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Botswana

The following provides a summary of specific guidelines from the country's national TB guidance strategy. Use the jump links in yellow to access details on case definitions, diagnostic methods, standard protocols, and DOTS recommendations. 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:

2007

TB Screening Frequency for PLHIV:

Not indicated

Screening Recommendations during TB Treatment:

Category I: New sputum-positive PTB:

- At the end of 2 months of treatment (2 smears)
- At 5-6 months (2 smears)

Category II: Previously treated sputum-smear positive PTB:

- At the end of 3 months of treatment (2 smears)
- At the end of 8 months (2 smears)

Once a patient has completed or cured Category I or Category II treatment, there is no need for formalized follow-up unless the attending clinician feels further review(s) are necessary.

Category IV (MDR) patients, should receive bi-annual examinations for at least one year following treatment completion or cure.

Case definition:

The diagnosis of TB means that a patient has symptomatic disease due to *M. tuberculosis*. The disease site may be either pulmonary, extrapulmonary or both.

Pulmonary TB (PTB): Any TB disease that involves the lung parenchyma. Therefore, disease that involves only the intrathoracic lymph nodes or pleural effusion is not considered pulmonary TB.

Extrapulmonary TB (EPTB): Any TB disease involving organs other than the lung parenchyma (such as

pleura, pericardium, kidneys, lymph nodes, bones or meninges)

Note: A patient having both pulmonary and extrapulmonary disease is classified as a case of pulmonary TB.

Smear-positive cases: Any patient with at least one positive smear result (irrespective of quantity of AFBs seen on microscopy)

Smear-negative cases: Any pulmonary TB case that does not meet the definition of being smear-positive. This includes:

1. Patients with three negative smear results and radiological findings and doctor's decision
2. Patients with negative smear results and a positive culture result for *M. tuberculosis*
3. Patients who are unable to produce sputum and with highly suspicious radiological and clinical findings and doctor's decision to treat for TB

EPTB patients include:

1. Patients with extrapulmonary histological and/or laboratory and clinical evidence and a
2. Patients with one culture positive or positive AFB smear from the extrapulmonary site to treat for TB clinical findings and doctor's decision to treat for TB doctor's decision to treat for TB

Diagnostic methods:

Sputum smear microscopy

Mycobacterial culture

TB Drug Susceptibility Testing (DST)

Radiography

Standard TB Treatment Protocols:

All new adult cases of TB regardless of site, bacteriology or severity of disease, and severe TB in children:
Initial phase (daily): 2HRZE /continuation phase (daily): 4HR

Previously treated cases of TB

- Retreatment after relapse
- Retreatment after default
- Retreatment after treatment failure

Initial phase (daily): 2 HRZES/1 HRZE

Continuation phase (daily): 5 HRE

DOTS Recommendations:

For new adult cases of TB

The "DOTS" Strategy:

Botswana adopted the WHO-recommended "DOTS" strategy in 1993 and reports 100% geographical "DOTS" coverage.

The strategy remains at the heart of TB control strategy; its five components are:

- Political commitment with increased and sustained financing
- Case detection through quality-assured bacteriology
- Standardized treatment, with supervision and patient support
- Uninterrupted supply of quality-assured drugs
- Monitoring and evaluation system and impact measurement

Children

Year Issued:

2007

TB Screening Frequency for PLHIV:

Not indicated

Case definition:

The case definition of TB in children is determined as in adults, i.e., by the site of disease, result of any bacteriological tests, severity of TB disease, and history of previous anti-TB treatment.

The presence of three or more of the following should strongly suggest a diagnosis of TB:

1. Chronic symptoms suggestive of TB
2. Physical signs highly of suggestive of TB
3. A positive tuberculin skin test
4. Chest X-ray suggestive of TB

Diagnostic methods:

Recommended approach to diagnose TB in children:

1. Careful history (including history of TB contact and symptoms consistent with TB)
2. Clinical examination (including growth assessment)
3. Tuberculin skin testing
4. Bacteriological confirmation whenever possible
5. Investigations relevant for suspected pulmonary TB and suspected extrapulmonary TB
6. HIV testing

Standard TB Treatment Protocols:

Severe TB in children:

Initial phase (daily): 2HRZE

Continuation phase (daily): 4HR

Less severe cases of TB in children:

Initial phase (daily): 2HRZ

Continuation phase (daily): 4HR

Pregnant and Breastfeeding Women

Year Issued:

2007

TB Screening Frequency for PLHIV:

Not indicated

Standard TB Treatment Protocols:

Ask every woman of childbearing age whether she is pregnant before commencing anti-TB treatment. Most anti-TB drugs are safe in pregnancy but do not give streptomycin because it is ototoxic to the fetus. The successful outcome of pregnancy greatly depends on the successful completion of TB treatment. All first-line anti-TB drugs are safe for use in breastfeeding women as their concentration in breast milk is relative low.

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