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Cameroon

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:

2014

TB Screening Frequency for PLHIV:

Actively screen for TB using a clinical algorithm prior to prescription of ARVs and at each visit

Screen for TB in all suspected cases

Screening Recommendations during TB Treatment:

Assure HIV testing and counseling free of charge for all patients with active TB and those suspected of TB

Case definition:

TB is suspected in patients presenting with the following:

Clinical symptoms (cough, weight loss, fever, night sweats)

CXR indicative of TB

Diagnosis is confirmed by TB positive sample detected through direct microscopy, culture, or molecular biology of sputum, bronchial liquid aspiration, serous fluid, or organ biopsy

Diagnostic methods:

Culture

Direct Microscopy

Standard TB Treatment Protocols:

Treatment of new **ATB cases** is done in 2 phases (an initial intensive phase of 2-3 months, followed by a continuation phase of 4 or 5 months):

Standard regimen for previously treated patients (retreatment regimen with first line medicines)

2 months of RHEZ

4 months of RH

Case of retreatment (8 months of treatment in 2 phases):

2 months of RHEZS

1 months of RHEZ

5 months of RHE

Surveillance is done throughout treatment (by sputum collection) at the end of the 2nd and 6th months for new cases; at the end of the 3rd, 5th, and 8th month for retreatment

DOTS Recommendations:

Guidance not provided

Children > 12 Months

Year Issued:

2014

TB Screening Frequency for PLHIV:

Actively screen for TB using a clinical algorithm prior to prescription of ARVs and at each visit

Screen for TB in all suspected cases

All HIV infected children shall receive a chest X-ray as part of the initial assessment at HIV diagnosis

Screening Recommendations during TB Treatment:

Assure HIV testing and counseling free of charge for all patients with active TB and those suspected of TB

Case definition:

TB is suspected among children in contact with a person with sputum-positive pulmonary TB who present with insufficient weight gain or are underweight according to growth charts, have cough, fever or weight loss.

Diagnostic methods:

Culture

Direct Microscopy

Standard TB Treatment Protocols:

Not specified

DOTS Recommendations:

Guidance not provided

Children < 12 Months

Year Issued:

2014

TB Screening Frequency for PLHIV:

Actively screen for TB using a clinical algorithm prior to prescription of ARVs and at each visit

Screen for TB in all suspected cases

All HIV infected children shall receive a chest X-ray as part of the initial assessment at HIV diagnosis

Screening Recommendations during TB Treatment:

Assure HIV testing and counseling free of charge for all patients with active TB and those suspected of TB

Case definition:

TB is suspected among children in contact with a person with sputum-positive pulmonary TB who present with insufficient weight gain or are underweight according to growth charts, have cough, fever or weight loss.

Diagnostic methods:

Clinical symptoms

DOTS Recommendations:

Guidance not provided

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