



THE REPUBLIC OF UGANDA
MINISTRY OF HEALTH

One Stop Shop Model for TB/HIV Services

TB and HIV services offered to a patient at the same time and location (Patient Centered Care)



How to manage of different scenarios encountered during the management of TB-HIV co-infected patients at the TB, HIV and RMNCAH service points

A. HIV patient attending HIV clinic who develops TB

- Activity**
- Counsel the patient and address the 5As
 - Start TB Treatment according to the TB & ART treatment guidelines.
 - Register the patient in the TB register
 - Open two cards for the same patient (patient held and facility held which will be used to update the register)
 - Update the HIV care/ART card, ART register & TB register on each visit
 - The HIV clinic in-charge should ensure the TB register is updated with data of TB-HIV co-infected patients managed at HIV clinic
 - Adhere to TB infection control practices. For example, fast track TB/HIV co-infected patients attending the HIV clinic to ensure that they spend as little time as possible in the HIV clinic or give appointment on a separate day or time from other patients without TB (TB/HIV clinic day) for better management of patients & records
 - Exceptions
 - Rifampicin resistant TB cases should be referred to MDR TB treatment initiation facility for further management
 - HIV client diagnosed with TB and is a pregnant or lactating mother should be managed at the MCH/PMTCT clinic where available

D. Woman on TB treatment becomes pregnant and with HIV

- Activity**
- Do the above (from c to e). In addition;
 - Draw blood for CD4 and other investigations e.g. HB, CBC as applicable
 - Initiate ART (ART modifications where applicable)
 - Update the following tools (Pre-ART and ART registers and HIV care/ART card)
 - Handover the patient to MCH clinic to continue TB, HIV and obstetric care
 - Contact tracing for the TB-PMTCT mother
 - Refer to HIV clinic at 18 months of lactation

E. Woman attending MCH clinic who develops TB

- Activity**
- Fast track to clinician/midwife
 - Start TB treatment
 - Register client in the unit TB register
 - Fill two TB patient cards (one patient held and file the other at MCH unit)
 - Update unit TB register at every visit
 - Do sputum follow ups at recommended intervals (2, 5 and 6 months or as appropriate)
 - Review every two weeks for the first two months and monthly for the last four months
 - Continue TB care within the MCH clinic, preferably on separate day or time
 - Complete TB treatment within MCH clinic even after delivery

ifs

Activity

- Mother was diagnosed with TB during pregnancy, when the baby is born screen neonate for TB as pregnant mother exposes the baby to congenital TB
- Evaluate child for IPT
- Provide IPT for eligible children
- In the event that you suspect drug-resistant TB, handover to MDR-TB management team within or at another facility

B. TB patient who tests HIV positive

- Activity**
- Re – test the patient if the HIV test was not done within the health facility
 - Counsel the patient and address The 5 As (Assess, Advise, Agree, Assist, Arrange)
 - Continue TB treatment
 - Assign Pre/ART clinic number
 - Complete the patient HIV care/ART card
 - Initiate ART at two weeks of TB Treatment. For adults with a CD4 Count less than 50cells/mm³, ART should be initiated BEFORE completing two weeks on anti-TB Medicines.
 - Do contact tracing/ index client HIV testing if not done
 - Provide Isoniazid Preventive Therapy for under-5 year contacts with no TB symptoms if not done
 - TB medicine/ ART Refills
 - Update TB patient card, patient HIV care/ART card, TB & pre/ART registers on each visit
 - Transfer the patient to HIV clinic after completion of TB treatment

C. Woman on TB treatment

- Activity**
- Screen for pregnancy in all women of reproductive age group (ask for LNMP and carry out a pregnancy test where applicable)
 - If not pregnant, counsel to initiate contraception
 - Screen for HIV (If negative repeat HIV test according to HCT policy)
 - Refill the TB medicines
 - Update the TB register
 - If pregnant:
 - Fill two TB patient cards (one is kept at MCH unit & the patient goes home with the other)
 - Handover the patient to MCH clinic to continue both TB and obstetric care

