Reduce the burden of HIV among people with TB

Routine HIV testing for people with presumptive and diagnosed TB

22. HIV testing services should be offered to all individuals with presumptive and diagnosed TB *(strong recommendation, low quality of evidence) (10).*

23. All household contacts of a person with HIV-associated TB should be offered HIV testing services *(strong recommendation, very low-quality evidence) (19).*

24. In settings of high HIV burden, all household and close contacts of people with TB should be offered HIV testing services *(strong recommendation, very low-quality evidence) (19).*

25. In settings of low HIV burden, all household members and close contacts of people with TB who have symptoms compatible with TB disease may be offered HIV testing services as part of their clinical evaluation *(conditional recommendation, very low-quality evidence) (19).*

26. Partner services should be offered to people with HIV-associated TB *(strong recommendation, moderate-quality evidence) (23).*

HIV treatment and care for people with TB

27. A package of interventions including screening, treatment and/or prophylaxis for major opportunistic infections, rapid ART initiation and intensified adherence support interventions should be offered to everyone presenting with advanced HIV disease *(strong recommendation, moderate-quality evidence) (24).*

28. ART should be started as soon as possible within two weeks of initiating TB treatment, regardless of CD4 cell count, among people living with HIV *(25).*[a]
Adults and adolescents *(strong recommendation, low- to moderate-certainty evidence)*
[a] Except when signs and symptoms of meningitis are present.

29. Antiretroviral therapy is recommended for all patients with HIV and drug-resistant tuberculosis requiring second-line antituberculosis drugs, irrespective of CD4 cell count, as early as possible (within the first 8 weeks) following initiation of antituberculosis treatment *(strong recommendation, very low-certainty evidence) (16, 21).*

30. Routine co-trimoxazole prophylaxis should be given to all people living with HIV with active TB disease regardless of CD4 cell count *(strong recommendation, high-certainty evidence) (21).*

Integrated delivery of care for HIV-associated TB

31. In settings with a high burden of HIV and TB, ART should be initiated in TB treatment settings, with linkage to ongoing HIV care and ART *(strong recommendation, very-low-certainty evidence) (21).*