Ambulatory TB suspect¹ HIV positive² No danger signs³

- Xpert MTB/RIF
  - Xpert MTB+/RIF+
    - Treat for TB
    - CPT
    - ART
    - DST FLD+SLD⁴
  - Xpert MTB+/RIF-
    - Treat for TB
    - CPT
    - ART

- Xpert MTB-/RIF-
  - PTB unlikely
    - Clinical assessment
      for EPTB or other diseases
      Chest x-ray⁵

- EPTB likely
  - Refer to 2007 algorithms
    for Rx and management

- EPTB unlikely
  - Treat for bacterial infection
    HIV Rx assessment⁶
    CPT
  - Treat for PCP
    HIV Rx assessment⁶
    CPT
  - No or partial response
  - Reassess for TB - Repeat Xpert MTB/RIF

Response
Among adults and adolescents living with HIV, a TB suspect is defined as a person who reports any one of current cough, fever, weight loss or night sweats. Among children living with HIV, a TB suspect is defined as a person who reports one of poor weight gain, fever, current cough, or history of contact with a TB case, and is clinically assessed as high risk of TB. People living with HIV who are not classified as TB suspects should be offered isoniazid preventive therapy.

In all persons with unknown HIV status, HIV testing should be performed. Testing should be performed according to national guidelines or a validated testing algorithm. In persons who are HIV negative or remain HIV unknown (e.g., refuse HIV testing), a TB suspect is defined according to national case definitions.

The danger signs include any one of: respiratory rate> 30/min, temperature>39°C, heart rate>120/min and unable to walk unaided.

In low MDR-TB prevalence settings, a confirmatory test for rifampicin resistance should be performed. See MDR-TB algorithm.

A chest x-ray can assist with the diagnosis of extra-pulmonary TB (e.g., pleural, pericardial) and help assess for other etiologies of respiratory illness. It should only be performed in those settings where the quality of the film and its interpretation are assured.

An HIV treatment assessment includes WHO clinical staging and/or CD4 count to assess eligibility for anti-retroviral therapy. See ART guidelines.