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Swaziland

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 & Pregnant Women](#)
- [Children](#)

Adults & Pregnant Women

Year Issued:

2015

Reference:

HIV/TB Co-infections/PMTCT

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

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

IPT should be offered to all household contacts who are HIV-positive or are children under 5, and do not have symptoms

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

All PLHIV who DO NOT have active TB (screened negative using the TB symptom screening tool) qualify for IPT for 6 months

Isoniazid is taken once daily for 6 months. Pyridoxine 1-2 mg/kg daily (25-100mg for adults) with each dose of isoniazid is recommended to reduce the risk of peripheral neuropathy.

Criteria for Starting: ARV 1st Line Regimen:

People Diagnosed with TB and HIV at the Same Time:

- Initiate TB treatment as a first priority (see TB guidelines), then initiate ART (in all TB patients, regardless of CD4 count) when TB treatment is tolerated - preferably within 2 weeks of starting TB treatment

- TDF (Tenofovir) + 3TC (Lamivudine) + EFV (Efavirenz)

People Who Develop TB While on ART:

- Continue ART with changes to the regimen as necessary and move patient to TB clinic from ART clinic for duration of TB treatment.
- Client should return to ART clinic after finishing TB treatment.

HIV-positive pregnant women with TB co-infection:

- Should begin TB treatment as soon as possible and keep a routine follow up schedule.

ARV 2nd Line Regimen:

None indicated

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

Yes

Children

Year Issued:

2015

Reference:

HIV/TB Co-infections/ Swaziland Integrated HIV Management Guidelines

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

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

IPT should be offered to all household contacts who are HIV-positive or are children under 5, and do not have symptoms

All HIV-positive children in whom active TB has been ruled out:

- Children ≤ 12 months should be given IPT with history of TB contact
- Children > 12 months should be given IPT routinely

HIV-exposed infants who live with someone with active TB are at risk of TB infection:

- Investigate for TB and if TB is excluded, give IPT for six months at a dose of 10mg/kg.
 - Pyridoxine (1-2mg/kg) should be given to prevent side effects of the Isoniazid (INH).

Children receiving IPT should be monitored closely for the development of active TB

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

IPT should be offered to all household contacts who are HIV-positive or are children under 5, and do not have symptoms

All HIV-positive children in whom active TB has been ruled out:

- Children ≤ 12 months should be given IPT with history of TB contact
- Children > 12 months should be given IPT routinely

HIV-exposed infants who live with someone with active TB are at risk of TB infection:

- Investigate for TB and if TB is excluded, give IPT for six months at a dose of 10mg/kg.
 - Pyridoxine (1-2mg/kg) should be given to prevent side effects of the Isoniazid (INH).

Children receiving IPT should be monitored closely for the development of active TB

Criteria for Starting: ARV 1st Line Regimen:

All HIV-infected children diagnosed with TB should be started on ART generally between two and eight weeks of starting anti-TB treatment

TB Co-infection:

<3 years Or < 10kg:

- ABC +3TC +NVP
- Or AZT +3TC + NVP
- Or ABC + 3TC + AZT

TB Co-infection:

>3 years And >10kg:

- ABC + 3TC + EFV
- Or AZT/d4T +3TC +NVP
- Or ABC + 3TC + AZT
- Or AZT/d4T +3TC +EFV

Children on NVP or EFV based regimen before initiating TB treatment:

- Continue NVP-or EFV-based regimen

ARV 2nd Line Regimen:

Child is on second-line therapy before initiating TB treatment:

If current regimen contains LPV/r:

- Continue with 1:1 ritonavir-boosting

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

Yes