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Namibia

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.

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Adults

Year Issued:

2014

Reference:

National Guidelines for Antiretroviral Therapy Fourth Edition

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

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

HIV-positive persons who are close contacts of patients with infectious TB should receive IPT even if they have completed a previous course of IPT.

TB -IPT regimen:

- Isoniazid is given daily for a period of 9 months at a dosage of 300mg/per day.
- Pyridoxine 25 mg daily is administered with the isoniazid

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

To be eligible for TB -IPT the HIV-positive individual must:

- Have no symptoms or signs of TB - such as cough, fever, weight loss, night sweats, fatigue, blood in sputum, chest pain, diarrhoea, shortness of breath, enlarged lymph nodes, loss of appetite
- No current history of alcohol misuse
- Have no history of active liver disease, liver insufficiency, or jaundice

- Have no history of hypersensitivity to isoniazid
- Have no history of exfoliative dermatitis
- Be motivated for TB-IPT after being educated about the benefits, possible side-effects and risks

TB-IPT regimen:

- Isoniazid is given daily for a period of 9 months at a dosage of 300mg/per day.
- Pyridoxine 25 mg daily is administered with the isoniazid

Criteria for Starting: ARV 1st Line Regimen:

All HIV infected individuals with active TB should start ART regardless of CD4 count. If active TB is confirmed, TB treatment is started first before initiation of ART.

Preferred 1st line ART regimen:

- TDF + FTC (or 3TC) + EFV

For patients on rifampicin, alternatives to efavirenz are:

- A lopinavir based regimen super boosted with ritonavir:
 - TDF or AZT + 3TC with LPV/r 400mg+ RTV 400 mg BD (LPV/RT V)*
 - * This regimen is more potent than a triple NRTI regimen, and therefore is preferred if the patient can tolerate it.
- Triple nucleoside regimens:
 - TDF + FTC (or 3TC) + AZT

Triple nucleoside combinations are short term and the patient should be switched to a standard regimen two weeks after completing Rifampicin-based TB treatment.

ARV 2nd Line Regimen:

If a patient is already on 2nd line ART, discuss management with HIV specialist.

Pregnant Women

Year Issued:

2014

Reference:

National Guidelines for Antiretroviral Therapy Fourth Edition

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

Yes

Criteria for Starting: ARV 1st Line Regimen:

All HIV infected individuals including pregnant and lactating women with active TB should start ART regardless of CD4 count. If active TB is confirmed, TB treatment is started first before initiation of ART.

The preferred ART regimen for HIV pregnant women with TB coinfection is:

- TDF+3TC+EFV

NVP should NOT be used.

If EFV is contraindicated, a triple NRTI regimen (e.g. AZT+3TC+TDF or AZT+3TC+ABC) can be used for the duration of the TB treatment. The option of giving 2 NRTIs with “super-boosted” Lopinavir (400 mg LPV + 400 mg RTV while on TB therapy is unlikely to be tolerated by pregnant women and therefore is not recommended.

Children

Year Issued:

2014

Reference:

National Guidelines for Antiretroviral Therapy Fourth Edition

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

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

HIV-positive children and adolescents in whom active TB has been excluded are eligible for TB-IPT, whether there has been a documented exposure to active TB or not. In addition, even if a child has already taken a course of TB-IPT and is subsequently (re-)exposed to a patient with infectious TB, another course of IPT should be given. Isoniazid dosage for children is 10 mg/ kg (range: 7-15 mg per kg; maximum 300mg) daily during nine months. Pyridoxine should be given along with isoniazid to prevent isoniazid associated neuropathy in children from 5 years of age.

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

HIV-positive children and adolescents in whom active TB has been excluded are eligible for TB-IPT, whether there has been a documented exposure to active TB or not. In addition, even if a child has already taken a course of TB-IPT and is subsequently (re-)exposed to a patient with infectious TB, another course of IPT should be given. Isoniazid dosage for children is 10 mg/ kg (range: 7-15 mg per kg; maximum 300mg) daily during nine months. Pyridoxine should be given along with isoniazid to prevent isoniazid associated neuropathy in children from 5 years of age.

Criteria for Starting: ARV 1st Line Regimen:

Children

All HIV infected children and adolescents with TB disease are eligible for ART and should be initiated on ART irrespective of CD4 count.

When to start ART in HIV/TB co-infected children and adolescents:

- ART should be started in any child or adolescent with active TB disease as soon as possible and within eight weeks of starting ATT irrespective of the CD4 count and clinical stage.

Such children with profound immunosuppression (e.g. CD4<50 cells/mm³) should receive ART immediately, within two weeks of initiating ATT as this carries a survival advantage in this group.

<3 years old or weight <10kg

If a child presents with TB and is not yet on ART, start ART with the following regimens:

- AZT + 3TC + ABC (until 2 weeks after TB treatment completed and then change to the standard ART regimen)

Preferred regimen once paediatric ritonavir solution is available:

- ABC + 3TC + super-boosted lopinavir/ritonavir (LPV/r + R)

If a child is on first line ART and is diagnosed with TB, make the following temporary changes to the ART regimen:

If <3 years or <10 kg and already on N VP or LPV/r:

- Change to AZT + 3TC + ABC

If on LPV/r, once paediatric ritonavir solution is available, give:

- ABC + 3TC + LPV/RTV (super-boosted lopinavir)

NB: two weeks after TB treatment is completed, change to the standard ART regimens

3 - 9 years old and weight 10kg to <35kg

If a child or adolescent presents with TB and is not yet on ART, start ART with the following regimens:

If the child has had NO previous PMTCT NVP exposure:

- ABC+ 3TC + EFV

If the child has had previous PMTCT NVP exposure:

- ABC + 3TC + super-boosted lopinavir/ritonavir (LPV/r + R) or
- ABC+3TC+AZT

NB: two weeks after TB treatment is completed, change to the standard ART regimens

If a child is on first line ART and is diagnosed with TB, make the following temporary changes to the ART regimen:

If ≥ 3 years old and ≥ 10 kg and already on NVP:

- Change NVP to EFV

3 - 9 years old and 10 kg to <35 kg and already on LPV/r:

- Add ritonavir to achieve super-boosted lopinavir/ritonavir (LPV/RTV) or if not possible, give AZT + 3TC + ABC

NB: two weeks after TB treatment is completed, change to the standard ART regimens

At least 10 years old and ≥ 35 kg

If a child or adolescent presents with TB and is not yet on ART, start ART with the following regimen:

≥ 35 kg and at least 10 years old:

- TDF + 3TC + EFV

If a child is on first line ART and is diagnosed with TB, make the following temporary changes to the ART regimen:

If $\geq 35\text{kg}$ and at least 10 years old and already on LPV/r:

- Add ritonavir to achieve super-boosted lopinavir/ ritonavir (LPV/RTV)
- or change to TDF + 3TC + AZT

NB: two weeks after TB treatment is completed, change to the standard ART regimens

ARV 2nd Line Regimen:

Children

If a child is on second line ART and is diagnosed with TB:

If already on 3 NRTIs + EFV:

- Leave unchanged

< 3 years old or weight <10kg

If a child is on second line ART and is diagnosed with TB:

If <3 years old or <10 kg:

- Consult an HIV specialist and consider discussing TB regimen change with CCRC (Clinical Case Review Committee)

3 - 9 years old and weight 10kg to <35kg

If a child is on second line ART and is diagnosed with TB:

If already on 3 NRTIs + EFV:

- Leave unchanged

If already on 3 NRTIs + NVP and ≥ 3 years old and ≥ 10 kg:

- Change NVP to EFV

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