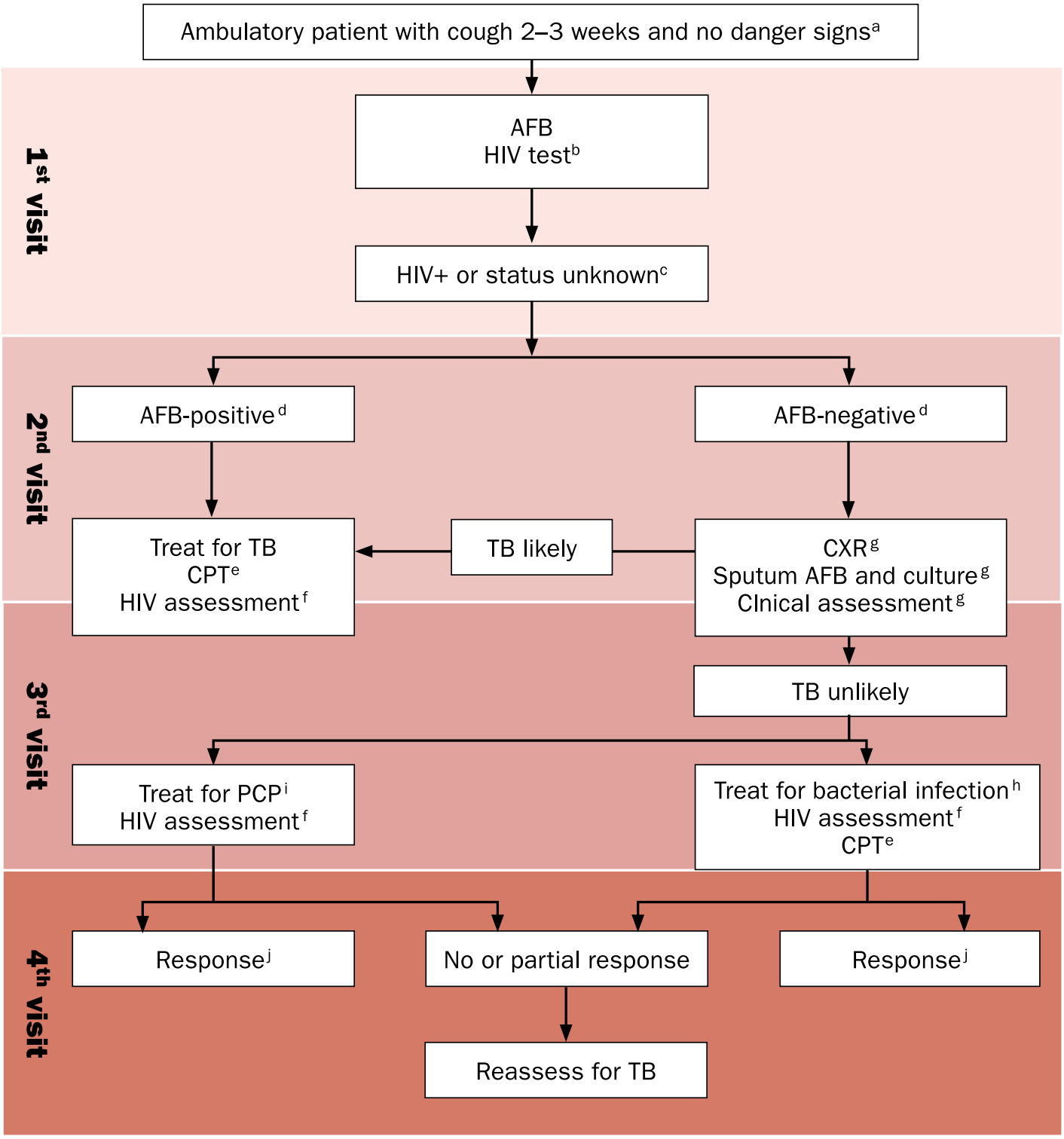
Algorithm for the diagnosis of tuberculosis in ambulatory patient in HIV-prevalent settings



[a] The danger signs include any one of: respiratory rate >30/minute, fever >39 °C, pulse rate >120/min and unable to walk unaided.

[b] For countries with adult HIV prevalence rate ≥1% or prevalence rate of HIV among tuberculosis patients ≥5%.

[c] In the absence of HIV testing, classifying HIV status unknown ias HIV-positive depends on clinical assessment or national and/or local policy.

[d] AFB-positive is defined at least one positive and AFB-negative as two or more negative smears.

[e] CPT = Co-trimoxazole preventive therapy.

[f] HIV assessment includes HIV clinical staging, determination of CD_4 count if available and referral for HIV care.

[g] The investigations within the box should be done at the same time wherever possible in order to decrease the number of visits and speed up the diagnosis.

[h] Antibiotics (except fluoroquinolones) to cover both typical and atypical bacteria should be considered.

[i] PCP: *Pneumocystis carinii* pneumonia, also known as *Pneumocystis jirovecii* pneumonia.

[j] Advise to return for reassessment if symptoms recur.