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## Ghana

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](#)

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**Adults & Adolescents ≥13 years old**

### Year Issued:

2010

### Reference:

Recommendations For Antiretroviral Therapy In Patients With Tuberculosis/ Guidelines For Antiretroviral Therapy In Ghana

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

No

Patients should be observed at each clinic visit for opportunistic infections and screened for TB every 6 months.

### 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 patients with TB/HIV co-infection are eligible for ART, irrespective of CD4 count.

**For patients not on ART:**

- Initiate ATT first.
- Initiate ART as soon as ATT is tolerated, within 8 weeks of ATT initiation.

**For patients already on ART:**

- Evaluate ART adherence, assess patient clinically and immunologically.
- Maintain patient on ART, but replace NVP with EFV if patient was on NVP.
- Start ATT as soon as possible.

**For both instances given above:**

Use EFV based ART regimen

- i.e. AZT+3TC+EFV2

**If EFV contraindicated or not tolerated use:**

- AZT+3TC+ABC, or
- AZT+3TC+TDF (triple nukes) for the duration of ATT and then revert to standard first line

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

Yes

**Children**

## **Year Issued:**

2010

## **Reference:**

Recommendations For Antiretroviral Therapy In Patients With Tuberculosis/ Guidelines For Antiretroviral Therapy In Ghana

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

No

Screen for TB regularly

## **Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:**

None indicated

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

**Child more than one year old and living with HIV:**

Screen for TB with any one of the following:

- Severe malnutrition or poor weight gain
- Fever
- Current cough

If NO: Assess for eligibility for IPT

If Eligible: Give IPT

If YES: Investigate for TB and other diseases.

If TB is excluded, consider IPT

## **Criteria for Starting: ARV 1st Line Regimen:**

Any child with active TB disease should begin TB treatment immediately, and start ART as soon as tolerated, within the first 8 weeks of TB therapy, irrespective of the CD4 count and clinical stage.

### **Developing TB while on HAART:**

In all HIV-infected children on HAART who develop TB,

- ATT should be started immediately while continuing HAART
- Make adjustments to ART regimen as needed to decrease the potential for toxicities and drug interactions
  - If on a regimen of 2 NRTIs + NVP, substitute EFV for NVP
  - If the child is 3 years or more in age
  - If on a regimen of 2 NRTIs + NVP and substitution with EFV is not possible, ensure NVP is dosed at the maximum of 200 mg/m<sup>2</sup> per dose twice daily
  - If on a regimen of LPV/r, consider adding RTV in a 1:1 ratio of LPV: RTV to achieve a full therapeutic dose of LPV.

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

Yes

### **Infants & Children**

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

None indicated

## **Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:**

- 2NRTIs + NVP (in this case the dose of NVP should be 200mg/m<sup>2</sup> and no Lead-in dose)
- Or Triple NRTIs (ABC/AZT/3TC)

Revert to standard first-line upon completion of TB treatment.

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

Yes

### **Children 3-12 years old**

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

None indicated

## **Criteria for Starting: ARV 1st Line Regimen:**

2 NRTIs + EFV

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

Yes

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