



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

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

---

## Mozambique

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:

Guidelines on Antiretroviral Treatment and Opportunistic Infections in Adults, Adolescents, Pregnant Women, and Children

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

All HIV infected persons (including adolescents and pregnant women) in whom active TB has been excluded are eligible for INH prophylaxis (5mg/kg/day, max. 300mg/day) during 6 months.

### Contra-indications include:

- Any form of active TB
- Acute or chronic liver disease
- Patient with severe acute disease
- Peripheral neuropathy
- Alcoholism
- Poor adherence
- INH intolerance

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

All patients with TB/HIV co-infection are eligible for ART. The following regimens are indicated:

- TDF/AZT/ABC + 3TC + EFV, or
- TDF/AZT/ABC + 3TC + LPV/r;
  - In association with Rifampicin, use Lopinavir 200mg/ritonavir 50mg 3 comp 12/12h + Ritonavir 100 mg 1 comp 12/12h.
  - If renal insufficiency:
    - Use AZT instead of TDF

- If renal insufficiency with severe anemia (Hb < 8 g/dl):
  - Use ABC instead of TDF
  - Initiate ATT first.
  - Provide vit. B6 (pyridoxine) 50mg/day for prevention of INH associated peripheral neuropathy

**Patients who develop TB while on ART:**

- Continue ART.
- If regimen contains NVP, substitute for EFV or LPV/r

**ARV 2nd Line Regimen:**

No specifics indicated

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

Yes

**Children**

**Year Issued:**

2014

**Reference:**

Guidelines on Antiretroviral Treatment and Opportunistic Infections in Adults, Adolescents, Pregnant Women, and Children

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

All HIV infected children >12 months old in whom active TB has been excluded are eligible for INH prophylaxis (10mg/kg/day, max. 300mg/day) during 6 months.

All HIV infected children <12 months old in whom active TB has been excluded and who have contact with a patient with active TB are eligible for INH prophylaxis during 6 months.

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

Initiate ATT first; initiate ART when the patient tolerates ATT (during the first 8 weeks of ATT)

**≥ 3 years old and ≥ 10kg:**

- AZT/D4T + 3TC + EFV

**≥5 years old:**

- TDF + 3TC + EFV

**Patients who develop TB while on ART:**

- Do not interrupt ART
- If necessary, change ART regimen (avoid NVP and LPV/r) and use regimens mentioned above.

**If child is on AZT/D4T+3TC+LPV/RTV:**

- Change to AZT/D4T+3TC+ABC

## **ARV 2nd Line Regimen:**

No specifics indicated

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

Yes

---

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