



Published on AIDSFree (<https://aidsfree.usaid.gov>)

[Home](#) > [Resources](#) > [AIDSFree Guidance Database](#) > [HIV/TB Co-Infection Guidance Database](#) >

Botswana

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population [Download summary page as PDF](#) [E-mail this page](#)

Suggest Updates

- [Adults](#)
- [Pregnant Women](#)
- [Children - Botswana](#)

Adults

Year Issued:

2012

Reference:

HIV/TB Co-Infections/HIV & AIDS Treatment Guidelines

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

None indicated

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

None indicated

Criteria for Starting: ARV 1st Line Regimen:

All HIV patients with TB are eligible to begin ART regardless of CD4 cell count. TB treatment should be started first, followed by ART as soon as possible and within the first 8 weeks of beginning ATT.

Patients with CD4 count \leq 100 cells/ μ l: start ART as soon as the patient is tolerating ATT

Patients with CD4 count $>$ 100 cells/ μ l: start ART within 8 weeks and at least by the end of the initial phase of ATT

For patients with CD4 counts \leq 50 cells/ μ l, ART should be started as soon as possible

However, caution is advised in severely immunosuppressed patients with suspected neurological involvement or deranged LFTs. Great care must be taken to monitor these patients for hepatitis and worsening of TB due to IRIS (seek advice from TB/HIV specialist if necessary).

First-Line ART patients who develop TB:

Patients on first-line ART who develop TB should continue first-line ART while ATT is initiated, with close monitoring for any potential drug-drug interactions (e.g., rifampicin and LPV/r), additive toxicities (e.g., hepatitis), and TB-related IRIS.

- Stable patients receiving NVP should remain on NVP.
- First line regimens which are EFV and NVP based, do not require dose modification with ATT. The standard EFV dose of 600 mg Q nocte should be used.

ART Regimens in Treatment Naïve TB/HIV Co--infected Patients

Recommended:

- TDF+ FTC or 3TC + EFV (Atripla)
*Nevirapine may be used in cases of EFV intolerance.

Alternative first-line:

- TDF + FTC or 3TC + NVP (TRU + NVP)

ARV 2nd Line Regimen:

Alternative options:

- Continue standard LPV/r dose 400 mg/100mg BD and add extra RTV boosting 300 mg BD (i.e., 1:1 ratio of LPV and RTV)
- RTV 400 mg / SQV 400 mg BD can be substituted for LPV/r

However, this combination may be associated with the risk of hepatotoxicity if TB treatment is started first (consult an TB/HIV specialist prior to use).

Remember, after completing a rifampicin-based ATT regimen, LPV/r must be changed back to standard doses.

2nd Line Regimen for Naïve TB/HIV Co--infected Patients:

Recommended: AZT + 3TC and double dosed LPV/r

Alternative second-line: AZT + 3TC + LPV/r + 300 mg Ritonavir BD

Co-Infection Addressed Under Existing HIV Guidelines? (Y/N):

Yes

Pregnant Women

Year Issued:

2012

Reference:

HIV/TB Co-Infections/HIV & AIDS Treatment Guidelines

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting: ARV 1st Line Regimen:

TDF + FTC or 3TC + EFV (Atripla)

Co-Infection Addressed Under Existing HIV Guidelines? (Y/N):

Yes

Children - Botswana

Year Issued:

2012

Reference:

HIV/TB Co-Infections/HIV & AIDS Treatment Guidelines

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

All children ≤ 5 years old, regardless of HIV status, who are in contact with a smear positive individual, should be fully assessed for HIV and TB infection.

Those children who are not clinically symptomatic for TB should receive IPT for 6 months.

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

All HIV-infected children > 5 years old and ≤ 12 years old, who are in contact with a smear positive individual, should be fully assessed for TB infection.

Those HIV-infected children and adolescents who are not clinically symptomatic for TB should receive IPT for 6 months.

Criteria for Starting: ARV 1st Line Regimen:

In those ≤ 3 years old not exposed to sdNVP:

- AZT/ 3TC and NVP

In those ≤ 3 years old exposed to sdNVP:

- AZT/ 3TC and double dose LPV/r

In those >3 years old:

- AZT/3TC, and EFV

ARV 2nd Line Regimen:

ABC/3TC, and either double-dosed LPV/r or a standard dose of EFV or NVP depending on the original first line regimen and the age of the child.

Co-Infection Addressed Under Existing HIV Guidelines? (Y/N):

Yes

Source URL: <https://aidsfree.usaid.gov/resources/guidance-data/hiv-tb/botswana>