

Suspect ETB in patients with

Cough for two weeks or more *or*

- Unintentional weight loss with
 - Night sweats *and*
 - Temperature >37.5 °C or feels feverish
- Breathlessness (effusion/pericarditis) *or*
- Enlarged glands in neck/armpit *or*
- Chest X-ray
 - Miliary or diffuse shadowing
 - Large heart (especially if symmetrical and rounded)
 - Pleural effusion
 - Enlarged lymph nodes inside the chest
- Chronic headache or altered mental state

Suspect disseminated tuberculosis in all people living with HIV who experience rapid or marked weight loss, fever and night sweats

Establish HIV status if ETB is suspected

- Advise and arrange for rapid HIV testing if status is unknown or last test was negative
 - Explain that this will affect the way that this illness is investigated and treated
 - Discuss the need for antiretroviral treatment if HIV-related tuberculosis is diagnosed
 - If consent is given, try to arrange testing on the same day

Look and listen for

- Lymph nodes swelling in the neck or armpits (if present with other types of ETB it may provide the only way to confirm the diagnosis)
Possible tuberculosis lymphadenitis
- Signs of fluid in the chest
 - Absent breath sounds
 - Reduced chest wall movement
 - Dull to percussion**Possible tuberculosis pleural effusion**
- Signs of fluid around the heart
 - Heart sounds distant
 - Swollen legs and/or abdomen
 - Neck and hand veins distended with arm held above the shoulder**Possible tuberculosis pericarditis**
- Signs of meningitis
 - neck stiffness
 - confusion
 - abnormal eye movements**Possible tuberculosis meningitis**