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Kenya

The following provides a summary of specific guidelines from the country's national guidance strategy. Use the jump links in yellow to access details by patient population. This summary can be downloaded or e-mailed to yourself or a colleague. The original country guidance document can also be found below the jump links for download.

Patient Population [Download summary page as PDF](#) [E-mail this page](#)

Suggest Updates

- [Adults & Adolescents](#)
- [Children](#)

Adults & Adolescents

Year Issued:

2014

Reference:

Guidelines on use of Antiretroviral Drugs for Treating and Preventing HIV Infection

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

Indications for Isoniazid Preventative Therapy:

- HIV-infected children less than 12 months of age who have had recent contact with active TB disease with no evidence of TB
- All PLHIV above 12 months of age who screen negative for TB using the ICF (Intensive Case Finding) tool

Note: past history of TB and current pregnancy are not contraindications for starting isoniazid preventative therapy. IPT should be given at a dose of 10mg/kg/day (maximum 300mg) for duration of 6 months. Give pyridoxine 12.5-50mg/day Contra-indications to IPT include:

- Active hepatitis (acute or chronic)
- Regular and heavy alcohol consumption
- Symptoms of peripheral neuropathy

Criteria for Starting TB Prophylaxis Among Unknown

TB-Exposed PLHIV:

All PLHIV above 12 months of age who screen negative for TB using the ICF (Intensive Case Finding) tool

Note: past history of TB and current pregnancy are not contraindications for starting isoniazid preventative therapy. IPT should be given at a dose of 10mg/kg/day (maximum 300mg) for duration of 6 months. Give pyridoxine 12.5-50mg/day Contra-indications to IPT include:

- Active hepatitis (acute or chronic)
- Regular and heavy alcohol consumption
- Symptoms of peripheral neuropathy

Criteria for Starting: ARV 1st Line Regimen:

TB patient newly diagnosed with HIV:

If ART naïve

- Start ART after TB treatment is tolerated, within 2-8 weeks

Preferred:

- TDF + 3TC + EFV

Alternative:

- AZT + 3TC + EFV

Patient develops TB while on ART:

- Carry out a viral load(VL) test if patient has been on ART for a period of more than 6 months and does not have a recent undetectable viral load
- Change the first line regimen to an appropriate 2nd line regimen if treatment failure is confirmed.

If on NVP-based first line ART regimen:

- Change NVP to EFV if on LPV/r or ATV based regimen:
- Continue current regimen and use Rifabutin (150mg given once daily) instead of rifampicin for TB treatment.

In circumstances where Rifabutin is not available, alternative options include:

- Superboost LPV/r with ritonavir to make LPV:Ritonavir ratio 1:1
- Double the dose of LPV/r Note: These two scenarios increase intolerance to LPV/r hence preference for Rifabutin

Co-Infection Addressed Under Existing HIV Guidelines? (Y/N):

Yes

Children

Year Issued:

2014

Reference:

Guidelines on use of Antiretroviral Drugs for Treating and Preventing HIV Infection

Screening for PLHIV for TB Every Visit? (Y/N) (Intensified Case Finding):

Yes

Criteria for Starting TB Prophylaxis Among TB-Exposed PLHIV:

Indications for Isoniazid Preventative Therapy:

- All children under 5 years irrespective of HIV status who had recent close contact (past 12 months) of smear positive TB case
- HIV-infected children less than 12 months of age who have had recent contact with active TB disease with no evidence of TB
- All PLHIV above 12 months of age who screen negative for TB using the ICF (Intensive Case Finding) tool

Note: past history of TB and current pregnancy are not contraindications for starting isoniazid preventative therapy. IPT should be given at a dose of 10mg/kg/day (maximum 300mg) for duration of 6 months. Give pyridoxine 12.5-50mg/day Contra-indications to IPT include:

- Active hepatitis (acute or chronic)
- Regular and heavy alcohol consumption
- Symptoms of peripheral neuropathy

Criteria for Starting TB Prophylaxis Among Unknown TB-Exposed PLHIV:

Indications for Isoniazid Preventative Therapy:

- HIV-infected children less than 12 months of age who have had recent contact with active TB disease with no evidence of TB
- All PLHIV above 12 months of age who screen negative for TB using the ICF (Intensive Case Finding) tool

Note: past history of TB and current pregnancy are not contraindications for starting isoniazid preventative therapy. IPT should be given at a dose of 10mg/kg/day (maximum 300mg) for duration of 6 months. Give pyridoxine 12.5-50mg/day Contra-indications to IPT include:

- Active hepatitis (acute or chronic)
- Regular and heavy alcohol consumption
- Symptoms of peripheral neuropathy

Criteria for Starting: ARV 1st Line Regimen:

0-3 years

Children newly diagnosed with TB and HIV (ART naïve):

- Start appropriate ART after TB treatment is tolerated, preferably within 2-8 weeks

Preferred regimen:

- ABC + 3TC + LPV/r + RTV (add extra dose of RTV to make the LPV/RTV ratio 1:1 (super boosted LPV))

Alternative regimen:

- AZT + 3TC + LPV/r ABC + 3TC + EFV*
- AZT + 3TC + EFV* ABC + 3TC + AZT**

*Note: US FDA has approved use of EFV in children 3 months old and above and weighing more than 3.5kg. Currently in Kenya, use of EFV in children < 3 years and weighing < 10 kg is recommended ONLY in TB/HIV co-infection management without prior exposure to NVP for PMTCT.

**ABC + 3TC + AZT (triple nucleoside) is an inferior regimen and should only be used if other regimens are not tolerated. After completion of TB treatment, change the triple nucleoside based ART regimen to ABC + 3TC + LPV/r

≥ 3-10 years

- ABC + 3TC + EFV

Alternative regimen:

- AZT + 3TC + EFV

> 10 - 14 years**<35 kgs:**

- ABC + 3TC + EFV

>35 kgs:

- TDF + 3TC + EFV

Alternative:

- AZT + 3TC + EFV

0-10 years**Child develops TB while on ART:**

Conduct viral load to rule out treatment failure and manage as per the national guidelines

If EFV-based ART:

- Continue EFV based ART

IF NVP-based ART:

- Change NVP to EFV

If LPV/r-based ART:

- Super boost LPV/r (LPV: Ritonavir = 1:1)

Switch back to normal dose of LPV/r after completion of TB treatment.

Alternative:

- Triple nucleoside of ABC+3TC+AZT*

*Should only be used in children not able to tolerate super boosted LPV/r; Triple nucleoside should not be used in children who have failed 1st line ART (refer to a specialist)

Switch back to LPV/r-based regimen after completion of TB treatment

> 10 years**Child develops TB while on ART:**

- Conduct viral load to rule out treatment failure and manage as per the national guidelines

If EFV-based ART:

- Continue EFV-based ART

IF NVP-based ART:

- Change NVP to EFV

If LPV/r-based ART:**If <35 kg weight:**

- Super boost LPV/r (LPV: Ritonavir = 1:1) with rifampicin-based TB treatment

If weight > 35kg:

- Continue current regimen and use Rifabutin (150mg once daily) instead of rifampicin

**Co-Infection Addressed Under Existing HIV Guidelines?
(Y/N):**

Yes

Source URL: <https://aidsfree.usaid.gov/resources/guidance-data/hiv-tb/Kenya>