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

Cameroon

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, Adolescents, Pregnant and Breastfeeding Women](#)
- [Children](#)

Adults, Adolescents, Pregnant and Breastfeeding Women

Year Issued:

2014

Reference:

National Guidelines for HIV Prevention and Treatment

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

Yes

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

All HIV infected persons in whom active TB has been excluded and who do not have any other contraindications (alcoholism, peripheral neuropathy, acute or chronic hepatitis) are eligible for INH prophylaxis for a period of 6 months.

All HIV-infected persons who are completing TB treatment are to receive secondary INH prophylaxis for a period of 6 months.

Criteria for Starting: ARV 1st Line Regimen:

All patients with HIV/TB co-infection are eligible for ART.

- Initiate ATT first. Initiate ART within 8 weeks of ATT initiation

If CD4<50:

- Initiate ART within 2 weeks of ATT initiation

First line treatment of choice:

- AZT+3TC+EFV, or

- TDF+3TC (or FTC)+EFV

Alternative:

- AZT+3TC+ABC

ARV 2nd Line Regimen:

Substitute Rifabutin for Rifampicin

If Rifabutin not available, give:

- TDF + 3TC (or FTC) +LPV/r double dose, or
- TDF + 3TC (or FTC) +LPV/r standard dose

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

Yes

Children

Year Issued:

2014

Reference:

National Guidelines for HIV Prevention and Treatment

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

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

All HIV-infected children >12 months of age who have been in contact with a patient with active TB:

- Eligible for INH prophylaxis for a period of 6 months (10 mg/kg per day)

Newborn of a mother with active TB:

- If mother on ATT for a period of >2-3 months before birth and AFB negative at moment of birth: give BCG, do not give INH
- If mother on ATT for a period of <2-3 months before birth, or AFB positive at time of birth, or ATT initiated after birth: give INH for a period of 6 months, give BCG at end of IPT

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

All HIV infected children >12 months old in whom active TB has been excluded and who do not have any other contra-indications (peripheral neuropathy, acute or chronic hepatitis) are eligible for INH prophylaxis for a period of 6 months (10 mg/kg per day).

All HIV-infected children (regardless of age) who present with clinical symptoms, but who have a negative TB screening are eligible for INH prophylaxis.

All HIV-infected children who are completing TB treatment are to receive secondary INH prophylaxis for a period of 6 months.

Criteria for Starting: ARV 1st Line Regimen:

All children with TB/HIV co-infection are eligible for ART.

- Initiate ATT first. Initiate ART within 8 weeks of ATT initiation.
- If CD4<50, initiate ART within 2 weeks of ATT initiation.

<3 years old:

- AZT+3TC+ABC or
- 2 NRTI + NVP (dose of NVP = 200mg/m²)

>3 years old and >10 kg:

- AZT+3TC+EFV or
- AZT+3TC+ABC

**If triple NRTI (AZT+3TC+ABC) is used, change back to an age-appropriate NNRTI or PI containing regimen after ATT is completed.

Patients who develop TB while on ART:

<3 years old:

- If patient on regimen containing NVP: Continue NVP at dosage of 200mg/m², or Change to AZT+3TC+ABC If patient on regimen containing LPV/r: Change to AZT+3TC+ABC, or Substitute NVP (at dosage of 200mg/m²) for LPV/r, or Continue LPV/r with augmented RTV (ratio 1:1)

≥3 years old

- If patient on regimen containing NVP: Substitute EFV for NVP, or Use AZT+3TC+ABC

If patient on regimen containing LPV/r:

- Substitute EFV for LPV/r (if no history of treatment failure with NRTI), or
- Change to AZT+3TC+ABC, or
- Continue LPV/r with augmented RTV (ratio 1:1)

**If triple NRTI (AZT+3TC+ABC) is used, change back to an age-appropriate NNRTI or PI containing regimen after ATT is completed.

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

Yes

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