



Ambulatory TB suspect¹ HIV positive²
No danger signs³

Xpert MTB/RIF

Xpert
MTB+/RIF+

Xpert
MTB+/RIF-

Xpert MTB-/RIF-
PTB unlikely

- Treat for TB
- CPT
- ART
- DST FLD+SLD⁴

- Treat for TB
- CPT
- ART

Clinical assessment
for EPTB or other diseases
Chest x-ray⁵

EPTB likely

EPTB unlikely

Refer to 2007 algorithms
for Rx and management

Treat for bacterial
infection
HIV Rx assessment⁶
CPT

Treat for PCP
HIV Rx assessment⁶
CPT

No or partial
response

Response

Reassess for TB - Repeat Xpert MTB/RIF

¹ 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.

² 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.

³ The danger signs include any one of: respiratory rate > 30/min, temperature > 39°C, heart rate > 120/min and unable to walk unaided.

⁴ In low MDR-TB prevalence settings, a confirmatory test for rifampicin resistance should be performed. See MDR-TB algorithm.

⁵ 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.

⁶ An HIV treatment assessment includes WHO clinical staging and/or CD4 count to assess eligibility for anti-retroviral therapy. See ART guidelines.