

TB & Your Client: HIV

A Resource for Healthcare Providers in Primary Care Setting



What I Need to Know

Clients who have HIV:

- Are at the highest risk for progression to active TB if they have Latent TB Infection (LTBI)- 100X more risk compared to someone who doesn't have HIV
- Should be screened for TB at diagnosis and annually with TST or IGRA * if prior TST's are Negative
- Should be treated for Latent TB infection if found to be infected and be retreated when re-exposed. Even if TST is negative a person with HIV should receive prophylaxis if exposed.



I really need to be careful when it comes to tuberculosis- get checked regularly and take my HIV meds to make my immune system strong!



What My Client Needs to Know

Latent TB Infection status



*anyone with HIV with a positive TST needs treatment. Those who are negative should be tested every year.

Taking HIV meds will decrease risk and help protect them from infections like TB



People with HIV are the highest risk for TB- be alert!



Signs and symptoms of TB



Importance of seeing health care provider early



Screen for LTBI at diagnosis and annually thereafter. Assess for active TB on every visit if:

- You are an RN (AAP), NP or Physician
- You are in a community with a high incidence of TB



1

TST or IGRA if past negative

2

Inquire re : symptoms

3

Collect Sputum

4

CXR and Refer



NITHA TB Program



306-953-5034

Who should use this resource:

Any health care provider who works with people with HIV including addiction counsellors, community health representatives/ developers, TB program workers, community/public health nurses, primary care nurses, nurse practitioners, and physicians.

What I should know about clients who have HIV infection and TB:

People who have HIV are more 100 X more likely to progress to TB disease if they have Latent TB infection. This is because of the impact of HIV on person's immune system. The risk of TB increases with advancing immune suppression (low CD4 count) but decreases in client's receiving effective ART (anti-retroviral therapy- medication for HIV).

Co-infection of HIV and TB is common in First Nation people. When a person is diagnosed with HIV they should be screened for TB with a tuberculin skin test (TST) or IGRA which is a blood test for TB if they are not already known to have Latent TB infection (LTBI). If a person has a history of a positive TST they have LTBI. If their initial IGRA or TST is negative (<5mm) they should be screened annually thereafter. If a person has a low CD4 count they may have a false negative TST or IGRA. Retesting when CD4 increases is recommended. If their TST or IGRA is positive they should immediately be referred to TB Prevention and Control, Saskatchewan.

When a person with HIV is exposed to someone with Active TB they are at very high risk so they will be put on preventative treatment (window period prophylaxis) even before infection has been confirmed. They must be treated every time they are exposed to TB.

What I need to teach my Client with HIV about TB:

They need to know whether they have had a positive TB skin test (TST) in the past. If they have positive TST that means they have Latent TB infection and are at high risk for Active TB disease if they do not receive preventative treatment.

They need to know they should be screened every year for latent TB infection with a TST or blood test if they do not have a positive TST.

They should understand that in addition to receiving treatment of Latent TB Infection, their HIV medications (ART) are the best way decrease their risk and to protect them from infections including TB.

Active TB disease in a person with HIV is very serious and can be life threatening but if it is diagnosed early it can be treated just as well as in people who don't have HIV.

It is very important for them to know the signs and symptoms of TB:

Cough that lasts more than 2 weeks, coughing blood, unexplained fever, night sweats, weight loss and loss of appetite, feeling tired or lazy.

Symptoms of TB can be different in people with HIV because they are more likely to get TB outside the lungs compared to others. They can get TB in their Lymph nodes, heart, brain and throughout their body. Chest X-ray findings are frequently atypical (different than usual).

They need to understand that they should see their healthcare providers as soon as they have symptoms to be checked for TB.

Screening for LTBI and Active TB:

If you are in a primary care setting ensure your client has been screened for LTBI . Ask your client about symptoms and collect sputum if coughing (3 specimens. 8 hrs apart, one in early a.m.). Refer to Nurse Practitioner or Physician if you are an RN (AAP)for further testing such as Chest x-ray and for consultation with TB Prevention and Control as indicated. Consider extra-pulmonary TB in non-pulmonary presentations.

Additional Information**NITHA TB Program****306-953-5034**