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## Nigeria

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

### Year Issued:

2010

### Reference:

Recommendations for individuals with TB Disease and HIV Co-Infection/National Guidelines for HIV and AIDS Treatment and Care in Adolescents and Adults

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

Yes

At each visit during follow up for patients starting HAART

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

#### Exclude active TB:

- Ask the patient about Cough, Chest Pain, Fever and Night Sweats.
- Check for Lymph Node enlargement Those with above symptoms/signs should not be considered for IPT.
- Do sputum examination
- If smear positive refer/commence short course chemotherapy for TB (DOTS, preferably). Those with negative sputum results should be referred to medical officers for confirmation of diagnosis.
- If signs and symptoms absent, do chest X-ray

#### If no active TB confirmed commence IPT.

- Dosage of INH for IPT is 5mg/kg/day to a maximum of 300mg/day for 6 months.

- Dispense on monthly basis.

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

Recommendations for individuals with TB Disease and HIV Co-Infection:

### CD4 <350 /mm<sup>3</sup>

- Start TB treatment.
- Start ART as soon as TB treatment is tolerated (between 2 weeks and 8 weeks)

### CD4 ≥350/mm<sup>3</sup>

- Start TB treatment.
- Start ART as soon as TB treatment is tolerated after intensive phase.

### For dually infected persons on Rifampicin-containing regimen use:

- AZT or TDF + 3TC (or FTC) +EFV (800 mg daily, in patients who weigh <60kg, use 600mg)

### If patient already on ART:

- If on NVP: replace NVP with EFV
- If on PI: use rifabutin instead of rifampicin

### If initial indication for PI was temporary:

- Consider switching to EFV if patient requires rifampicin

### Alternate first lines:

- AZT+3TC+ABC
- AZT+3TC+TDF

## ARV 2nd Line Regimen:

### If rifabutin available:

Use regular 2nd line regimens as recommended for adults and adolescents:

- TDF + 3TC or FTC + ATV/r
- or LPV/r AZT + 3TC + ATV/r or LPV

### If rifabutin not available:

- Use regular 2nd line NRTI backbones as recommended for adults and adolescents plus LPV/r or SQV/r with superboosted dosing of RTV (LPV/r 400 mg/400 mg twice daily or LPV/r 800 mg/200 mg twice daily or SQV/r 400 mg/400 mg twice daily)

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

Yes

**Children**

## **Year Issued:**

2010

## **Reference:**

National Guidelines on Pediatric HIV and AIDS Treatment and Care

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

No

Basic care and support services for persons diagnosed HIV-positive: Tuberculosis screening and treatment when indicated

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

Among HIV-infected children: INH chemoprophylaxis should be started in children who have positive Mantoux test of >5mm result but normal chest radiographs and no other signs of extra-pulmonary TB. Where Mantoux testing is not available, prophylaxis should be considered for the following categories of children: -Household contacts of TB patients -Institutionalised children. 6 months course of isoniazid for children more than 12 months of age including those previously treated for TB, given at a dose of 10mg/kg/daily (not more than 300mg/day).

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

Among HIV-infected children: INH chemoprophylaxis should be started in children who have positive Mantoux test of >5mm result but normal chest radiographs and no other signs of extra-pulmonary TB. Where Mantoux testing is not available, prophylaxis should be considered for the following categories of children: -Household contacts of TB patients -Institutionalised children. 6 months course of isoniazid for children more than 12 months of age including those previously treated for TB, given at a dose of 10mg/kg/daily (not more than 300mg/day).

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

### **Children**

#### **Not yet on HAART (used as eligibility criteria)**

- Start ART within 2 to 8 weeks after commencing anti-TB treatment

### **Children < 2 years**

Not yet on HAART:

Children <2 years and prior exposure to NNRTI Triple NRTI

#### **1st line:**

- AZT + 3TC + ABC

### **Children 2-3 years**

Not yet on HAART:

- 2NRTIs + 1 NNRTI (AZT + 3TC + NVP),
- or Triple NRTI 1st line (AZT + 3TC + ABC)

### **Children < 3 years**

Already on HAART:

#### **On NVP based regimen:**

- Continue regimen but increase NVP to maximum dose tolerable (200mg/m2);
- or change to triple NRTI (AZT + 3TC + ABC)

#### **On LPV/r based regimen:**

- Continue regimen but increase dose of Ritonavir to make 1:1 (full therapeutic dose).

### **Children > 3 years**

Not yet on HAART:

- 2NRTIs + 1 NNRTI (preferred AZT + 3TC + EFV).

Following end of TB treatment child should be maintained on same ART regimen if well tolerated.

Already on HAART:

#### **If >3 years and on NVP- based regimen**

- Replace NVP with EFV

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

None indicated

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

Yes

## **Pregnant HIV Positive Women Who Present with Active Tuberculosis Year Issued:**

2010

## **Reference:**

PMTCT

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

Yes

Screen all HIV positive pregnant women with a cough of more than 2 weeks for active TB

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

Mother:

- Treat TB first if possible

- Delay ARV treatment until second trimester, if possible.

The following ART regimens are recommended in decreasing order of preference:

**If treatment is initiated in second trimester, use:**

- EFV + 2NRTIs
- AZT + 3TC + ABC
- Ritonavir-boosted PI\* + 2 NRTIs (change rifampin to low dose rifabutin)
- AZT + 3TC + TDF

NB: Avoid AZT if haemoglobin is  $\leq 8\text{g/dl}$  or PCV  $\leq 24\%$  \*SQV/r or LPV/r.

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

Yes

### **Infants**

### **Year Issued:**

2010

### **Reference:**

PMTCT

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

If the mother is diagnosed to have pulmonary TB and started treatment less than 2 months before delivery or diagnosed after child birth (open TB or still infectious):

Give INH 5 mg/kg orally once daily for 6 months (1 tablet = 200 mg) to the infant INH prophylaxis (5mg/kg/day) against TB should be given to infants of mothers with open tuberculosis if they opt to breastfeed their babies for 6 months.

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

Yes

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