Uganda

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

- Children
- Pregnant and Breastfeeding Women

Children

Year Issued:

2010

TB Screening Frequency for PLHIV:

Intensified TB case-finding comprises:
Screening for symptoms and signs of TB suspects in settings where HIV-infected people are concentrated or in congregate settings (e.g., prisons, police, military barracks, Internally Displaced Persons camps, outpatient departments, HIV clinics, inpatient wards, schools).

Screening Recommendations during TB Treatment:

Health workers providing TB treatment to children should assess progress: at 2 weeks after start of treatment at the end of the initial phase of treatment and monthly thereafter until treatment completion.

The child should be assessed for symptoms, treatment adherence, adverse events and weight change. Medication dosage should be adjusted for any weight gain.

For sputum smear-positive children, sputum should be examined at these points:

- end of 2 months
- 5 months
- during the last month of treatment

Chest X-rays are not routinely required for treatment follow-up in children as many children have slow radiological response to treatment, especially those with hilar and mediastinal adenopathy. A child not responding to anti-TB treatment in the first 2 months should be referred for further assessment and management. These children may have drug-resistant TB, unusual complications of pulmonary TB, other causes of lung disease or problems of treatment adherence.

Diagnostic methods:

A good history, a thorough physical examination and a high index of suspicion are vital aids to diagnosis.TB diagnosis in children is based on a combination of clinical features, history of exposure to

adult patients with TB, the result of a tuberculin (Mantoux) test and radiological findings.

Procedure for diagnosis of TB in children: Pulmonary secretions (sputum, gastric washout or induced sputum)

The recommended test is the Mantoux test. Consider TST positive as shown below:

5 mm or more is positive if the person is:

- HIV positive
- A recent contact of TB case
- Severe malnutrition
- Children in other immunosuppressive states
- Recent measles or whooping cough

10 mm or more is positive in all children except the above listed category.

Standard TB Treatment Protocols:

TB treatment category 1:

- New smear-positive pulmonary TB
- Severe forms of extrapulmonary TB
- Severe concomitant HIV disease
- New smear-negative pulmonary TB with extensive parenchymal disease

Initial:
2HRZE

Continuation:
4HR

TB treatment category 2:

- Previously treated smear-positive pulmonary TB

Initial:
2HRZES/1HRZE

Continuation phase:
5HRE

TB treatment category 3:

- New smear-negative pulmonary TB (other than in category 1)
- Less severe forms of extrapulmonary TB

Initial:
2HRZ

Continuation:
4HR

TB treatment category 4:

- Chronic and MD- TB Specially designed standardized regimens or individualized regimens

Pregnant and Breastfeeding Women

Year Issued:

2010

Standard TB Treatment Protocols:

Streptomycin should be avoided, because it is ototoxic to the foetus especially in the first trimester. The NTLP-recommended regimens of 2RHZE/6EH and 2RHZE/4RH are safe for use in pregnancy. A breastfeeding woman who has TB should be treated with a full course of a standard regimen recommended by the NTLP. The concern here is to find out if the child already has TB disease or is just a contact likely to be infected by the mother. Concentrations of anti-TB drugs in breast milk are too low to prevent or treat TB in infants. The child should therefore be investigated for TB disease and, if found to have TB disease, must be given full course of anti-TB treatment. If the child does not have TB disease, give isoniazid preventive therapy (10 mg/kg body weight) for 6 months.
