

# HIV and tuberculosis (TB)

The British HIV Association (BHIVA) produces medical guidelines about HIV treatment. This leaflet summarises the 2018 guidelines about HIV and TB.




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## What is covered in the HIV and TB guidelines?


- General recommendations
  - Diagnosis of active TB disease
  - Diagnosis of latent TB
  - Antiretroviral therapy (ART) for people with HIV and TB
  - Treatment of drug-sensitive TB
  - Treatment of drug-resistant TB
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## Key for the strength of guideline recommendations

The recommendations in the guidelines were based on evidence that was graded according to the NICE-approved 'GRADE' system, in which all authors have been trained.

-  Strongly recommended. This advice should almost always be followed.
  -  A recommendation based on less evidence. It might apply in some situations.
  -  A recommendation based on expert opinion, with limited evidence. This is something most doctors should follow. GPP stands for 'good practice point'.
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## Involving you in decision-making

-  The guidelines emphasise that you can be involved in all decisions. Also, peer support from other people living with HIV or from TB and HIV organisations can help.
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## General recommendations

HIV increases a person's risk of active TB. TB can be dormant, or 'latent', for many years. This means TB can be present in the body but does not cause any symptoms, and is called latent TB. If you have TB and it is making you unwell, with symptoms, this is called active TB.

### Common symptoms of TB

- A cough for 3 weeks or longer
- Fever or high temperature
- Loss of appetite or weight loss
- Night sweats
- Extreme tiredness or lack of energy

## Diagnosis of active TB disease

-  The diagnosis of TB can be confirmed by up to four different types of test: microscopy, molecular testing and culture of sputum and/or body fluid or tissue samples.
-  Tests should include TB drug-resistance testing.
-  Blood or skin tests that assess the immune system response to TB are not recommended.

## Diagnosis of latent TB

TB can lie dormant, or latent, for many years after initial infection. Treatment of latent TB reduces the risk of developing active TB in the future.

- The use of a blood test called an interferon gamma release assay, or IGRA, is recommended to diagnose latent TB for people who are well, but who may have been infected with TB.
- ! People with HIV from countries with high and medium rates of TB should be tested for latent TB (and treated if testing positive), especially those people newly diagnosed with HIV.

## ART for people with HIV and TB

If you have active TB you should start ART. If you are not already taking ART, TB medication is usually started first.

- People not already taking ART should be offered ART within 4 weeks of a TB diagnosis.
- ! People with very low CD4 counts (less than 50 CD4 cells) should be started on ART within 2 weeks of starting treatment for TB.
- ! People who develop TB on ART with undetectable HIV viral loads should not stop ART.
- GPP** Healthcare workers should refer to up-to-date information about possible drug interactions. This information can be found on the Liverpool HIV Drug Interactions website ([www.hiv-druginteractions.org](http://www.hiv-druginteractions.org)).

## Treatment of drug-sensitive TB

It is important to complete all treatment given and to take the drugs correctly. This information will be given to you by your doctor.

TB can change and become resistant to any of the antibiotic drugs used to treat it. Drug-sensitive, or drug-susceptible, TB can be treated using the four main TB drugs: rifampicin, isoniazid, pyrazinamide and ethambutol.

- ! A standard four-drug TB treatment is given daily as a combination of tablets. Usually the total treatment duration is 6 months, with the standard four TB drugs for the first 2 months, then rifampicin and isoniazid only for the remaining 4 months.
- ! People with TB and meningitis should receive drugs called corticosteroids as well as standard treatment.

## Treatment of drug-resistant TB

Drug-resistant TB can occur when TB bacteria become resistant to the drugs normally used to treat the illness. This means the TB is more difficult to treat and the treatment duration is longer. It is important to discuss your treatment plan with a doctor.

- GPP** Multidrug-resistant or rifampicin-resistant TB should be managed at, or with, a centre of expertise in drug-resistant TB.

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## Glossary

**Drug interactions** A drug–drug interaction can happen when two or more different drugs are taken together. This can delay, decrease or increase the action of any or all of these drugs and can lead to a change in the effect of the drug(s) on the body. A drug–drug interaction can also cause side effects.

**Immune system** The immune system defends the body from infection. It is made up of a complex network of cells, tissues and organs in the body.

**Microscopy** Samples can be examined under a microscope to see the TB bacteria directly. This can be done with sputum (phlegm) samples, or any other sample. The bacteria are then cultured, or ‘grown’, in the lab so that they can be properly identified.

**Molecular tests** Laboratory tests that check for certain genes, proteins or other molecules in a sample of tissue, blood or other body fluid.

**TB drug resistance** Drug resistance happens when the TB bacteria change so that they are no longer easily killed by the drugs used to treat TB. This means that the drugs can no longer kill the TB bacteria.

**Side effects** Side effects are unwanted symptoms caused by medical treatment (drugs). Side effects are also called 'adverse effects' or 'adverse reactions'. All medicines can cause side effects, particularly if they are not used as advised, including prescription medicines, medicines that can be bought over the counter, herbal remedies and supplements. It is important to speak to your doctor if you experience side effects.

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### Further information and support

For further information, advice and peer support about TB treatment you can contact TB Alert (<https://www.tbalert.org/what-we-do/uk/patient-support/>) and the British Lung Foundation (<https://www.blf.org.uk/support-for-you/tuberculosis>).

Community organisations in the UK that produce HIV treatment information and resources include HIV i-Base ([i-base.info](http://i-base.info)) and NAM ([aidsmap.com](http://aidsmap.com)).

## About BHIVA

BHIVA is an organisation for health professionals in the UK. Members include doctors, nurses, researchers, pharmacists and community advocates. Since 1995, BHIVA has been committed to providing excellent care for people living with and affected by HIV. BHIVA is a national advisory body on all aspects of HIV care and provides a national platform for HIV care issues.

To help promote and monitor high standards of care, BHIVA publishes a range of clinical guidelines:

[www.bhiva.org/guidelines.aspx](http://www.bhiva.org/guidelines.aspx).

Information about how BHIVA guidelines are developed can be found at:

[www.bhiva.org/clinicalguidelines.aspx](http://www.bhiva.org/clinicalguidelines.aspx).