 



***TB and HIV Case Studies- QUIZ***

1. What historical features are common in patient with TB and HIV? (Select all that apply)
   1. History of fevers and night sweats
   2. History of cough > 4 weeks
   3. Weight loss over 2 weeks
   4. Hypoxia and shortness of breath
2. What would you choose to begin for empiric antibiotic treatment for a patient with suspected AIDS and TB? (select best TWO answers)
   1. Septra DS one tab BID
   2. A Cephalosporin or Azithromycin for community acquired pneumonia
   3. RHZE for 8 weeks, followed by 18 weeks of Rifampin and INH
   4. Augmentin 850mg BID
3. When can you start to treat HIV in a patient with active tuberculosis?
   1. Within 24 hours of treatment of TB
   2. Two weeks into the treatment of TB
   3. Eight weeks into TB treatment
   4. After TB has been treated for 6 months.
4. True or False: In sub-Saharan Africa, extrapulmonary TB occurs in about 25% of patient with HIV.
5. True or False: Pulmonary TB is commonly associated with significant cough and hypoxia in HIV positive patients.

**Answers:**

1. a: Weight loss and night sweats are differential symptoms of TB infection in HIV patients. Cough and fevers may not be very pronounced in patients with advanced stages of AIDS. Usually weight loss has lasted more than 8 weeks prior to presentation with TB, and more often is several months if not a year prior to presentation. Hypoxia is more likely PCP related and can be a co-infection.
2. b.c.:Empiric treatment should include treatment for community acquired pneumonia, PCP, and TB - this would mean that the patient should be started on ceftriaxone, high-dose Bactrim, and TB treatment. TB treatment should consist of rifampin (R ), INH (H), Pyrazinamide (Z), and Ethambutol (E) – RHZE.
3. Treatment with HAART therapy should be delayed by 2 weeks to allow for initiation of TB treatment to reduce the risk of an IRIS reaction. IRIS reactions can be severe in patients with disseminated TB infection and anyone on HAART treatment should be closely monitored and warned of signs of immune activation.
4. In patient with HIV, about 50% present with extrapulmonary TB at the time of diagnosis.
5. Patients with TB and HIV often present late – with low CD4 counts and minimal pulmonary reaction to TB. They often have minimal cough and are not hypoxic in most cases.