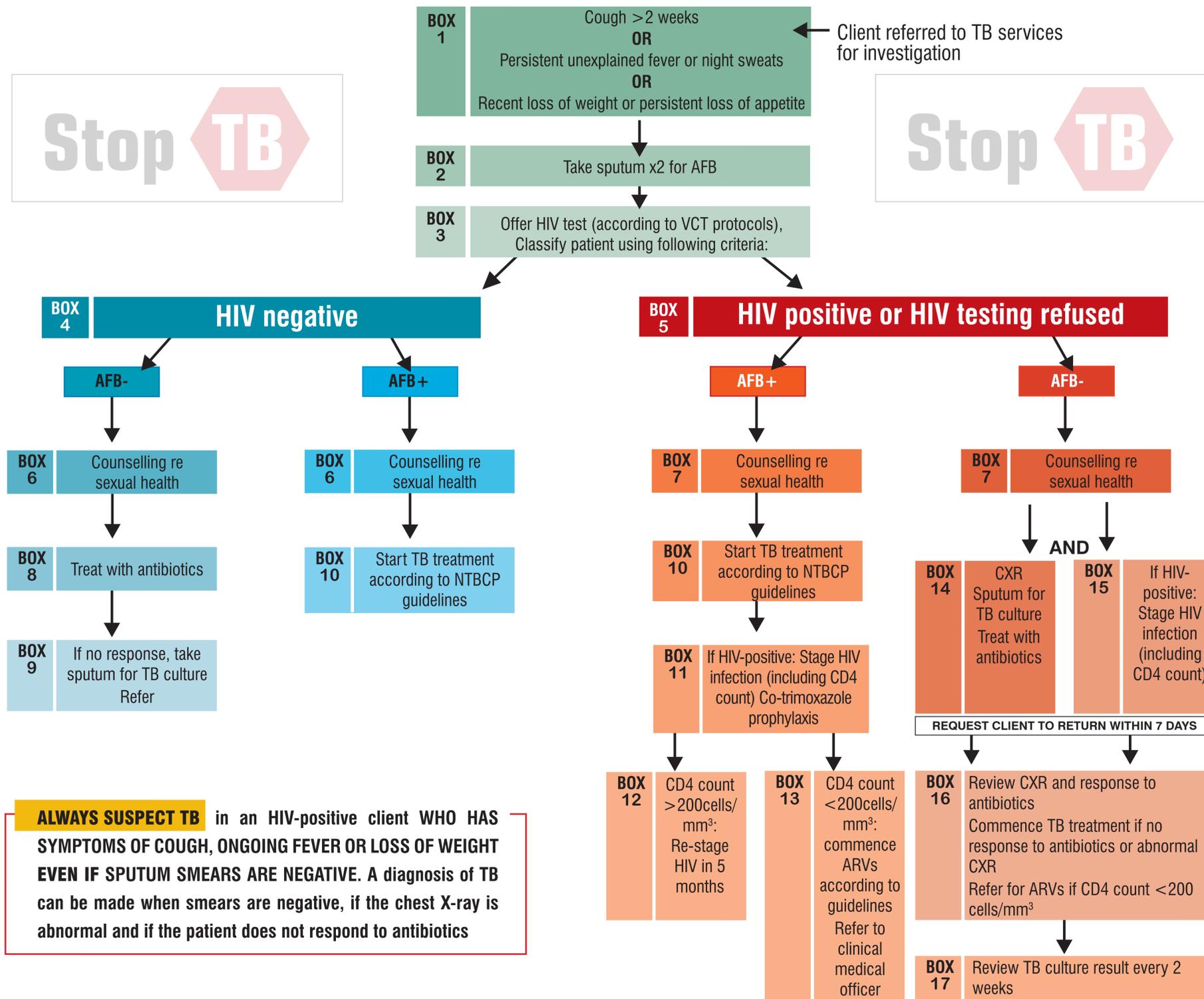


Diagnosis of TB

in high HIV prevalent settings



EXPLANATIONS:

Box 1	A person who experiences one or more of these symptoms should be considered a TB suspect and investigated according to the flow chart below.
Box 2	Counsel the patient regarding the seriousness of a TB diagnosis to ensure that the patient returns for the results.
Box 3	Ensure that the patient returns for sputum results, and follow-up patients with AFB positive sputum that do not return. If AFB+, notify and treat the patient for TB. Explain that the sputum result can only be meaningfully interpreted if the HIV test is available. Sputum for AFB testing is reliable in HIV-negative patients. HIV-positive patients may need additional tests to exclude TB. Encourage HIV-testing.
Box 4	Group characteristics: HIV negative patients <ul style="list-style-type: none"> This group is a vulnerable group: they are at risk to acquire HIV infection. Counselling on the importance of maintaining their negative status is essential. The AFB test is likely to represent the truth (a negative test is more likely to mean that the patient does not have TB)
Box 5	Group characteristics: HIV positive patients <ul style="list-style-type: none"> This group is a vulnerable group: <ul style="list-style-type: none"> they are at risk of passing on HIV infection. Counselling on the importance of not spreading HIV is essential they have a higher mortality due to HIV-related illnesses due to TB and other causes. The AFB test may not represent the truth: patients with negative AFB tests may still have TB. Further tests may be necessary This group requires appropriate management of their HIV infection to avoid mortality and morbidity associated with progression of HIV disease
Box 6	HIV negative patients are at risk for acquiring HIV infection. Counselling should emphasise the importance of safe sexual behaviour, and repeated HIV testing.
Box 7	HIV positive patients are at risk for passing on HIV infection. Counselling should emphasise the importance of not passing on HIV, and appropriate management of their infection, including repeated CD4 count measurement, early treatment of symptoms of illness, indications for antiretroviral therapy, and psychosocial support.
Box 8	Amoxicillin 500mg po tds x 7 days is indicated for patients with a cough and symptoms of an upper or lower respiratory tract infection. Encourage the patient to return if symptoms fail to resolve
Box 9	In your referral letter, indicate that sputum has been sent for TB culture.
Box 10	Continue TB treatment according to existing protocols
Box 11	Use existing protocols to stage HIV infection
Box 12	Restage the client's HIV infection (including repeat CD4 count) at 5 months because this facilitates return for results before completion of TB treatment
Box 13	If CD4 count <200cells/mm ³ refer for urgent antiretroviral therapy
Box 14	Prescribe amoxicillin 500mg po tds x 7 days. Advise patient to return after 7 days with CXR
Box 15	Use existing protocols to stage HIV infection
Box 16	<ul style="list-style-type: none"> Normal CXR, improved patient: no further investigation for this illness is required. Remember to refer patient for antiretroviral therapy
Box 17	Monitor the sputum culture every two weeks (whether or not the patient was referred). If the culture becomes positive, trace the patient and ensure that he/she is aware of the results