

Adult Primary Care (APC) 2026

Summary of changes



The following tables detail the content changes made to Adult Primary Care (APC) 2026.

Removal of clinical content relating to COVID-19

Page name
Screen all patients for COVID-19 and TB page
All references to COVID-19 vaccination in other pages

New pages

Page name	Page	Details
Acknowledgements	4	Acknowledging the National Department of Health oversight, Essential Drugs Programme and NDoH Programme representatives as well as external review subject experts.
Palpitations	26	- Common presenting symptom at PHC level. - Guides on how to identify the unstable patient needing urgent attention and also manage non-urgent causes.
Poisoning	27	- How to assess and manage patients with suspected poisoning and overdose. - Content from decreased consciousness and self-harm pages expanded.
Malaria	39	- Malaria content previously on the fever page moved to a dedicated malaria page, to identify and manage patients with suspected/confirmed malaria. - Expanded on symptoms suggestive of malaria. - Highlighted the importance of the patient with severe malaria reaching the referral hospital within 6 hours of diagnosis. - Artesunate route of administration changed to IM only. - Quinine removed as an alternative option for severe malaria if artesunate not available. - Added referral of non-urgent patients at risk of developing severe malaria. - Simplified the dosing of artemether/lumefantrine 80/480mg dosing to specific hours: 0, 8, 20, 32, 44 and 56 hours (total of 6 doses) - Symptomatic treatment added for nausea and vomiting and pain/fever. - Added link to the NICD: South African malaria risk map 2024.
Mpox	40	- Approach to the diagnosis and management of mpox aligned to the National Guidelines for the Clinical Recognition, Diagnosis and Management of Mpox in South Africa, 2025. - Includes urgent referral criteria, differential diagnosis, general advice for the patient with suspected mpox and notification.
Advanced HIV Disease	125	Clinical management of PLHIV with CD4<200 or WHO clinical stages 3 and 4
Chronic Kidney Disease	155	- Management of the known patient with eGFR<60. - Integrated with routine follow-up of other cardiometabolic conditions.

Page name	Page	Details
Overweight/ Obesity	156-157	• Diagnosis and management of the patient with overweight/obesity with BMI$\geq$25 and CVD risk indicated by increased waist circumference and waist-hip ratio. • Provides guidance on how to approach and encourage the patient to adopt behavioural changes and weight reduction strategies. • Acknowledges barriers of communication, stigma and socio-economic factors.
Planning a pregnancy	173	• Approach to the patient planning a pregnancy • When to suspect and refer for infertility.
Manage the patient requesting a termination of pregnancy (TOP)	176	• Provided eligibility and referral pathways based on gestational age. • Includes dosing of mifepristone 200mg oral and misoprostol 800mcg sublingual for medical or surgical TOP. • Analgesia added for management of pain. • Also includes follow up and referral of patient with complications after TOP.
Cancer screening and early detection	194	• Focus on the 5 priority cancers listed in the National Strategic Plan for the Prevention and Control of Non-communicable disease 2022-2027: breast, cervical, prostate, colorectal and lung cancer. • Lists patients at risk, eligibility for routine screening, early signs and symptoms and referral pathways for early diagnosis.

Changes that have been integrated throughout guide

Change	Details
Paracetamol dosing	Amended: 500-1 000mg 6-8 hourly for up to 5 days (maximum 4g/24 hours).
Chronic pain diagnosis	Pain experienced for more than 3 months (previously > 4 weeks)
Prevention of non-communicable disease- lifestyle advise	Advice on physical activity, diet, smoking, weight, alcohol/drug misuse, stress-integrated into all the long-term condition pages and relevant symptom pages
BMI	Criteria for CVD risk and overweight updated from > 25 to $\geq$ 25.
Waist circumference	Updated from more than 80cm (woman) or 94cm (man) to: $\geq$ 80cm (woman) or $\geq$ 94cm (man)
Statins	• Updated: If known CVD, give rosuvastatin 10mg daily. If patient develops muscle pain/cramps, reduce dose to 5mg daily. If no improvement and not on LPVr/ATVr/DRVr switch to simvastatin 10mg at night or discuss with specialist. Avoid if pregnant or breast feeding. • If no CVD: If CVD risk>20%, diabetes>10 years, diabetes with eGFR<60, type 2 diabetes and >40 years old: give simvastatin 10mg at night. • If HIV positive and on LPVr/ATVr switch to dolutegravir. If unable to switch to dolutegravir, switch to/continue ATVr. If on ATVr/DRVr, avoid simvastatin, give atorvastatin 10mg at night instead.
Definition/criteria for Shock	• Symptoms of shock added: Shock likely if BP < 80, pulse $\geq$ 100, respiratory rate > 30, confusion/restlessness, weakness. • Applicable to hypovolaemic, cardiogenic, septic and anaphylactic shock.

Changes to individual pages

Page name	Page	Details
Preface	3	Added link to Knowledge Hub web page for access to the “Health for All” tool. Email address for APC related queries updated.
Overview of 2026 updates	5	- Updated the list of National Department of Health policies and clinical protocols that was used for this update. - Included an important notice regarding patient referrals and continuity of care.
How to use APC	6	Page layout updated.
Glossary	7	Minor editorial changes.
Contents: Symptoms	8	Minor editorial changes.
Content: Long-term health Conditions	9	Minor editorial changes.
Prescribe rationally	10	- Criteria for enrolment onto CCMD aligned to the NDoH SOP. - QR code added to access SyNCH which allows the health care worker to generate a digital 6-month repeat prescription. - Old paper prescription example removed. - Added the option for home delivery if available, and that the patient can nominate up to two people to collect medication on their behalf.
Initial assessment of the patient	11	Assessments aligned with antenatal, hypertension and diabetes visits.
Address the patient’s general health	12	- Amended CVD risk criteria: BMI from > 25 to ≥ 25 and waist circumference from > 80 cm (woman) or 94 cm (man) to ≥ 80cm (woman) or ≥ 94cm (man) to align with section 3.3 Obesity and 4.1 Prevention of Ischaemic heart disease in the STG/EML. - Amended frequency of routine HIV testing for high-risk groups (eg key populations) to 6-monthly and annually for low-risk groups. - Added link to new cancer screening and early detection page. - Included specific long-term conditions, cancer and healthcare worker in eligibility for influenza vaccine - Added: severe egg allergy is not a contraindication to Influenza vaccine. - Added malaria prevention methods as well as prophylaxis.
Observation post vaccination	14	Updated how to report Adverse Events Following Immunisation (AEFI) and included a QR code for Medsafety App.
Collapse following vaccination	15	Updated how to report Adverse Events Following Immunisation (AEFI) and included a QR code for Medsafety App.
The emergency patient	16	- Oxygen flow rate added for resuscitation of the gasping/not breathing patient: give 1 breath with bag valve mask attached to 100% oxygen at 10-15 L/min every 6 seconds. - Added recommendation to give oxygen to maintain saturation ≥ 94%. - Amended site for needle thoracostomy in tension pneumothorax: Insert large bore cannula above the 6th rib, anterior axillary line. This aligns with algorithm published by the Resuscitation Council of South Africa.
Cardiopulmonary resuscitation	17	- Removed amiodarone bolus in management for ventricular fibrillation (VF) and pulseless ventricular tachycardia (pVT). - Amended-When to stop CPR: If no pulse after 20 minutes continuous CPR - If ongoing VF/pVT, hypothermia and drowning, snake bite or overdose/poisoning, continue CPR and discuss/transfer urgently. - If none of above or asystole or incurable/terminal underlying disease, consider stopping CPR in consultation with doctor. - This decision should take into consideration the potential risk that CPR poses to the rescuer e.g. infectious diseases.

Page name	Page	Details
Decreased consciousness	18	- Management of hypoglycaemia updated: - Thiamine dose updated to 200mg IM - Maintenance fluids updated to include 10% dextrose - Management of hyperglycaemia updated: - Added to discuss fluid volumes with doctor in patients with kidney or heart disease. - Added additional fluid boluses if shocked. - Added caution to short-acting insulin (if known diabetes) if serum electrolytes cannot be monitored. - Management of malaria updated: - Quinine removed and additional dose of artesunate 12 hours after first dose added if referral delayed. - Added: patient to reach referral hospital within 6 hours. - Moved the management of opioid, organophosphate and other stimulants overdose to new "Poisoning/Overdose" page.
Assess and manage glucose	19	- Hypo- and hyperglycaemia management in the known diabetic added (previously on separate page) - For management of hypoglycaemia, thiamine dose amended to 200mg IM and dextrose 10% included in maintenance fluids - For management of hyperglycaemia, caution added to short-acting insulin if serum electrolytes cannot be monitored. - Waist circumference added to criteria for screening for diabetes. 2-hour plasma glucose after 75g oral glucose tolerance test added as a test to assess for diabetes.
Seizures	20	- Benzodiazepines and levetiracetam are doctor prescribed only. - Removed phenytoin as second line treatment: give crushed levetiracetam via nasogastric tube instead. - Updated: for telephonic script: the doctor must provide a written, signed prescription within 72 hours. - For patient that is not fitting now, added pain management for suspected meningitis and ceftriaxone route amended to IM only. - Patient with malaria must arrive at hospital within 6 hours. - Removed: quinine for suspected malaria.
Wheeze	22	- Added criteria for new classification of wheeze- mild/moderate, severe, life-threatening - Inclusion of Peak expiratory flow rate as measure of severity and response to treatment - Dosage of inhaled salbutamol 100mcg MDI adjusted to 400-1000 mcg (4-10 puffs) using spacer. - Added treatment for life threatening episode: 2mL salbutamol 0.5% solution and 2mL ipratropium bromide solution
Cough or difficulty breathing	23	Added: If severe pneumonia (2 or more of: confusion or decreased level of consciousness, BP < 90/60, RR ≥ 30 or age > 65 years old): give ceftriaxone 1g IV/IM and refer.
Chest pain	24	- Management of acute coronary syndrome moved from IHD page and included in chest pain algorithm. - Oxygen supplementation criteria changed from < 94% to < 90% - Sequence of medication to give amended as follows: aspirin, isosorbide dinitrate, morphine, streptokinase. - Morphine dose amended: give morphine 5mg slow IV. If needed, give another 1mg/minute until pain improved, up to 10mg. - Included assessment of obesity as part of GORD management. - Treatment of dyspepsia/GORD changed to omeprazole.
Anaphylaxis	28	- Added to use prescribed adrenaline auto-injector as an alternative, if patient has one available. - Fluid management updated to give 1-2 L boluses until BP >90/60.

Page name	Page	Details
Bites and stings	29	- Added shock as one of the urgent with definition. - Approach the patient not needing urgent attention now in algorithmic form. Updated as follows: - Prescriber level of rabies vaccine updated to doctor initiated and rabies immunoglobulin updated to doctor prescribed. - Criteria for rabies immunoglobulin no also includes: if < 7 days since first rabies vaccine. - Hand bites added as criteria for referral. - Management of infected wounds now referred to skin symptom page with cellulitis management.
The injured patient	30	- Dose adjustment- for fracture with severe pain give morphine 5-10mg IM or 3-5mg slow IV. - Amended: if head injury with seizures to manage as on seizure page - benzodiazepine followed by levetiracetam via nasogastric tube if ongoing seizures. (IV Phenytoin removed) - Added: if infected wound, give cefalexin 500mg 6 hourly or flucloxacillin 500mg 6 hourly for 5 days.
Burns	31	- Management flow revised. - Added: Assess and manage airway, breathing and circulation. Doctor to assess for intubation if needed. - Added shock as one of the urgent criteria and included fluid management for shock in addition to replacement fluid (sodium chloride 0.9% 1L IV rapidly, repeat until systolic BP > 90). - Chlorhexidine 0.05% added as alternative to clean burn wounds.
Sexual Assault and/or Rape Traumatized/abused patient	32-33	Content aligned to legislation and expanded, separated into 2 pages: - Sexual assault and/or rape - The traumatized/abused patient
Self-harm or suicide	34	Overdose/harmful substances removed and added link to Poisoning page.
Aggressive/disruptive patient	35	- Haloperidol removed, olanzapine added for management of aggressive/disruptive behaviour. - Dose and route of thiamine use in alcohol withdrawal amended to 200mg IM.
Abnormal thoughts or behaviour	36	- Dose and route of thiamine use in alcohol withdrawal amended to 200mg IM.
Weight loss	37	Added link to cancer screening page.
Fever	38	Added link to new malaria page.
Lumps/swelling in neck, axilla or groin	42	- Hydradenitis suppurativa added as differential diagnosis. - Management of bubo removed, added link to genital ulcer syndrome page. - Cytology on FNA removed, added refer for further testing. - Mpox added as differential diagnosis, added link to mpox page. - Amended: send lymph node aspirate for TB NAAT.
Weakness or tiredness	43	- Added link to cancer screening page. - Minor editorial changes.
Pallor and anaemia	44	Removed malaria content, added link to new malaria page.
Collapse/falls	45	Minor editorial changes.
Dizziness	46	Minor editorial changes.
Headache	47	- For the urgent management of likely meningitis: - Route of administration of ceftriaxone changed to IM only. - Analgesia prior to referral added. - Malaria removed, added link to new malaria page.

Page name	Page	Details
Eye/vision problems	48	• Identification and management of gonococcal conjunctivitis added to the urgent box. • Dosage of oxymetazoline drops adjusted to 1 drop. • For allergic conjunctivitis: anti-allergy eye drops changed from olopatadine 0.1% to sodium cromoglycate 2%; referral criteria adjusted to include those wearing contact lenses. • For eye irrigation, use sterile water instead of tap water. • For the management of chemical burn: irrigation of the eye changed from 20 minutes to at least 30 minutes; volume of fluid for irrigation added; pH testing of the eye added. • Updated clinical criteria for diagnosing viral conjunctivitis. • For foreign body in the eye, prophylactic antibiotic ointment added. • For poor vision, the recommendation to test for HIV was removed.
Face symptoms	49	• For Bell's palsy, referral for physiotherapy added. • For urgent management of facial cellulitis, IM/IV ceftriaxone removed. If there is a delay in transfer, to discuss with doctor.
Ear/hearing symptoms	50	• No changes
Nose symptoms	51	• Diphtheria added as a differential diagnosis. • Layout for diagnosis of acute viral infection and common cold adjusted.
Mouth symptoms	52	• Dedicated page for mouth symptoms with images added to aid diagnosis.
Throat symptoms	53	• Dedicated page for throat symptoms with images added to aid diagnosis. • Added diphtheria: image criteria for diagnosis, management. • Criteria to distinguish bacterial and viral pharyngitis/tonsillitis updated • Amoxicillin added as a therapeutic alternative to treat bacterial pharyngitis/tonsillitis
Gum/teeth symptoms	54	• No changes
Breast symptoms	55	• Algorithm adjusted and a red box added for breast abscess. • Identification of early signs for breast cancer with appropriate referral timelines and pathways. • Mastalgia included in diagnostic algorithm. • Recommendation to heat-treat milk during mastitis in women living with HIV removed to align with National Consolidated Guidelines for the Prevention and Management of HIV in Adults, Adolescents, Children, Infants and Pregnant & Breastfeeding Women 2026.
Abdominal pain	56	• Criteria for peritonitis adjusted. • Dose and route of morphine in red box amended to 5-10mg IM. • Treatment of lower abdominal pain syndrome in red box added: give ceftriaxone 1g IM and metronidazole 400mg orally. • Behavioural change advise for dyspepsia expanded. • Choice of PPI for the treatment of dyspepsia changed to omeprazole.
Nausea/vomiting	57	• Dose and route of morphine in red box amended to 5-10mg IM. • Behavioural change advise for dyspepsia expanded. • Choice of PPI for the treatment of dyspepsia changed to omeprazole. • Weight-based maximum dose of loperamide added as footnote.
Diarrhoea	58	• Weight-based maximum dose of loperamide added as footnote • Added: history of prolonged constipation followed by watery diarrhoea suggests diagnosis of overflow diarrhoea- link to Constipation page.
Cholera	59	• Added: all cases of suspected cholera to be discussed with doctor. • Clarified route of administration and type of fluid to give for fluid replacement. • Layout change to highlight urgent management of severe and some dehydration.

Page name	Page	Details
Constipation	60	- Added behavioural change advice, bowel cancer symptoms and link to cancer screening page. - Amended: patients with faecal impaction should be referred. - Amended: Dose and frequency of lactulose and sennosides A and B.
Anal symptoms	61	- Added analgesia in red box. - Descriptions and management of pinworm added. - Amended referral criteria for worms to include larva migrans - Images added to help aid diagnosis.
Genital symptoms	62-65 and 68	- General genital symptoms: - Emphasized dual contraception - Domestic violence history and social worker referral added - Abnormal vaginal discharge - Urgent box moved to top of page, ibuprofen added, referral qualified as gynaecological or surgical - Genital symptoms in a man - Torsion and priapism: refer urgently for surgical opinion - Scrotal swelling: single dose azithromycin only, plus rest and scrotal elevation - Balanitis: refer glycosuria - Bronchospasm added to severe penicillin allergy footnote - Urethral discharge wording: minor editorial changes - Genital ulcer syndrome: - For herpes, give aciclovir only if HIV positive or unknown - Benzyl penicillin removed from combined syndrome treatment. - Pregnancy removed as a standalone indication for acyclovir. - Bubo: exclude femoral aneurysm and hernia before aspirating - Other genital symptoms: - Pubic lice: whole body application, household contacts treated, re-examination at one week, new referral criteria - Scabies: minor editorial changes, plus HIV and STI testing - Genital warts: added full management, including HIV testing, speculum examination and ano-rectal referral. - Molluscum: added transmission may be non-sexual.
Syphilis testing Syphilis treatment	66-67	"Positive syphilis result" page split into 2 pages. - Added decision support for deciding whether to do a rapid test or not, and which laboratory test is indicated based on previous test results. - Added latent, early and late latent syphilis in place of early and late syphilis. - Repeat RPR at 3 months after sexual assault, test type specified - Titre thresholds moved to $\leq 1:8$ and $> 1:8$ - Testing triggers corrected: genital warts removed, ulcers/sores and pregnancy added - New footnotes added to define early and latent syphilis - All pregnant women now get 3 weekly doses of BPG regardless of stage - Staging retained only to set duration of amoxicillin and probenecid if BPG unavailable
Urinary symptoms	69	- Added: for kidney disease likely, furosemide 80mg may be given orally. - Amended: Urgent management of kidney stones- give morphine 5-10mg IM or diluted morphine 3-5mg IV bolus. For IV: dilute 10mg morphine with 9mL of sodium chloride 0.9%. If needed, give remaining diluted morphine IV 1mL/min boluses. Repeat morphine after 4 hours if needed. Stop if BP<90/60. - Added: If pregnant with urinary symptoms, manage as complicated UTI. - Removed: treatment for prostatitis is no longer based on age.
Cervical screening	70-71	- Updated with HPV DNA test-based cervical screening indications and algorithm to guide management and referral according to results. - Includes illustration of how to do a VIA.

Page name	Page	Details
Menstrual symptoms	72	Minor editorial changes
Abnormal vaginal bleeding	73	- Recommendation to exclude pregnancy added - In management of breakthrough bleeding, cyproterone/ethinylestradiol 2mg/0.035mg removed.
Body/general pain	75	- Added mpox, tick bite fever and malaria to differential diagnosis. - Pain management amended to include paracetamol and ibuprofen.
Chronic pain	76	- Chronic pain definition updated: pain that lasts longer than 3 months. - Assessment of pain severity updated to include a linear scale and link to the Abbey scale for patients that are cognitively impaired or non-verbal (https://www.mdcalc.com/calc/3627/abbey-pain-scale-dementia-patients). - Updated to limit alcohol intake as follows: Limit alcohol intake to ≤ 2 drinks/day if man and ≤ 1 drinks/day if woman.
Joint symptoms	77	- Added: if known gout, involvement of big toe, foot, ankle, and no fever, wound, surgery or injection into joint acute gout likely- manage on gout page. - Added: If septic arthritis, injury/fracture, suspected secondary gout (haematological malignancy) or known gout with chronic kidney disease, refer.
Back pain	78	- Dose of tramadol for mechanical back pain adjusted to 50-100mg 6 hourly for up to 5 days. - Added in red box for management of complicated pyelonephritis: give sodium chloride 0.9% 1L IV 6 hourly, and ceftriaxone 1g IV/IM. - Added in red box for management of severe back pain – give morphine 5-10mg IM or 3-10mg slow IV prior to referral. - Mpox added: If unexplained rash or lesion/s of skin/genitals/anus/rectum/mouth/eyes and ≥ 1 of: headache/backache/body pain, swollen lymph nodes, temperature $> 38.5^{\circ}\text{C}$, fatigue, consider mpox.
Neck pain	79	- Definition of chronic pain changed to ≥ 3 months. - The management of neck pain in high-risk groups amended to refer to doctor instead of specialist.
Arm or hand symptoms	79	Added analgesia and referral to occupational therapist for carpal tunnel syndrome.
Leg symptoms	80	- Management of muscle cramps if patient is on a simvastatin amended to include all types of statins. - Definition of chronic pain changed to ≥ 3 months.
Foot symptoms	81	- Removed paracetamol as a treatment option for peripheral neuropathy. - Dosage of pyridoxine for peripheral neuropathy adjusted.
Skin symptoms	82	- Added symptoms for serious drug reaction: unwell, malaise, fatigue, body pain, difficulty breathing. - Route of administration for ceftriaxone for suspected meningitis amended- give 2g IM (IV route removed). - Dose amended: Ceftriaxone for prophylaxis of meningococcal meningitis in children <6 years of age: give 125mg IM. - Added mpox added in differential diagnosis of unexplained skin rash.
Painful skin	83	- Added hidradenitis suppurativa in differential diagnosis of recurrent boils or abscesses. - Added swollen tender lymph nodes as criteria to give antibiotic for boil/abscess likely.
Generalised itchy rash	84	Updated the management of itch associated with eczema and urticaria - Start with chlorphenamine for the acute management of itch and cetirizine if no improvement, daytime itch or chronic use.

Page name	Page	Details
Localised itchy rash	85	- Added: discuss/refer all patients with psoriasis with specialist. - While awaiting appointment: - Test for HIV. - Apply liquor picis carbonis (LPC) BP 5% ointment once a day or - Apply betamethasone 0.1% ointment twice a day. Once improving, apply instead hydrocortisone 1% twice a day, then reduce to once a day. Stop as soon as better. - Encourage some sun exposure.
Itch with no rash	86	Added: if pruritis severe and persistent, give cetirizine 10mg daily.
Generalised non-itchy rash	87	Added recommendation to consider Mpox.
Drug rash	88	- Added symptoms for serious drug reaction: unwell, malaise, fatigue, body pain, difficulty breathing. - Added eosinophil count to the investigation for drug rash not needing urgent attention
Skin lump/s	89	- Footnote added to avoid tincture of iodine BP if previous allergic reaction to iodine - Description of molluscum contagiosum adjusted to include 'does not involve palms/soles'. - The management of epidermoid cyst amended to separate instructions if it is fluctuant or infected. - For acne, added to ask about medication, as isoniazid could be a cause. - The management of blackheads was amended to update the frequency of tretinoin, as well as when to avoid using it. - Referral for acne not responding to treatment amended from 6 months to 3 months.
Skin ulcer/s	90-92	- Urgent management of skin ulcer amended to critical limb ischaemia instead of acute limb ischaemia. - Definition of chronic pain amended to 3 months. - Indications for when to give palliative care amended. - Cleaning and irrigation of wound: clean tap water changed to sterile water. - Added: If wound has offensive smell, use activated charcoal dressing, if available.
Crusts or flaky skin	93	- Criteria for antibiotics with impetigo amended. - Amended recommendations for psoriasis (see Localised itchy rash above).
Changes in skin colour	94	- Removed daily dosing of selenium sulphide application for tinea versicolor, retained weekly dosing for 3 weeks. - Changed "titanium dioxide" changed to "sunscreen". - For vitiligo, the recommendation to avoid excessive sun exposure adjusted to include some sun exposure which is beneficial.
Scalp symptoms	95	Minor edits made.
Hair loss	96	Minor edits made.
Nail symptoms	97	Recognition and management of ingrown toenail added
Low mood, stress or anxiety	98	- Added: Refer to social worker, occupational therapist, counsellor or psychiatric nurse/psychologist. - Encourage supportive family member/friend to attend follow up visits.
Difficulty sleeping	99	- Added: If restless legs, refer to doctor for further assessment. - Added: If enlarged tonsils, stops breathing/chokes/gasps while sleeping, refer.

Page name	Page	Details
Assess and manage TB infection	100-101	- Updated eligibility criteria for TPT. - Definition of “close TB contact” includes exposure in last 12 months. - Added; If peripheral neuropathy, active liver disease, known alcohol use disorder or previous MDR or XDR TB, discuss with TB expert. - Added: If patient stable and enrolled in repeat prescription collection (RPC) programme/ multi-month dispensing (MMD), issue TPT together with other chronic medications. - Amended: TPT in pregnancy: - If HIV positive with CD4 $\leq$ 200 and starting ART, give 12H. - If HIV positive with CD4 $>$ 200 and starting ART or close contact (HIV pos on ART or HIV negative) defer TPT until after delivery. - Added: Isoniazid and Rifapentine (3HP) fixed dose combination
TB diagnosis	102-104	- Updated criteria for targeted TB testing regardless of symptoms - Added re-engages in care if interrupted ART $>$ 90 days - Amended abnormal TB screening chest Xray criteria to specify digital CXR + computer aided detection (CAD). - Added close TB contact with updated definition. - Updated the signs and symptoms in the urgent block and TB NAAT algorithms to align with “Basic TB training manual 2024”, including for diagnosis of INH-resistant TB at baseline. - CXR review updated to include illustrations and split into 3 groups: CXR suggestive of TB, CXR abnormalities not suggestive of TB, CXR normal. - Under TB culture and DST results, added mycobacterium other than tuberculosis (MOTT) and non-tuberculous mycobacterium (NTM).
How to collect a good TB sputum specimen for TB testing	105	Minor editorial changes.
DS-TB and INH-resistant TB routine care	106-110	- Depression assessment changed to mental health assessment with assessment of stress, anxiety or low mood. - Palliative care assessment aligned to SPICT. - HIV testing indication amended: If unknown status, at any visit if recent exposure. - New treatment algorithm for DS-TB. - Added: Replace rifampicin with rifabutin if on ATVr/DRVr/ not tolerating increased dose LPVr, with monthly monitoring of FBC/diff. - Added option for facility based multi-month dispensing (MMD) for stable HIV co-infected patients with TB that do not qualify for repeat prescription collection (RPC). - Amended: if on increased dose lopinavir/ritonavir, review clinically and do ALT only when symptomatic, instead of routine monthly ALT. - If 7-Week smear positive: removed advice to extend intensive phase until sputum culture and DST results available. Switch to continuation phase and follow up result. 11-week smear removed. - Added: management of 23-week smear positive. - For patient that interrupts TB treatment $\geq$ 2 months, added symptom screen and clinical assessment INH-resistant TB routine care - Updated frequency of TB smear and culture from monthly to at month 2 and 6. - Updated culture conversion definition: two consecutive negative cultures on separate occasions at least 7 days apart.

Page name	Page	Details
RR-TB routine care	111-118	- Sputum LPA replaced with DR-TB reflex testing - Added: baseline HbA1c (for diabetics), anti-HCV and bilirubin test. - Added targeted next-generation sequencing (tNGS) - Added new 6-month BPAL-L regimen BDQ/LZD/DLM/CFZ-L regimen for pregnant women, with eligibility, monitoring, routine follow-up and how to assess treatment outcomes. - Includes switch to daily dosing for BDQ and guidance for managing missed doses/ treatment interruption. - Treatment outcome algorithm updated
Prevent HIV: pre-exposure prophylaxis (PrEP)	119-121	New guidance on Lenacapavir for PrEP. Includes: Eligibility, baseline testing and monitoring including eGFR and HBsAg testing, dosing and frequency, management of missed doses, how to safely stop Lenacapavir.
Exposed to infectious fluid: post-exposure prophylaxis (PEP)	122-123	- Minor editorial changes. - Added recommendation; Do ELISA at 6 weeks and 4 months
HIV: diagnosis	124	- Added: If pregnant use dual HIV and syphilis rapid diagnostic test. - Added: If ELISA inconclusive, advise patient to repeat rapid HIV tests in 2 weeks. - Advise when to retest: If sexually active: 12 monthly. If adolescent, sex worker or man who has sex with men: 6 monthly. Offer HIV self-screening test if available.
HIV routine care section	126-133	- Red box added for results that require urgent action. - Added tenofovir alafenamide (TAF) for use in patients with renal impairment and HBsAg positive - Added dolutegravir side effect: Rise in creatinine < 30mmol/L <i>without</i> renal failure when starting. - Added guidance on lipid-lowering medications for patients using PI regimens: If total cholesterol or triglycerides raised, switch to DTG. If still raised after 3 months start simvastatin 10mg at night. If unable to switch to DTG, switch to ATVR and start atorvastatin 10mg at night. - Added guidance on TPT in pregnancy: If CD4 ≤ 200 start TPT. If CD4 > 200, defer TPT until after delivery. - Inclusion of 6 monthly facility-based dispensing (6MMD)
HIV: unsuppressed viral load	134	Algorithm adjusted, addition of special considerations and updated criteria for drug resistance testing
Chronic Hepatitis B	135	- Revised for asymptomatic groups of patients who are routinely tested for HBsAg: newly diagnosed HIV pos, initiating PrEP, close HBsAg positive contact and antenatal care- will be linked to other pages. - Added: If HIV pos, inclusion of TDF or TAF in ART regimen according to eGFR, refer if eGFR<30 - Removed: follow-up testing of HBsAb level after 3 doses of HepB vaccine received- only applicable to occupational settings.
Asthma and COPD: diagnosis	138	Added illustrations on how to use metered dose inhaler (MDI).
Asthma routine care	140	- Guidance on how to step-up or step-down treatment based on control. - Inclusion of 3-step approach to managing asthma, using budesonide 200-400mcg and salmeterol/fluticasone 50/250mcg. - Inclusion of alternative therapy for patients living with HIV and using PI regimens using beclomethasone 200mcg MDI. - Removed recommendation to give antibiotics during acute exacerbation.
COPD: routine care	141	Added recommendation to do eosinophil level before starting inhaled corticosteroid, if < 0.1x10⁹ cels/L and patient not controlled, discuss.
CVD risk: diagnosis	142-143	Added waist-hip ratio as a risk factor: ≥ 0.85 (woman) and ≥ 0.90 (man)

Page name	Page	Details
CVD risk: routine care	144	- Added random total cholesterol assessment if yellow fatty lumps under skin/tendons, or familial hyperlipidaemia - Limit alcohol intake to ≤ 2 drinks/day if man and 1 drink/day if woman - Indications for statins updated.
Diabetes: routine care	145-147	- Incorporated mental health, palliative care and TB screen as part of routine care. - Added waist-hip ratio as CVD risk factor. - HbA1c targets updated: Aim for: HbA1c $< 7.0\%$ for most patients; HbA1c $< 6.5\%$ if young, newly diagnosed, CVD risk $< 10\%$ or no known CVD; HbA1c $< 7.5\%$ if > 65 years, CVD risk $> 10\%$ or poor short-term prognosis. - Albumin/creatinine ratio assessment includes units: If ratio $> 3\text{mg}/\text{mmol}$ or $> 30\text{mg}/\text{g}$. - Advice section expanded with illustrations: includes better food and drink options, food labelling awareness, foot care and hypoglycaemic symptoms when on insulin. - Metformin dose initiation and titration while on dolutegravir included with maximum dose: If on dolutegravir, initiate metformin at a low dose (500 mg to 1000 mg total daily dose), titrating up as needed. Do not exceed 2g daily. If on metformin already and initiating dolutegravir, maintain/reduce dose to $\leq 2\text{g}$ daily.
Hypertension: diagnosis	148	- Updated the measure and record BP recommendation: If first time BP measurement, or readings differ by $> 5\text{mmHg}$, or if BP $\geq 180/110$, take a third reading. Use average of last 2 readings to interpret BP measurement. - Added distinguishing criteria for hypertensive emergency and hypertensive urgency to red box, patient with neurological symptoms to be managed as stroke-refer urgently and withhold BP-lowering drugs, to be discussed with referral centre. - Added furosemide and oxygen for patients with pulmonary hypertension/severe heart failure and hypertensive emergency. - Added: If elderly (> 65 years) and no co-morbid disease, start treatment only when BP $> 160/90$.
Hypertension: routine care	149-150	- Added recommendation for pregnant woman with known hypertension to start Methyldopa and be referred to high-risk antenatal clinic within 2 days before starting calcium and aspirin. - Updated assessment of proteinuria: if not known with diabetes and $\geq 1+$ proteinuria on dipstick, repeat on midstream urine sample on separate day. If persists, do spot urine protein:creatinine ratio. If $> 0.15\text{g}/\text{g}$ or $0.015\text{g}/\text{mmol}$, refer/discuss with specialist. - Added in routine care: overweight/obesity and mental health assessment, link to cancer screening page. - Amended step-wise approach to management of hypertension: - Step 3- Add amlodipine or enalapril - Step 4- Increase dose of medicine started in step 3 - Step 5: Add enalapril or amlodipine (whichever not given in step 3) - Step 6: Increase dose of medicine started in step 5 - Hydrochlorothiazide recommendation updated: If diabetes or known left ventricular hypertrophy on ECG start enalapril 10mg daily instead of HCTZ. Add HCTZ as next step once on maximum dose of enalapril. - Indications for amlodipine added: choose if isolated systolic hypertension, asymptomatic severe hypertension. - Indications for enalapril added: choose if previous stroke and avoid if: pregnant, potassium > 5.5, bilateral renal artery stenosis or stenosis of an artery to a dominant/single kidney, aortic valve stenosis, or history of angioedema.

Page name	Page	Details
Heart failure: routine care	151	- Added target heart rate on carvedilol: Aim for resting pulse 50-70. - Added dosing if >85 kg, titrate to a maximum of 50 mg twice daily, if tolerated. If still symptomatic, do an ECG and/or refer.
Stroke: routine care	152	Added mental health assessment and link to cancer screening to routine care.
Ischaemic heart disease (IHD): initial assessment	-	Removed- content moved to Chest pain page.
Ischaemic heart disease (IHD): routine care	153	- Prescriber level of angina medication amended to doctor initiated. - Added for treatment of stable angina: isosorbide dinitrate (sublingual) may be taken as a preventive dose before exertion. - Added note for isosorbide mononitrate and isosorbide dinitrate (twice daily dosing): Modify dosing times for night shift workers.
Peripheral vascular disease (PVD)	154	- Recommendations updated to include mental health assessment. - Link to cancer screening added.
The mentally ill patient needing treatment or admission	160	Removed guidance on diazepam use in alcohol and stimulant withdrawal, instead advised to refer patient to an outpatient detoxification centre.
The patient with symptoms of depression	158	- Added that doctor must assess if patient has core features of depression - Added criteria for high risk of suicide: - History of self-harm/suicide attempt - Extreme hopelessness/despair/emotional distress - Known with other mental health condition - Longterm medical conditions (e.g. chronic pain/disability) - Current thoughts/plans of self-harm/suicide - Key population groups - Pregnant > 34 weeks or post-partum <12 weeks - Adolescent mother
Depression/anxiety: routine care	160-161	- Prescriber colour-coding of antidepressants amended from purple to blue (doctor-prescribed). - Added recommendations; If pregnant, refer to community health worker for regular home visits and adherence support. If post-partum, encourage breastfeeding, if not contraindicated medically. Continue home-based adherence support for at least one year. - Amended alcohol limits to Avoid alcohol.
Schizophrenia	162-163	- Added: doctor must manage if patient is known with schizophrenia. - Prescriber colour-coding of chlorpromazine changed from purple to blue (doctor-prescribed). - Starting dose of haloperidol amended to 1,5mg orally daily. - Starting dose of flupenthixol decanoate amended to 20mg IM. - Maintenance dose of flupenthixol decanoate amended to 10-40mg IM every 4 weeks. - Maintenance dose of zuclopenthixol decanoate amended to 100-400mg IM every 4 weeks.
Tobacco smoking	164	Added link to cancer screening page.
Alcohol and/or drug use	165	Removed recommendations on facility-based detoxification programme
Dementia	166	No changes.

Page name	Page	Details
Epilepsy: routine care	167-169	- Added: doctor to manage patient initiating antiseizure medication and follow-up until patient is seizure-free on antiseizure medication. - Levetiracetam added as a first line treatment option. - Valproate prescriber level updated to doctor prescribed. All other antiseizure medication is doctor-initiated. - Doctor responsible for administering acknowledgement of risk form. - Doctor may initiate add-on treatment while awaiting specialist advice/appointment - Medication withdrawal can be considered if patient is seizure-free for ≥ 2 years - Updated: woman of childbearing potential on valproate should be switched to lamotrigine or levetiracetam depending on level of risk. - Updated: If pregnant and on valproate, switch to levetiracetam. - Removed: drug level monitoring if on phenytoin.
Contraception	170-172	- Recommendations for emergency contraception reviewed: - Added, if patient on ketoconazole/fluconazole, advise levonorgestrel may cause nausea/vomiting and offer Copper IUD instead. - Removed, give metoclopramide 10mg 8 hourly as needed for nausea/vomiting. - Recommendations for contraceptive methods: - Added, Medroxyprogesterone (DMPA) Subcutaneous 104mg - Added guidance on DMPA: If using > 2 years consider switch to alternative method. Avoid DMPA if history of meningioma. Advise that long term use carries low risk of meningioma.
Pregnancy	174-175	No changes
Routine antenatal care	177-181	- Updated EGK authorisation codes for viral load monitoring - Amended dose and frequency of betamethasone in preterm labour/ prelabour rupture of membranes: give betamethasone IM, 12 mg, 2 doses 24 hours apart. - Updated antibiotics used in prelabour rupture of membranes. - Amended for Rh-negative women, guidance on anti-D immunoglobulin: If 13 - 22 weeks give 50mcg IM. If ≥ 22 weeks give 100mcg IM. - Added caution when > 13 weeks gestation, folic acid may increase risk of gestational diabetes, large-for-gestational-age baby and neurodevelopmental effects. - Added: Give tetanus, reduced-strength diphtheria and acellular pertussis vaccine (Tdap) 0.5mL IM, ideally between 26 and 34 weeks. - Added guidance on giving aspirin to prevent pre-eclampsia: If hypertension, diabetes, systemic lupus erythematosus (SLE), antiphospholipid syndrome or previous pre-eclampsia, give aspirin 150mg at night from 6 weeks gestation (ideally before 16 weeks) until 36 weeks.
Routine postnatal care	182-183	- Updated EGK authorisation codes for viral load monitoring - Added for post-partum haemorrhage: give tranexamic acid 1g in 200mL sodium chloride 0.9% IV over 10 minutes, if available. - If no doctor available, nurse to get telephonic prescription from doctor.
Manage the pregnant/breastfeeding patient with an unsuppressed viral load (VL ≥ 50)	184	- Removed recommendation to manage according to duration on DTG. - Algorithm adjusted. Updated guidance around resistance testing, threshold of 2 years removed, special circumstances to test sooner added and added provision for medical officer to request resistance testing (removed discuss with third line ART committee)
Prevent communicable infections in the newborn	185	- Added that all well infants receive BCG regardless of HIV exposure or TB exposure. - Added to repeat BCG after completing TPT: If HIV positive, repeat BCG once stable on ART with CD4 $>25\%$.
Prevent vertical transmission of HIV	186	No changes made.

Page name	Page	Details
Menopause	187	Minor editorial changes made.
Chronic arthritis	188	- Clarified differences between osteoarthritis (OA) and rheumatoid arthritis (RA) and added referral criteria. - Added to red box – patient with extra-articular manifestations of RA. - Added squeeze test for assessment of RA. - Separated management of RA and OA, highlighted that RA requires specialist management with disease-modifying anti-rheumatic Drugs (DMARDs).
Gout	189	- Added joint immobilisation to management of acute gout. - Added warfarin and pregnancy as contraindications to ibuprofen use in acute gout. - Added: specific indications for giving allopurinol. - Added- allopurinol must be started at 50mg in renal impairment. - Amended- allopurinol can be prescribed up to 300mg at PHC level. - Added: refer within 1 month if non-resolving tophaceous gout and renal impairment (eGFR <60) and suspected secondary causes such as haematological cancers.
Fibromyalgia: routine care	190	- Removed: tender point examination and related criteria. - Added: association with headaches and irritable bowel syndrome. - Added link to chronic arthritis page if suspected joint problem. - Added: aerobic exercise as the mainstay of management. - Updated: Avoid overuse of analgesia- give paracetamol and ibuprofen up to 5 days. If not effective, start amitriptyline 10mg, titrate slowly to 75mg. If still symptomatic after 3 months, refer.
Routine palliative care	191-192	- Expanded criteria for patients eligible for palliative care in line with the National Policy Framework and Strategy on Palliative Care, 2017-2022 and SA Supportive and Palliative Care Indicators Tool (SPICT-SA), December 2020. Included: - Diabetes-related complications (non-healing diabetic foot disease, recurrent severe metabolic emergencies, or refractory symptoms) - Progressive neurological diseases (motor neurone disease, multiple sclerosis, Parkinson's disease) - Updated: to prevent bedsores, move patient every 2-4 hours - Dosing amended: Tramadol 50-100mg 6 hourly (max 400mg daily) - Dosing amended: Amitriptyline 10mg at night. - Added: If liver impairment start a lower dose of morphine: 2.5-5mg. - Management of constipation updated: lactulose to 10-30mL daily. - Management of nausea/ vomiting and diarrhoea includes encourage frequent small sips of fluids (water/tea/ginger drinks). - Added: weight-based dosing of loperamide for constipation. - Added: morphine for management of cough and difficulty breathing. - Added: caution to the use of diazepam for acute anxiety. - Added: renal adjusted dose of morphine for the patient with difficulty breathing.
Address the dying patient's needs	193	- Morphine prescriber level updated to doctor prescribed, and dosage updated to include lower dose if known kidney failure. - Midazolam added as an alternative for the agitated patient.
Support the patient taking chronic medication	195	Minor editorial changes made.

Page name	Page	Details
Protect yourself from occupational infection	196	- Management of splash to eye amended to advise irrigation of the eye with sodium chloride or sterile water. - Criteria for TB symptoms amended. - Indications for when to use a surgical mask and an N95 mask clarified. - The frequency of screening for TB in health workers amended to 6 months. - References to COVID-19, including vaccination, deleted.
Protect yourself from occupational stress	197	No changes made.
Communicate effectively	198	No changes made.
Support the patient to make a change	199	No changes made.
Helpline numbers	200-201	Added: MomConnect, TB HealthCheck, The Warrior Project, Gender-based violence command centre, Human Trafficking Helpline, CANSA Care Centre, Notifiable Medical Conditions, National Institute for Communicable Diseases (NICD) hotline, National clinical advisory committee (NCAC), SASSA Information Line