TB Preventive Therapy

All clients starting ART, or already on ART, and who have not yet received TB Preventive Therapy (TPT), should be considered for TPT. Prior to initiating TPT, active TB should be ruled out through a clinical evaluation and by testing for TB. If the client is asymptomatic, TPT initiation need not be delayed if TB GeneXpert results are outstanding. TPT and ART can be initiated on the same day. A Tuberculin skin test (TST) is not required prior to starting TPT. TB testing strategies will vary by age as younger children cannot spontaneously expectorate sputum. In well children without symptoms, neither sputum testing nor CXR are therefore requirements to start TPT. Sputum testing should be attempted in children who can expectorate spontaneously (typically > 25kg), but if they are well (without symptoms) and unable to expectorate, they should start TPT, even if no CXR or sputum testing is available.

Category of Client	Specific Eligibility Criteria	Treatment and Duration
Adult or adolescent ≥ 15 years (non-pregnant)	Any CD4 count. Exclude active liver disease, alcohol abuse, or known hypersensitivity to isoniazid	Isoniazid, oral, 300 mg daily for 12 months (12H) and pyridoxine 25 mg daily Rifapentine and isoniazid weekly (3HP) may be available in selected locations*
Children living with HIV who are < 15 years of age	• Children undergoing their first evaluation for HIV and ART, from 14 weeks of age • All children (including neonates) with significant exposure to TB	Isoniazid, oral, 10 mg/kg/day for 6 months (maximum dose 300 mg daily) and pyridoxine daily
Pregnant women	Any CD4 count. Exclude active liver disease, alcohol abuse, or known hypersensitivity to isoniazid	Isoniazid, oral, 300 mg daily for 12 months and pyridoxine 25 mg daily

* Alternative TPT regimen for adults, adolescents and children ≥ 25 kg: Where available, 3HP (weekly isoniazid and rifapentine) can be used in clients on a DTG-containing regimen who have a VL < 50 c/mL in the last 6 months. 3HP should NOT be used in new clients initiating a DTG-containing regimen. In these clients, 12H is still the preferred TPT regimen. Where 12H/3HP is prescribed for a client in an RPCs, no additional clinician review visits are required (the full 3 months 3HP supply/6 months of 12H can be scripted).