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## Rwanda

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

### Year Issued:

2013

### Reference:

Treatment of TB-HIV Co-infection/National Guidelines for Prevention and Management of HIV, STIs & Other Blood Borne Infections

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

Yes

### 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:

#### Pre-ART Patient and CD4

- Start EFV-based first-line regimen (TDF (or ABC) + 3TC + EFV) 2 weeks after ATT initiation

#### Pre-ART Patient and CD4>50:

- Start EFV-based first-line regimen (TDF (or ABC) + 3TC + EFV) 8 weeks after ATT initiation

#### Patient already on ARV:

- If TDF/ABC/AZT + 3TC + EFV:No adjustment (EFV remains 600mg daily)

**If TDF/ABC/AZT + 3TC + NVP:**

- Substitute NVP with EFV if TDF/ABC/AZT + 3TC + LPV/r:
- Double dosing of LPV/r during antituberculosis therapy or substitute Rifampin with Rifabutin

**If TDF/ABC/AZT + 3TC + ATV/r:**

- Substitute ATV/r with double-dosing of LPV/r or substitute Rifampin with Rifabutin

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

None indicated

### **Children**

## **Year Issued:**

2013

## **Reference:**

Treatment of TB-HIV Co-infection/National Guidelines for Prevention and Management of HIV, STIs & Other Blood Borne Infections

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

Yes

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

Children living with HIV who are unlikely to have active TB on symptom-based screening and have known contact with a TB case should receive six months of IPT (10 mg/kg/day).

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

Children living with HIV who are unlikely to have active TB on symptom-based screening and have known contact with a TB case should receive six months of IPT (10 mg/kg/day).

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

### **Children < 3 years old**

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

ART should be started as soon as possible and within 8 weeks from ATT initiation.

If child already on ART:

### **If ABC/AZT+ 3TC +NVP:**

- Increase NVP by 30%\*
- Or switch to EFV if > 3.5kg

### **If ABC/AZT+3TC+LPV/r:**

- Replace Rifampicin by Rifabutin
- Or switch to EFV if > 3.5kg and VL suppression

Alternative: Substitute LPV/r with NVP for < 3.5 kg

### **Children > 3 years old**

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

ART should be started as soon as possible and within 8 weeks from ATT initiation.

#### **If child already on ART:**

##### **If on ABC/AZT+ 3TC +EFV:**

- No change

##### **If ABC/AZT+ 3TC +NVP:**

- Substitute NVP with EFV

##### **If ABC/AZT+3TC+LPV/r:**

- Substitute LPV/r with EFV (if no history of failure on NNRTI-based regimen), or Increase Ritonavir dose for 1:1 ration Lop/Rit

**Alternative:** ABC + 3TC + AZT (not a strong combination)

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