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Haiti

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** **Suggest Updates**

- Adults
- Adolescents
- Children
- Pregnant Women (As pertains to preventing TB in newborns)

Adults

Year Issued:

2010 & 2013

TB Screening Frequency for PLHIV:

All HIV positive patients should have a PPD test at first clinical exam and yearly

Screening Recommendations during TB Treatment:

From *Guide of Standards for the National Program to Fight Against TB* (2010):

- For TPM+ patients: Sputum culture conducted at months 0,2,5,6 of treatment (collected first thing in the AM).
- For patients that still test TB positive at month 5, a sensitivity test to INH and rifampicin should be conducted.
- For TPM- patients: Sputum culture is done at end of month 2 only for symptomatic patients. If it comes back TPM+, they are followed up according to TPM+ guidelines.
- For patients being retreated:Sputum collection is done at months 3, 5, and 8.
- For patients that still test TB positive at month 5, a sensitivity test to INH and rifampicin should be conducted.
- HIV/TB coinfected patients: All pulmonary TB patients are to receive sensitivity testing for INH and rifampicin.

From *Clinical Care and Therapeutic Standards Guide for Adults and Adolescents Living with HIV/AIDS* (2013):

TB-HIV coinfected patients should have a complete examination every visit to look for OI's, associated pathologies, or reactions to medications. Sputum culture should be conducted at months 0, 2, 5, and 6 of treatment.

Case definition:

From *Guide of Standards for the National Program to Fight Against TB* (2010):

Positive culture is considered the only definitive diagnosis.

Sputum smear positive PTB:

- 2 positive sputum samples, or
- 1 positive sputum sample and X-ray changes typical of PTB, or
- 1 positive sputum sample and culture positive for M. tuberculosis

Sputum smear negative PTB:

- At least 3 negative sputum samples, and
- X-ray changes compatible with active PTB, and
- No response to antibiotic treatment, and
- A doctor's decision to provide complete TB treatment

From *Clinical Care and Therapeutic Standards Guide for Adults and Adolescents Living with HIV/AIDS* (2013):

Active TB is diagnosed through bacilloscopy (3 smears, although in HIV positive patients, one positive smear is sufficient for diagnosis in the presence of clinical symptoms).

Diagnostic methods:

- Direct microscopy (bacilloscopy)
- Sputum culture
- CXR

From *Clinical Care and Therapeutic Standards Guide for Adults and Adolescents Living with HIV/AIDS* (2013):

Note: A rapid sensitivity test for INH and rifampicin is done for all TB/HIV coinfected patients.

Standard TB Treatment Protocols:

For new cases of TB (TPM+, TPM-, TEP): 2 months of RHEZ, followed by 4 months of RH

For cases of retreatment or treatment failure: 2 months of SRHEZ/ 1 RHEZ, followed by 5 months of RH

Adolescents

Year Issued:

2010 & 2013

TB Screening Frequency for PLHIV:

All HIV positive patients should have a PPD test at first clinical exam and yearly

Screening Recommendations during TB Treatment:

From *Guide of Standards for the National Program to Fight Against TB* (2010):

- For TPM+ patients: Sputum culture conducted at months 0,2,5,6 of treatment (collected first thing in

the AM).
- For patients that still test TB positive at month 5, a sensitivity test to INH and rifampicin should be conducted.
- For TPM- patients: Sputum culture is done at end of month 2 only for symptomatic patients. If it comes back TPM+, they are followed up according to TPM+ guidelines.
- For patients being retreated:Sputum collection is done at months 3, 5, and 8.
- For patients that still test TB positive at month 5, a sensitivity test to INH and rifampicin should be conducted.
- HIV/TB coinfected patients: All pulmonary TB patients are to receive sensitivity testing for INH and rifampicin.

From *Clinical Care and Therapeutic Standards Guide for Adults and Adolescents Living with HIV/AIDS* (2013):

TB-HIV coinfected patients should have a complete examination every visit to look for OI's, associated pathologies, or reactions to medications. Sputum culture should be conducted at months 0, 2, 5, and 6 of treatment.

Case definition:

From *Guide of Standards for the National Program to Fight Against TB* (2010):

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Sputum smear negative PTB:

- At least 3 negative sputum samples, and
- X-ray changes compatible with active PTB, and
- No response to antibiotic treatment, and
- A doctor's decision to provide complete TB treatment

From *Clinical Care and Therapeutic Standards Guide for Adults and Adolescents Living with HIV/AIDS* (2013):

Active TB is diagnosed through bacilloscopy (3 smears, although in HIV positive patients, one positive smear is sufficient for diagnosis in the presence of clinical symptoms).

From *National Directives for the Care and Treatment of Newborns, Children, and Adolescents Exposed to HIV or Carriers of the Virus* (2013):

Definitive diagnostic criteria for PTB in HIV infected children <15 years old: One or more positive sputum sample and/or CXR changes typical for TB and/or culture positive.

Diagnostic methods:

- Direct microscopy (bacilloscopy)
- Sputum culture
- Positive sputum culture (per National Directives guidance, 2013)

- CXR

From *Clinical Care and Therapeutic Standards Guide for Adults and Adolescents Living with HIV/AIDS* (2013):

Note: A rapid sensitivity test for INH and rifampicin is done for all TB/HIV coinfected patients.

Standard TB Treatment Protocols:

For new cases of TB (TPM+, TPM-, TEP): 2 months of RHEZ, followed by 4 months of RH

For cases of retreatment or treatment failure: 2 months of SRHEZ/ 1 RHEZ, followed by 5 months of RH

Children

Year Issued:

2010 & 2013

TB Screening Frequency for PLHIV:

All HIV positive patients should have a PPD test at first clinical exam and yearly.

Per *National Directives for the Care and Treatment of Newborns, Children, and Adolescents Exposed to HIV or Carriers of the Virus* (2013): Children are screened for TB in the initial clinical visit.

Screening Recommendations during TB Treatment:

From *Guide of Standards for the National Program to Fight Against TB* (2010):

- For TPM+ patients: Sputum culture conducted at months 0,2,5,6 of treatment (collected first thing in the AM).
- For patients that still test TB positive at month 5, a sensitivity test to INH and rifampicin should be conducted.
- For TPM- patients: Sputum culture is done at end of month 2 only for symptomatic patients. If it comes back TPM+, they are followed up according to TPM+ guidelines.
- For patients being retreated:Sputum collection is done at months 3, 5, and 8.
- For patients that still test TB positive at month 5, a sensitivity test to INH and rifampicin should be conducted.
- HIV/TB coinfected patients: All pulmonary TB patients are to receive sensitivity testing for INH and rifampicin.

Case definition:

From *Guide of Standards for the National Program to Fight Against TB* (2010):

Positive culture is considered the only definitive diagnosis.

Sputum smear positive PTB:

- 2 positive sputum samples, or
- 1 positive sputum sample and X-ray changes typical of PTB, or
- 1 positive sputum sample and culture positive for M. tuberculosis

Sputum smear negative PTB:

- At least 3 negative sputum samples, and

- X-ray changes compatible with active PTB, and
- No response to antibiotic treatment, and
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From *National Directives for the Care and Treatment of Newborns, Children, and Adolescents Exposed to HIV or Carriers of the Virus* (2013):

Definitive diagnostic criteria for PTB in HIV infected children <15 years old: One or more positive sputum sample and/or CXR changes typical for TB and/or culture positive.

Diagnostic methods:

- Direct microscopy (bacilloscopy)
- Sputum culture
- Positive sputum culture (per National Directives guidance, 2013)
- CXR

Standard TB Treatment Protocols:

For new cases of TB (TPM+, TPM-, TEP): 2 months of RHEZ, followed by 4 months of RH

For cases of retreatment or treatment failure: 2 months of SRHEZ/ 1 RHEZ, followed by 5 months of RH

Pregnant Women (As pertains to preventing TB in newborns)

Year Issued:

2013

TB Screening Frequency for PLHIV:

Children are screened for TB in the initial clinical visit

Screening Recommendations during TB Treatment:

Definitive diagnostic criteria for PTB in HIV infected children <15 years old: One or more positive sputum sample and/or CXR changes typical for TB and/or culture positive.

Case definition:

For pregnant women dx with active TB: HIV+ pregnant women with TB receive the standard TB treatment intensive phase (2RHZE) followed by ART 2-8 weeks later.

Source URL: https://aidsfree.usaid.gov/resources/guidance-data/tb/haiti