. Additional active and confirmed CNS infection
6. Corticosteroids contraindicated
7. Cannot or unlikely to attend regular clinic visits
8. Pregnancy or breastfeeding
9. Known renal failure with eGFR <30 ml/min by Modification of Diet in Renal Disease (MDRD) Study equation
10. HIV Protease Inhibitor ongoing use

Date of first enrolment

01/01/2020

Date of final enrolment

01/06/2024

Locations

Countries of recruitment

Indonesia

South Africa

Uganda

Study participating centre
Infectious Diseases Institute
Kampala
Uganda
PO Box 22418

Study participating centre
University of KwaZulu Natal
719 Umbilo Road
Durban
South Africa
4001

Study participating centre
Eijkman-Oxford Clinical Research Unit
University of Oxford; Faculty of Medicine Universitas Indonesia
Jl Diponegoro 69
Jakarta
Indonesia
10430

Study participating centre
Universitas Padjadjaran
Bandung
Indonesia
40161

Sponsor information

Organisation
Makerere College of Health Sciences

ROR
<https://ror.org/03dmz0111>

Funder(s)

Funder type

Government

Funder Name

Medical Research Council

Alternative Name(s)

Medical Research Council (United Kingdom), UK Medical Research Council, MRC

Funding Body Type

Government organisation

Funding Body Subtype

National government

Location

United Kingdom

Results and Publications

Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Dr Fiona Cresswell, IDI/LSHTM (fiona.cresswell@lshtm.ac.uk).

IPD sharing plan summary

Available on request

Study outputs

| Output type | Details | Date created | Date added | Peer reviewed? | Patient-facing? |
|----------------------------------|---------|--------------|------------|----------------|-----------------|
| Results article | | 18/12/2025 | 02/01/2026 | Yes | No |
| Protocol article | | 25/08/2020 | 23/10/2020 | Yes | No |