

# MINISTRY OF HEALTH

NATIONAL TUBERCULOSIS  
CONTROL PROGRAMME

VIETNAM ADMINISTRATION  
FOR HIV/AIDS CONTROL



## COLLABORATIVE PROTOCOL FOR TB/HIV DIAGNOSIS, TREATMENT AND CASE MANAGEMENT

HANOI, 2007

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**COLLABORATIVE PROTOCOL FOR  
TB/HIV diagnosis, treatment and case management**

*(Promulgated enclosed with Decision No. 3116/QĐ-BYT  
dated 21<sup>st</sup> August, 2007 by Minister of Health)*

**Part I.**

**GENERAL REGULATIONS**

**1. Scope of Reference:**

This protocol assigns the collaborative and integrated works in the diagnosis, treatment and case management of Tuberculosis (TB) and HIV co-infected patients (referred to in the document as TB/HIV patients) at the healthcare facilities.

**2. Target group of the protocol:**

This protocol is applicable for all public and private health care facilities responsible for TB, HIV/AIDS prevention, diagnosis and treatment.

**3. Principle of Collaboration in TB/HIV Diagnosis, Treatment and Case Management.**

a) To intergrate the TB control with the HIV/AIDS control in all instances such as prevention, detection, treatment and case management (including planning, follow-up, monitoring, and evaluation) at all health care levels;

b) TB patients should receive counselling for an HIV screening test. The HIV counselling and testing should be proceeded according to current regulations; HIV infected individuals should be screened for early detection of tuberculosis;

**Part II.**  
**COLLABORATIVE PROTOCOL FOR DIAGNOSIS, TREATMENT AND  
MANAGEMENT FOR TB/HIV PATIENTS**

**Article 1**  
**COLLABORATIVE PROTOCOL FOR DIAGNOSIS  
OF TB/HIV PATIENTS**

**1. Collaboration in Diagnosing HIV infection for TB patients**

a) History of HIV related illnesses should be elicited during practising examination and treatment for every TB patient;

b) Not repeat an HIV test for TB patients, who already have a confirmed positive result from a reference HIV laboratory or who have a negative test done within past 3 months;

c) If HIV infection status of the TB patient has unknown:

- Provide counselling to encourage the patient to have the test done voluntarily;
- If the patient agrees to have the test, proceed to the test in accordance to current regulations;
- Provide post-test counselling for patient before delivering the test result, even if it is negative.

**2. Collaboration in Diagnosis of Tuberculosis for people living with HIV (PLWHIV)**

a) For PLWHIVs who have a patient card in OPC: Provide TB screening at least once a year, by clinical health check, chest X-ray and sputum smear for AFB.

b) Screening for TB suspect symptoms for all PLWHIVs at every clinic visit due to any reason;

c) Refer PLWHIVs with signs or symptoms suggestive of TB (*productive cough lasting for more than 2 weeks, blood-stained sputum, fever, weight loss, abnormalities on chest X-ray*) to TB facilities in order to have:

- Clinical health checks to evaluate for pulmonary and extrapulmonary symptoms;
- Sputum smears for AFB and chest X-ray.

## **Article 2**

### **COLLABORATIVE PROTOCOL FOR TREATMENT OF TB/HIV PATIENTS**

**1. For PLWHIVs considered to be non-TB cases:**

- a. Provide HIV/AIDS care and treatment in accordance to MoH protocol;
- b. Provide TB prophylaxis with INH for HIV infected people in the setting with high risk of TB transmission (prison, 05/06...)

**2. For TB cases without HIV infection:**

Provide TB care and treatment in accordance to MoH protocol ;

**3. For TB/HIV patients:**

**a. Pulmonary TB/HIV cases:**

- For patients who are on ART: Continuing ART, Treating TB, provide OI prophylaxis with cotrimoxazole (Cotrimoxazole Prophylactic Therapy - CPT);
- For patients who are not yet receiving ART: Treating TB, provide CPT and consider ART based on criteria of clinical staging and CD4 if available.

**b. Extrapulmonary TB/HIV cases:**

- For patients who are on ART: Continuing ART, Treating TB, then CPT;
- For patients who are not yet receiving ART: Treating TB, CPT and then starting ART.

### Article 3

## COLLABORATIVE PROTOCOL FOR MANAGING TB/HIV CASES

### 1. Collaboration in managing in-patients:

a) For TB patients detected to be HIV positive:

- Continue TB treatment, CPT;
- Consult with HIV/AIDS care and treatment facilities (*if necessary*).

b) For HIV infected patients:

- If TB is suspected: Consult with TB physician to verify the diagnosis of TB;
- If TB is diagnosed: Consult with TB physician to prescribe TB regimen and care facilities appropriately for the current illness status of these patients. .

### 2. Collaboration in managing out-patients:

a) For TB patients detected to be HIV positive:

- Continue TB treatment at TB facilities;
- Refer to HIV/AIDS facilities for enrolment into HIV/AIDS care and treatment program;
- After completion of TB treatment course, the patient is referred to HIV/AIDS facilities for continuum of care and treatment.

b) For HIV patients suspected to have TB or diagnosed as TB case:

- Continue management, care and treatment for HIV at HIV/AIDS facilities;
- Refer the patient to TB facilities for TB diagnosis and treatment.

## **Part III**

### **IMPLEMENTATION ORGANIZATION**

#### **1. The Ministry of Health:**

##### **1.1. Vietnam Administration for HIV/AIDS Control:**

- Provide advice to the Minister of Health to establish the TB subcommittee under the National Steering Committee for HIV/AIDS Control and Prevention;
- Be responsible in collaboration with other relevant agencies to develop plans for TB/HIV prevention and control, submit the plans to MOH for approval, then implementing these approved plans.
- Guide all provincial centers for HIV/AIDS control and prevention to collaborate with TB control program to implement this protocol.

##### **1.2. Department of Therapy:**

- Guide the health care facilities in the whole country to collaborate with TB and HIV/AIDS facilities at all levels to implement this protocol.

##### **1.3. National Hospital of Tuberculosis and Respiratory Diseases (NHTRD) and National Institute for Infectious and Tropical Diseases (NIITD):**

###### **a. Guiding:**

- Guide the TB facilities at all levels to implement this protocol;
- Provide trainings for lower levels on collaboration in TB/HIV prevention and control;
- Monitor and evaluate the implementation of the protocol.

###### **b. Implementing the protocol**

- **NHTRD:** Provide HIV counseling and testing for TB patients. Provide TB diagnosis and treatment for TB/HIV patients, who are referred from other facilities of all levels and refer back to these facilities when the patients are stable after treatment. Collaborate with HIV/AIDS facilities in providing HIV care and treatment;

- **NIITD:** Provide HIV/AIDS diagnosis and treatment for TB/HIV patients, who are referred from other facilities of all levels and refer back to these facilities when the patients are stable after treatment. Collaborate with TB facilities in providing TB screening and treatment for people living with HIV/AIDS.

**c. Technical support** for lower levels on TB/HIV prevention and control.

**d. Participating regular meetings** of the National HIV/AIDS program

## **2. Provincial level:**

### **a. Guidings:**

- Establish TB/HIV coordinating subcommittee, which works on the basis of extended responsibility. The Head of this subcommittee is a member of the Directorial Committee of Provincial Health Bureau. The vice heads are the leaders of HIV/AIDS center and provincial TB unit. The other members and the secretary are chosen by the Head of the subcommittee. The coordination subcommittee has the following assignments:

+ Guide the implementation of the collaboration protocol in TB/HIV diagnosis, treatment and case management at the localities;

+ Develop the plans for TB/HIV prevention and control and implementing the plans in the whole province after approval;

- Establish an expert group for TB/HIV diagnosis and treatment at district level with the members from provincial TB physician (acting as head of the group) and other members including the head of Infectious diseases department of the district general hospital and physician from the district TB unit to diagnose AFB negative pulmonary TB for HIV infected patients;

### **b) Collaboration in implementing TB/HIV diagnosis and treatment protocol at provincial level:**

- TB facilities: Provide HIV counselling and HIV screening test for TB patients. Provide TB diagnosis and treatment for TB/HIV patients, who are referred from lower levels, and refer back to these levels when the patients are stable after treatment. Collaborate with HIV facilities in providing HIV/AIDS care and treatment;

- HIV/AIDS care and treatment facilities: Provide TB screening for HIV infected patients. Provide HIV/AIDS diagnosis and treatment for TB/HIV patients, who are referred from lower levels, and refer back to these facilities when the patients are stable after treatment. Collaborate with TB facilities in providing TB diagnosis and treatment.

c. Provide technical assistance to lower levels in TB/HIV prevention, especially in diagnosing AFB negative pulmonary TB in HIV infected patients at district level.

d. TB unit and HIV/AIDS units at provincial level are responsible to monitor, evaluate and supervise the implementation of this protocol.

### **3. District level:**

#### **a) District Center for Preventive Medicine:**

- Acts as coordination body for implementation of this protocol at the localities;  
- Promotes material and organizational support for successful activities of Expert Group as stated in Article 2, Part III of this protocol;

- Organize regular meetings on TB/HIV control with all relating facilities or integrate TB/HIV control review with these partners in other meeting;

Implement integration of TB/HIV control of the District TB Team and HIV/AIDS team (OPC) :

- + Provide HIV counselling and HIV screening test for TB patients;
  - + Provide TB diagnosis and treatment for AFB positive pulmonary TB in HIV infected patients;
  - + Provide TB diagnosis and treatment for AFB negative pulmonary TB in HIV infected patients with the assistance from provincial level;
  - + Provide TB screening for people living with HIV/AIDS ;
  - + Enroll TB/HIV patients into HIV/AIDS care and treatment program
  - + Provide technical assistance for community level in TB/HIV prevention: provide adherence support for TB and antiretroviral treatment (if available); provide mass health information campaigns, etc.
- Monitor, evaluate and supervise the implementation of this protocol.

**b) District General Hospital:**

- Collaborate with District TB Team and TB/HIV diagnosis and treatment expert group to implement this protocol including: Case detection, diagnosis, in-patient services, refer these patients to TB and HIV/AIDS facilities for case management.

**c) District Health Department:**

- Collaborate with District Center for Preventive Medicine in guiding and coordinating community health centers to implement this protocol.

**4. Community level:**

- Refer HIV suspected TB cases and TB suspected HIV people to district level for diagnosis and treatment.

- Provide monitoring for TB and HIV treatment adherence for TB/HIV patients, who are referred from district level.

- Collaborate with social and community organizations and families in providing counseling and care support to TB/HIV patients.

- Provide mass health information campaigns on TB/HIV prevention in the localities.

**PP MINISTER OF HEALTH**

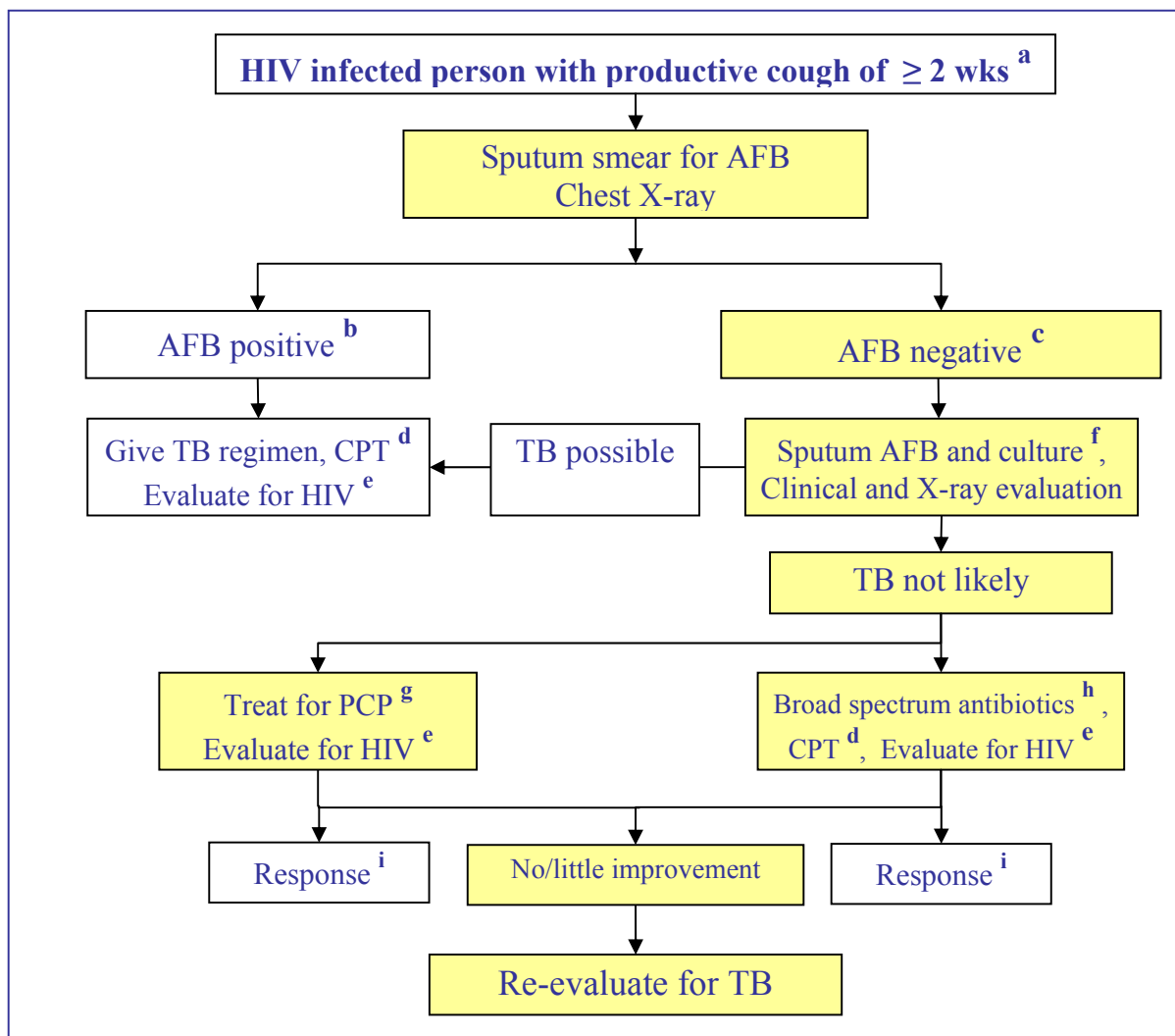
**DEPUTE MINISTER**

**(Signed)**

**Trinh Quan Huan**

## ANNEX 1: Algorithm of for diagnosing pulmonary TB in HIV infected persons, who have no severe conditions

(Promulgated enclosed with Decision No. 3116/QD-BYT  
dated 21<sup>st</sup> August, 2007 by Minister of Health)



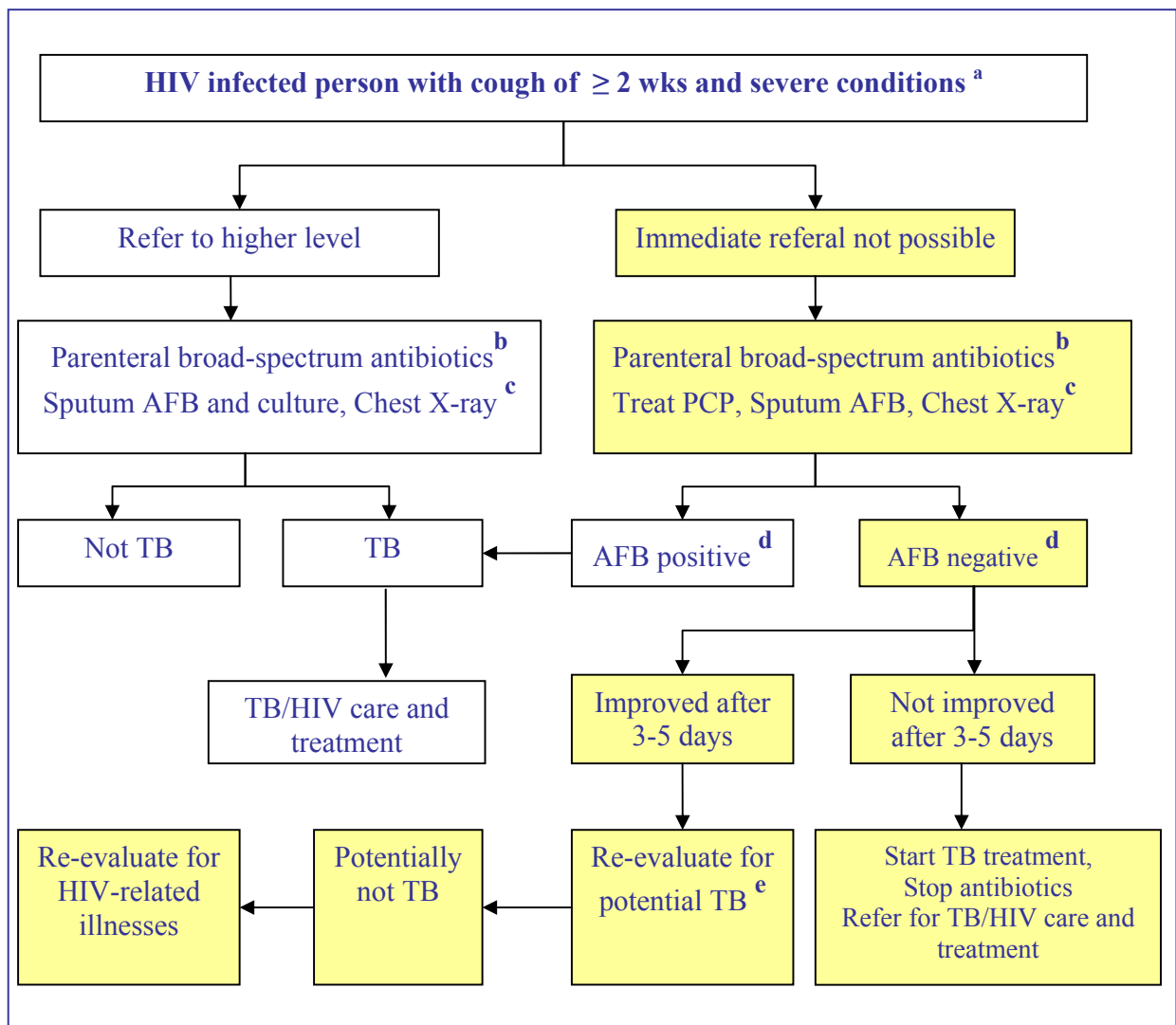
- a** The patient is not severe (can walk, no dyspnea, no high fever, pulse of less than 120 bpm).
- b** AFB(+) pulmonary TB is when having at least 1 positive for AFB sputum sample,
- c** AFB (-) is when having  $\geq 2$  negative for AFB sputum samples.
- d** CPT: Co-trimoxazole Prophylactic Treatment
- e** Evaluation for HIV includes: clinical staging, CD4 cell count and consideration for HIV/AIDS treatment (including ART).
- f** Sputum culture is available only in limited number of sites. The chest X-ray made on first visit and before this will be of great value for comparison and evaluation. The patient should be

thoroughly evaluated for clinical manifestations and chest X-ray in order to make or rule out diagnosis of TB.

- g** PCP: *Pneumocystis jiroveci* (also called *Pneumocystis carinii*) pneumonia
- h** Broad-spectrum antibiotics (fluoroquinolones not included)
- i** Re-evaluate according to the protocol if the symptoms recur.

## ANNEX 2: Algorithm of for diagnosing pulmonary TB in HIV infected persons, who have severe conditions

(Promulgated enclosed with Decision No. 3116/QĐ-BYT dated 21<sup>st</sup> August, 2007 by Minister of Health)



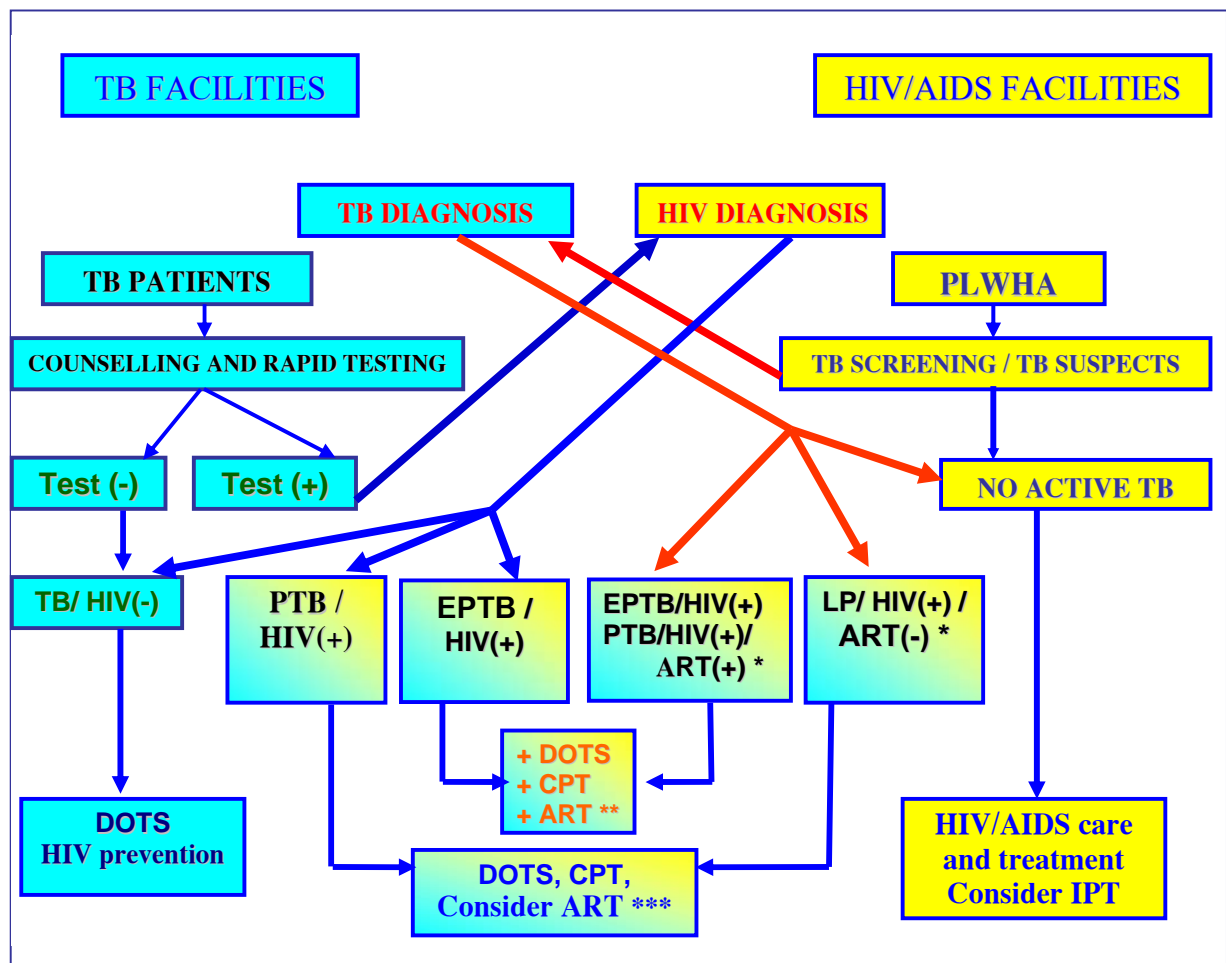
- a** Severe signs and symptoms include 1 or more of the followings: respiratory rate of >30 p.m., fever of >39°C, pulse of >120 bpm and not able to walk without aid.

- b Broad-spectrum antibiotics, not including fluoroquinolones.
- c These analyses should be done in timely manner to speed up the diagnosis.
- d AFB positive is when having at least 1 positive for AFB sputum sample; AFB negative is when having  $\geq 2$  negative for AFB sputum samples.
- e TB re-evaluation includes AFB smear and clinical assessment.

### ANNEX 3: Algorithm for diagnosing and treatment of TB/HIV patients

*(Promulgated enclosed with Decision No. 3116/QĐ-BYT*

*dated 21<sup>st</sup> August, 2007 by Minister of Health)*



\* ARV(+) = patients are on ART / ARV(-) = patients are not on ART

\*\* Order of providing therapy as follow: - ARV(+) = Continue ART, DOTS, then CPT  
- ARV(-) = DOTS, CPT, start ART

\*\*\* Consider ART bases on clinical staging or CD4 count (if available)