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South Sudan

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](#)
- [Children Younger than 3 years old](#)

Adults

Year Issued:

2014

Reference:

Tuberculosis and HIV/ Consolidated Clinical Guidelines on Use of Antiretroviral Drugs for HIV Treatment and Prevention

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

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

Routine use of IPT is not currently recommended in South Sudan mainly due to challenges in excluding active TB among PLHIV.

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

Routine use of IPT is not currently recommended in South Sudan mainly due to challenges in excluding active TB among PLHIV.

Criteria for Starting: ARV 1st Line Regimen:

TB diagnosed before starting ART:

- Start TB treatment (add pyridoxine to reduce risk of INH-induced peripheral neuropathy)
- Introduce ART within 2-8 weeks of initiating TB therapy: TDF + 3TC (or FTC) + EFV
- If patient cannot tolerate EFV due to toxicity, consider triple NRTI (ABC + 3TC+ AZT or TDF+ 3TC + AZT) under the supervision of a senior clinician. NB: Triple nucleoside ART should NEVER be used in

TB/HIV patients who have previously failed standard ART.

Adults and children diagnosed with TB while on first line ART:

- Continue ART throughout TB treatment
- For adults, and children 3 years and older, continue with the same regimen

ARV 2nd Line Regimen:

Adults and children diagnosed with TB while on second line ARV regimen:

- For adults, the lopinavir/ ritonavir dose should be doubled (from 2 tablets 12 hourly to 4 tablets 12 hourly) while the patient is on rifampicin-based TB treatment. Monitor ALT monthly. Reduce lopinavir/ ritonavir to standard dose 2 weeks after TB treatment is completed.

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

Yes

Year Issued:

2014

Reference:

Children or Adolescents 3 years or older

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

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

All HIV-infected infants and children exposed to TB through household contacts, but with no evidence of active disease, should begin Isoniazid preventive therapy (IPT).

Before giving the INH prophylaxis, confirm that the child has no ACTIVE TB disease. The recommended dose of Isoniazid (INH) for preventive therapy in HIV co-infection is 10 mg/kg/daily for 6 months (maximum 300 mg/day).

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

All HIV-infected infants and children exposed to TB through household contacts, but with no evidence of active disease, should begin Isoniazid preventive therapy (IPT).

Before giving the INH prophylaxis, confirm that the child has no ACTIVE TB disease. The recommended dose of Isoniazid (INH) for preventive therapy in HIV co-infection is 10 mg/kg/daily for 6 months (maximum 300 mg/day).

Criteria for Starting: ARV 1st Line Regimen:

Initiating ART while on TB treatment:

- AZT+3TC+EFV

Alternative:

- Triple NRTIs (AZT+3TC+ABC) or (TDF+3TC+AZT)

Adolescents and children diagnosed with TB while on first line ART:

- Continue ART throughout TB treatment
- For adolescents and children 3 years and older, continue with the same regimen

Initiating TB treatment while on ART:

If child on first line (two NRTIs +EFV or NVP):

If the child is receiving EFV, continue the same regimen:

- ABC + 3TC + EFV(preferred)
- or give AZT + 3TC + EFV

If the child is receiving NVP:

- Substitute with EFV

ARV 2nd Line Regimen:**Initiating TB treatment while on ART Child on second line:**

- Substitute EFV for LPV/r, or Use Triple NRTIs (AZT+3TC+ABC),
- or Continue LPV/r; consider adding RTV to achieve full therapeutic dose (Increase RTV until it reaches the same dose as LPV in mg , in a ratio of 1:1.

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

Yes

Children Younger than 3 years old**Year Issued:**

2014

Reference:

Tuberculosis and HIV/ Consolidated Clinical Guidelines on Use of Antiretroviral Drugs for HIV Treatment and Prevention

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

Yes

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

Use of IPT is recommended for children of breast feeding mothers with active TB. All HIV-infected infants and children exposed to TB through household contacts, but with no evidence of active disease, should begin Isoniazid preventive therapy (IPT). Before giving the INH prophylaxis, confirm that the child has no ACTIVE TB disease.

The recommended dose of Isoniazid (INH) for preventive therapy in HIV co-infection is:

- 10 mg/kg/daily for 6 months (maximum 300 mg/day).

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

Use of IPT is recommended for children of breast feeding mothers with active TB. All HIV-infected infants and children exposed to TB through household contacts, but with no evidence of active disease, should begin Isoniazid preventive therapy (IPT). Before giving the INH prophylaxis, confirm that the child has no ACTIVE TB disease.

The recommended dose of Isoniazid (INH) for preventive therapy in HIV co-infection is:

- 10 mg/kg/daily for 6 months (maximum 300 mg/day).

Criteria for Starting: ARV 1st Line Regimen:

Initiating ART while on TB treatment:

- AZT+3TC+NVP
 - Ensuring NVP dose is 200mg/m²

Diagnosed with TB while on first line ART:

- For children under 3 years maximize dose of NVP to 200mg/m²
- or give a triple NRTI regimen (AZT/3TC/ABC)

Initiating TB treatment while on ART:

Child on first line:

- Standard NNRTI-based regimen (two NRTIs +EFV or NVP)

Child on preferred 1st line ABC+3TC + NVP OR AZT+3TC+NVP

- Continue NVP, ensuring dose is 200mg/m² OR give Triple NRTIs (AZT+3TC+ABC preferred)

ARV 2nd Line Regimen:

Initiating TB treatment while on ART

Child on second line:

- Substitute NVP for LPV/r ensuring dose is 200mg/m², or Use Triple NRTIs (AZT+3TC+ABC),
- or Continue LPV/r; consider adding RTV to achieve full therapeutic dose (Increase RTV until it reaches the same dose as LPV in mg, in a ratio of 1:1 (super-boosted LPV/r)

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

Yes