

ART for HIV/TB co-infection

Recommendations

1. It is recommended that ART should be commenced in all HIV-infected individuals with active tuberculosis irrespective of CD4 cell count. (Strong recommendation, low quality of evidence)
2. It is recommended that TB treatment should be commenced first and ART commenced subsequently, as soon as possible and within the first 8 weeks of starting TB treatment. (Strong recommendation, moderate quality of evidence)
3. The recommended preferred 1st-line ART regimen in patients on TB treatment is AZT+3TC+EFV or TDF+3TC or FTC+EFV. (Strong recommendation, high quality of evidence)
4. For those who are unable to tolerate or who have contraindications to an EFV-based regimen, AZT+3TC+NVP or TDF+3TC or FTC+NVP or a triple NRTI regimen (AZT+3TC+ABC or AZT+3TC+TDF) are recommended with the choice based on the available regimen within countries. In the presence of rifampicin, the lead-in dose of NVP is not necessary. (Conditional recommendation, moderate quality of evidence)
5. If ART is changed for the duration of TB treatment, switching back to the original regimen following the completion of TB treatment is a country decision given that an EFV based regimen may be preferred in some countries. (Conditional recommendation, low quality of evidence)

In individuals who need TB treatment who require ART containing a boosted PI (bPI), it is recommended to give rifabutin-based TB treatment and standard bPI regimens. If rifabutin is not available, it is recommended to use rifampicin and a LPV- or SQV-containing ART with additional RTV-boosting and close monitoring. (Conditional recommendation, moderate quality of evidence)