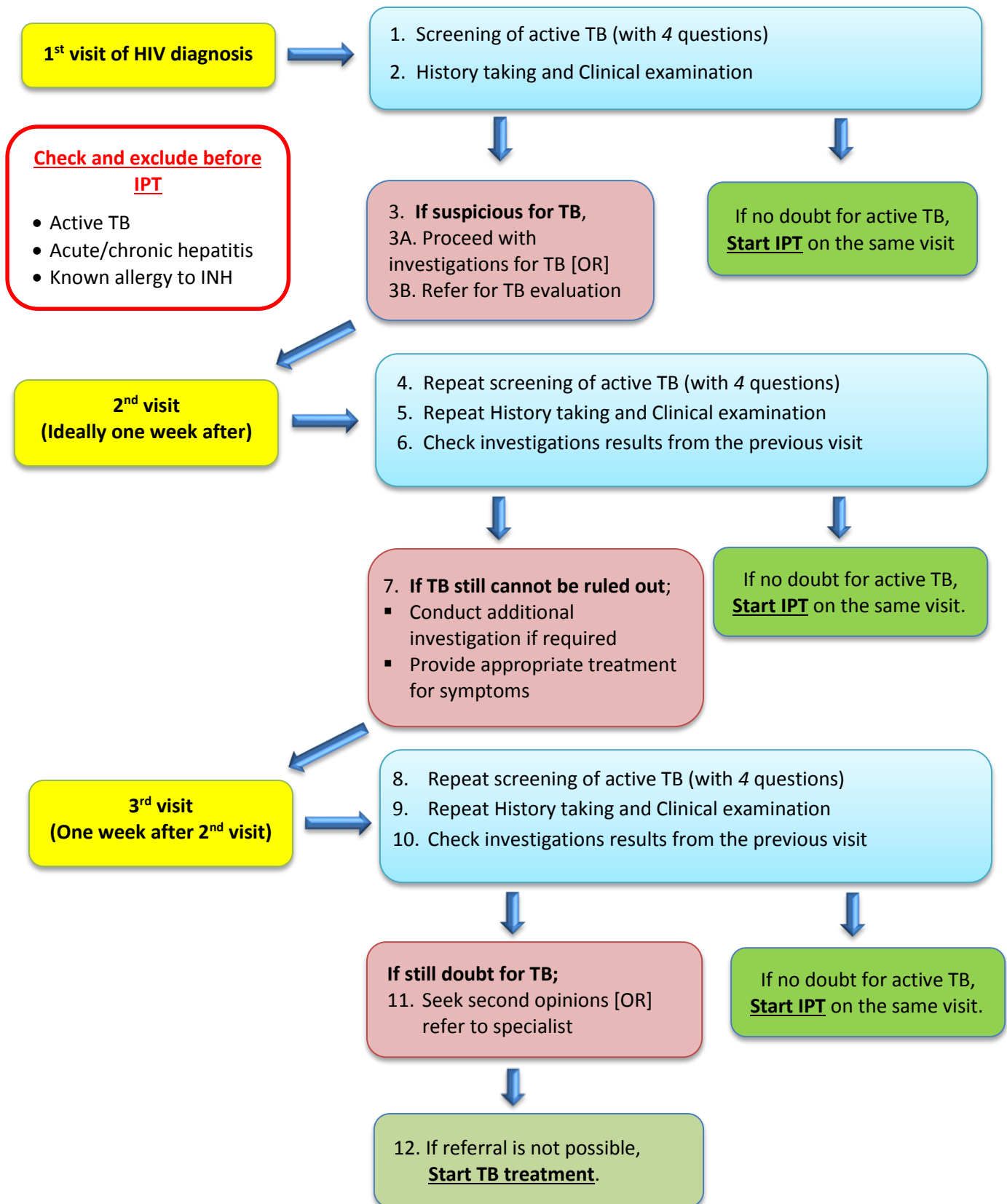


## Algorithm for Initiation of IPT in newly diagnosed HIV patients with age >1 year



## Annexes

### 1. **Screening of active TB with 4 Questions** are:

- Current cough with any duration
- Fever; either low grade or high fever
- Weight loss; either noticeable or apparent
- Profuse night sweat

### 2. **History taking and clinical examination** include:

- History of past or current alcohol consumption
- Known history of Hepatitis B or Hepatitis C infections
- Known history of Drug allergy
- Previous history of TB treatment and IPT
- Physical examinations to exclude;
  - Extra-pulmonary TB e.g. lymph nodes, abdominal mass
  - Hepatitis
  - Chronic liver insufficiency

NOTE: Prior TB treatment is not anymore ineligible criteria for IPT. In other words, IPT should be prescribed to patients with previous history of TB treatment.

### 3A. **Investigations for TB**

The following investigations are generally used to diagnose TB in practice and clinicians are recommended to prescribe relevant investigations based on the need of each individual case as well as availability of these investigations in the project context.

- Sputum for AFB
- X-ray; chest, bone, spine, etc.
- Gene X pert
- Lymph node smear for AFB
- Ultrasonography (Ultrasound) – abdomen

**3B. Refer for TB evaluation** – this means to refer the patient to other facilities (e.g. other INGO clinic, to NTP or to physicians in the government hospital) to rule out TB infection, if you are not able to perform the investigations mentioned above.

**4. Repeat screening of active TB with 4 Questions:** same as in the bullet no. 1.

**5. Repeat History taking and clinical examination:** same as in the bullet no. 2.

**6. Check investigations results from the previous visit:** this is the follow-up of bullet no. 3A and 3B.

**7. If TB still cannot be ruled out;**

- Any additional investigation, which has not been done in the bullet no. 3A, could be requested.
- Appropriate treatment should be provided for presenting symptoms

**8. Repeat screening of active TB with 4 Questions:** same as in the bullet no. 1.

**9. Repeat History taking and clinical examination:** same as in the bullet no. 2.

**10. Check investigations results from the previous visit:** this is the follow-up of bullet no.7.

**11. If still doubt for TB:** case discussion with senior clinicians and/or advisors internally OR refer to the specialists for further management.

**12. If referral is not possible and still TB is strongly suspected:** initiate TB treatment with close follow up.