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## Ghana

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.

**Patient Population** [Download summary page as PDF](#) [E-mail this page](#)

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### Adults

### Children

## Year Issued:

2012

## TB Screening Frequency for PLHIV:

All HIV-infected children need to be screened for TB disease.

## Screening Recommendations during TB Treatment:

Follow-up by the clinician

- HIV-uninfected: monthly during intensive phase and 2-monthly on continuation phase
- HIV-infected: review at 2 weeks and 4 weeks following commencement of anti-TB treatment and then monthly thereafter

CXR is not required in follow up if the child is responding well to anti-TB treatment"

## Case definition:

Scoring system for suspected TB in children:

- Duration of illness (weeks)
- Weight for age z score (WAZ)
- Family history of TB
- TST test (Mantoux test)
- Malnutrition
- Unexplained fever/night sweat
- Clinical findings

\*\*Adapted from Osborne Scoring system. A score of 7 or more indicates a high risk of Tuberculosis

## **Diagnostic methods:**

- Two sputum smears for acid fast bacilli (AFB) microscopy, mycobacterial culture
- Gastric aspirate or induced sputum (usually performed in children unable to provide sputum by cough)
- Chest X-ray
- Tuberculin skin test (TST)
- Interferon Gamma Release Assay (IGRA)
- GeneXpert (recommended for use in tertiary institutions or reference laboratories)

## **Standard TB Treatment Protocols:**

Recommended treatment for all children with TB regardless of immune status: 2HRZE/4HR\*\*\*

\*\*\* The physician may extend the duration of treatment in HIV infected children depending on the clinical response.

Pyridoxine is recommended for all children on TB treatment, especially in severely malnourished, HIV-infected and children with peripheral neuropathy (Dose: 25 mg daily)

Breastfeeding infants and children should continue to breastfeed while receiving anti-TB treatment

## **Alternatives:**

### **Retreatment:**

3HRZE +2S/10HRE\*\*\*

\*\*\* The physician may extend the duration of treatment in HIV infected children depending on the clinical response."

## **DOTS Recommendations:**

A caregiver should be identified as the DOT provider for all ages including older children

## **Pregnant Women**

### **Year Issued:**

2012

### **TB Screening Frequency for PLHIV:**

All pregnant women with HIV should be screened for symptoms of TB and in the same way pregnant women with suspected TB should be tested for HIV.

## **Standard TB Treatment Protocols:**

Treatment of TB in pregnant women is similar to that for non-pregnant women.

## **Newborn of a mother with TB**

### **Year Issued:**

2012

### **Screening Recommendations during TB Treatment:**

At the end of 6 months, if the infant remains asymptomatic, treatment with INH is stopped and a TST is performed. BCG is given after 2 weeks if the TST remains negative and the baby is HIV-uninfected.

If the mother is non-infectious, the infant should be screened for TB. If there is no evidence of TB infection, then the infant should be regularly followed up to ensure that TB disease does not develop.

## **Case definition:**

Symptoms of TB in the neonate are usually nonspecific and include lethargy, poor feeding, low birth weight and poor weight gain

## **Diagnostic methods:**

CXR and specimens from the appropriate sites should be collected to confirm the diagnosis of TB in the neonate.

## **Standard TB Treatment Protocols:**

At the end of 6 months, if the infant remains asymptomatic, treatment with INH is stopped and a TST is performed. BCG is given after 2 weeks if the TST remains negative and the baby is HIV-uninfected.

If the mother is non-infectious, the infant should be screened for TB. If there is no evidence of TB infection, then the infant should be regularly followed up to ensure that TB disease does not develop.

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