

# TB and HIV...

## what health workers need to know

### For TB patients

- Every TB patient should be referred for voluntary counselling and testing (VCT) for HIV.
- Look for other signs and symptoms of HIV: recurrent hospital admissions, severe weight loss, oral thrush, generally enlarged lymph nodes.
- Uncommon forms of TB may be a sign of HIV infection.
- If your TB patient has HIV, he or she should also be given co-trimoxazole prophylaxis to prevent other bacterial infections (see below).

### For HIV-Positive patients

- TB is the major cause of death among HIV-positive people in South Africa. TB can present without other signs and symptoms of HIV.
- All HIV-positive people should be screened regularly for TB. If active TB is excluded, a TB skin test is positive, and then patients should be put on **INH prophylaxis to prevent TB** (see below).
- TB may be smear negative, or present outside the lungs. One negative sputum test is not enough to exclude TB in HIV-positive people.
- If the patient is on ART, TB drugs can interact with these. Check the National ART Guidelines for details.

### Co-trimoxazole prophylaxis Cotrimoxazole (40/200 mg per 5ml)

Give from 6 weeks to all infants and children of HIV + ve mothers unless child is HIV Negative to prevent pneumocystis pneumonia (PCP).

This is given life-long (unless stopped by ART (CCMTS) site).

Give once every day for Prophylaxis

AGE	WEIGHT	COTRIMOXAZOLE
1 month up to 2 months	2.5 - < 5 kg	2.5ml
2 up to 12 months	5 - < 10 kg	5ml
12 up to 24 months	10 - < 15 kg	7.5ml
2 up to 5 years	15 - < 25 kg	10ml

### INH prophylaxis

#### Dosage:

Adults: 5mg / kg (up to a maximum of 300 mg) daily

Children: 10mg/kg/day (10-15mg) up to a maximum of 300 mg daily

**Duration:** Treat every day for 6 months.

#### Monitor for the following:

- Adherence
- Signs of TB
- Jaundice (Stop INH and refer immediately to a doctor)

**TB can be cured. Whether the patient is HIV positive or negative, they take the same medication for the full 6 months.**



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