Algorithm for the diagnosis of TB in ambulatory patient

Ambulatory patient with cough 2-3 weeks and no danger signs*

AFB HIV test

AFB ++

AFB - HIV +

AFB - HIV -

HIV + or unknown

HIV -

Treat for TB

CXR**
Sputum AFB & culture**
Clinical assessment**

Treat for bacterial infection

No TB

No or partial response

Treat for PCP†

Treat for bacterial infection

No or partial response

Response

No TB

TB

Refer for HIV care

Reassess for TB

Reassess for other disease

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* The danger signs include respiratory rate >30/minute, fever >39°C, pulse rate > 120/mt and unable to walk unaided.

† For countries with adult HIV prevalence rate ≥1% or prevalence rate of HIV among TB patients ≥5%

** The investigations within the box should be done all at a time, wherever it is possible in order to decrease the number of visits and speed up the diagnosis.

† Antibiotics (except Fluoroquinolones) to cover both typical and atypical bacteria should be considered.

† PCP: *Pneumocystis carinii pneumonia* also known as *Pneumocystis jirovecii pneumonia*

† Advise to return if symptoms recur
Algorithm for the diagnosis of TB in seriously ill patient

Seriously ill patient with cough 2-3 weeks and danger signs*

Referral to higher level facility

Parenteral antibiotic treatment for bacterial infection**
Sputum AFB and culture**
HIV test**/
CXR**

No TB

Parenteral antibiotics for bacterial infection**
Treatment for PCP***
Sputum AFB**/
HIV test**

TB

HIV + or unknown/

AFB --

Improvement after 3-5 days

AFB + -
HIV +

No improvement after 3-5 days

Start TB treatment
Continue antibiotics
Encourage referral

AFB ++

AFB --

No or partial response

Response/ y

Reassess clinical improvement after one month

TB

Encourage referral

No TB

Reassess for other disease

* The danger signs include respiratory rate >30/minute, fever >39°C, pulse rate>120/mt and unable to walk unaided.
/ For countries with adult HIV prevalence rate ≥1% or prevalence rate of HIV among TB patients ≥5%
** The investigations within the box should be done all at a time, wherever it is possible in order to decrease the number of visits and speed up the diagnosis.
*** Antibiotics (except Fluoroquinolones) to cover both typical and atypical bacteria should be considered.
PCP: Pneumocystis carinii pneumonia also known as Pneumocystis jirovecii pneumonia
y Advise to return if symptoms recur.