# South African National TB Guidelines - Adults

#### WHO STARTS TB TREATMENT?

- Patients who have bacteriological confirmation of TB: GeneXpert, AFB smear or TB culture
- Patients with clinical signs and symptoms suggestive of TB (coughing, weight loss, night sweats and/or fever) and radiological evidence with/without bacteriological confirmation

# STANDARD TREATMENT OF NEW AND PREVIOUSLY TREATED TB FOR

ADULIS AND CHILDREN > 8 YEARS AND > 30 KG							
Pre-treatment body weight	Intensive Phase (daily for 2 months)	Continuation Phase (daily for 4 months)					
	RHZE (150/75/400/275)	RH (150/75)	RH (300/150)				
30-37 kg	2 tabs	2 tabs					
38-54 kg	3 tabs	3 tabs					
55-70 kg	4 tabs		2 tabs				
>70 kg	5 tabs		2 tabs				
R-rifamnicin H- isonia	zid Z-nyrazinamide E-ethamb	utol					

R-rifampicin, H- isoniazid, Z-pyrazinamide, E-ethambutol

#### **TREATMENT OF EXTRA-PULMONARY TB**

#### • Six months treatment

- In severe forms of TB or complicated disease (meningitis, TB bones/joints, miliary TB), treatment may be extended to 9 months (2 months intensive phase (RHZE), 7 months continuation phase(RH))
- Steroids are recommended in TB meningitis and TB pericarditis high dose steroid treatment with prednisone 1-2mg/kg daily for 4 weeks and then taper off gradually over 2 weeks

#### **ADJUNCTIVE TREATMENT**

- Pyridoxine 25 mg daily for all adult patients started on TB treatment to prevent peripheral neuropathy, may be increased to 50-75 mg (maximum of 200 mg) if no response
- Co-trimoxazole 960mg daily for HIV-infected clients

### TREATMENT OF TB IN HIV CO-INFECTED PATIENTS

- Patients already on ART:
- Continue ART throughout TB treatment
- EFV-based regimens are generally preferred to NVP-based regimens in adolescents and adults with active TB on 1<sup>st</sup> line ART regimens
- Patients on LPV/r and rifampicin concomitantly should have their LPV/r dose doubled slowly over two weeks (to 800/200 mg twice a day). Monitor ALT while increasing the dose at weekly intervals, and then monthly while on double dose. Continue double dose LPV/r until 2 weeks after rifampicin has been stopped
- If the patient is on an ATV/r containing regimen, then rifampicin should be replaced with rifabutin 150mg daily
- Patients on third line ARVs should be discussed with an expert or the HIV hotline for management of drug interactions

#### Patients not yet on ART:

- Patients who present with TB with a CD4 > 50 cells/µl, with no other serious HIV conditions (e.g. Kaposi's sarcoma or HIV encephalopathy) should start ART 2-8 weeks after starting TB treatment. If CD4 < 50, start ART within 2 weeks
- If patient is diagnosed with TB Meningitis, defer ART for 8 weeks after starting TB treatment
- If patients need to start ARV therapy and are on rifampicin, and efavirenz is contraindicated, (e.g. psychosis or previous adverse reaction to efavirenz) start nevirapine (see HIV guidelines for contra-indications to nevirapine), but do not use lead-in dose

#### **BASELINE EVALUATION OF TB PATIENTS**

Weight

Alcohol use screening

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#### All patients:

- Microscopy (AFB)
- Iviici Oscopy (AFB)
  - Body Mass Index Urine glucose and ketones
- Add the following tests if the patient meets the criteria:
- Pregnancy test (women of child-bearing age, presenting with a history of amenorrhoea and not on contraception)
- HIV status (if unknown or not tested in the past year)
- Blood glucose (symptomatic patients)
- Liver function tests (history of liver disease, excessive alcohol use)

Height

• Chest X-ray (concomitant lung disease or history of working in the mines)

#### NEED HELP?

Contact the TOLL-FREE National HIV & TB Health Care Worker Hotline 0800 212 506 / 021 4066782

Alternatively send an SMS or "Please Call Me" to 071 840 1572 www.mic.uct.ac.za

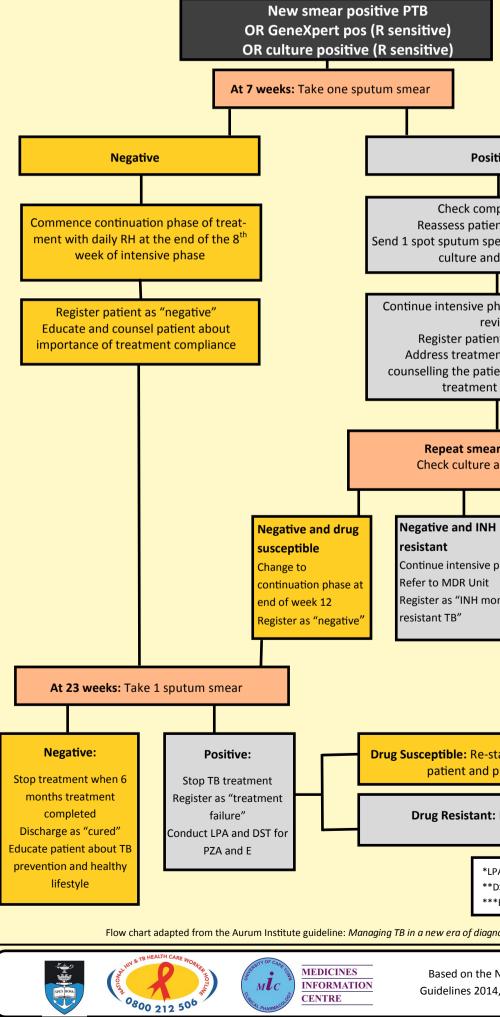
# MONITORING OF PATIENTS ON TB TREAT

Follow-up visits: 2 weeks after start of TB treatment, then

#### At every visit

- TB symptoms (Refer to doctor if symptoms worsen)
- Weight (Adjust dosing accordingly. If patient is losing weight, refer to doctor)
- Trace contacts and screen for TB disease. Also assess eligibility for Isoniazid Preve years and HIV-infected individuals
- Discuss family planning methods
- Assess adherence by conducting pill counts, and review patient treatment cards
  Assess side-effects
- Test for HIV status if unknown
- Manage co-morbidities including HIV
- Follow-up on test results (Smear microscopy, culture, line probe assay (LPA) or di if done)

## BACTERIOLOGICAL MONITORING OF PATIENTS ON



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IT	MAN	AGEME	NT OF COM	IMON ADVERSE D	RUG REACTIONS	IO IB DRUGS				
thly	Side effects		Drug (s)	Management						
			responsible							
	Anorexia, nausea, ab	dominal	Rifampicin		iver injury/hepatitis and	other causes of gastrointesti				
	pain			intolerance e.g. alcoho	ol, non-steroidal anti-infla	ammatory drugs (NSAIDs),				
Therapy in children < 5				gastro-oesophageal re	flux, pancreatitis					
inclupy in children vo				Take rifampicin just be	fore or after a meal or w	vith a light snack or at bedtim				
	Joint pains		Pyrazinamide	Continue TB drugs						
				Treat symptomatically	with NSAIDs					
				Colchicine – for acute	gout					
	Peripheral neuropath	ıy	Isoniazid	Pyridoxine 50-75 mg d	aily, can increase to 200	mg daily in HIV positive patie				
	Orange/red		Rifampicin	Reassure the patient						
sceptibility testing (DST),	coloured urine		Rhampien	Reassure the patient						
			Diferenciain		f the club weeks					
	Skin itching, rash		Rifampicin,	Depends on severity o		cal involvement or systemic				
REATMENT			isoniazid,		-	sal involvement or systemic				
			pyrazinamide	involvement - give		atalat count. If platalat count				
						atelet count. If platelet count				
				low normal range, s		ucosal involvement, hepatitis				
				-		h resolves-should be done in				
				hospital by an expe	-					
	Jaundice/hepatotoxic	city	Rifampicin,	Do liver function tests						
	,	-	isoniazid,	Exclude other causes						
			pyrazinamide	Stop and rechallenge	B drugs in hospital					
	Visual impairment/lo	SS	Ethambutol	Stop ethambutol imm						
				Do not rechallenge						
				Refer to eye specialist						
ally for LPA*, or	Thrombocytopenia/p	ourpura	Rifampicin	Stop rifampicin and re	fer					
		-	REATMEN	OF TB IN SPECIA	CIRCUMSTANCE	FS				
1 month and										
1 month and	Co-morbidity	Management								
						<ul> <li>Chronic liver disease</li> <li>Baseline liver function tests (LFTs)</li> <li>If normal, no further LFT monitoring is required. TB treatment should be started</li> </ul>				
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