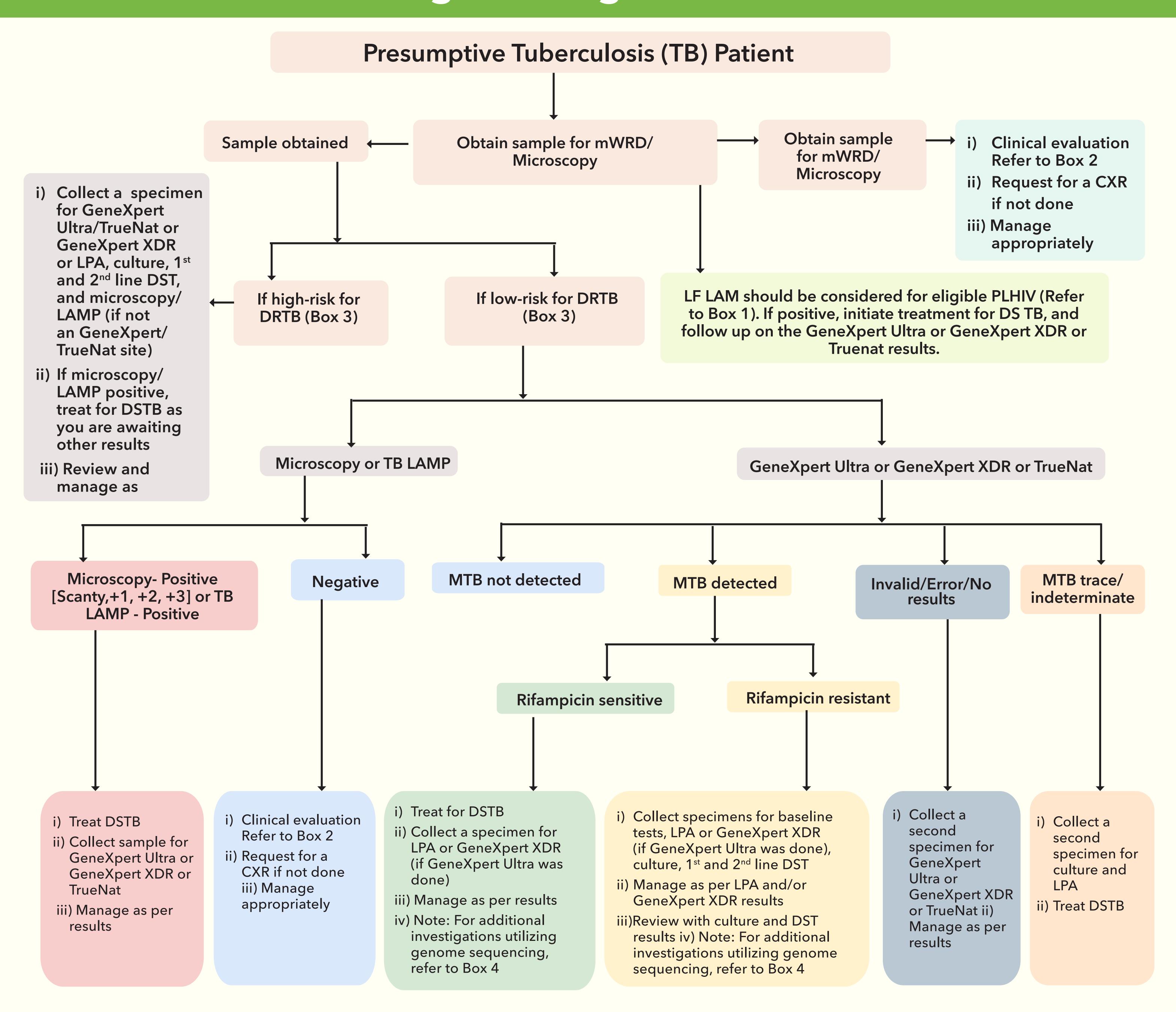


## Diagnostic Algorithm



# **Box 1:** Indications for use of LF-LAM as an adjunct test to GeneXpert Ultra/Truenat

- AHD characterized by:
  - a. All PLHIV ≥5 years with CD4 cell count <200cells/mm³
  - b. WHO stage 3 and 4 disease
  - c. All CLHIV aged Less than 5 Years, regardless of other factors
- 2. PLHIV with danger signs of severe illness
- 3. PLHIV currently admitted in the hospital
- 4. PLHIV with presumptive TB in outpatient settings

#### **Box 2:** Clinical Evaluation

- 1. Review CXR. If not done, request one
- 2. Additional imaging, e.g., CT scan, ultrasound, MRI
- 3. Re-evaluate and consider a clinical diagnosis of TB or EPTB
- 4. Evaluate for other respiratory conditions, e.g., Asthma, COPD, Lung cancer, PTLD, bronchiectasis, or others
- 5. Consider a diagnosis of Non-Tuberculous Mycobacterium (NTMs), especially if the patient is not improving and is smear positive. Collect and send a sample for Culture for diagnosis
- 6. If sputum can not be obtained, consider bronchoscopy or interventional radiology, if indicated

#### **Box 3:** High-risk groups for DRTB

- All previously treated TB patients: treatment failures, relapses, treatment after loss to follow-up
- 2. Contacts of Drug-Resistant TB patients
- 3. TB patients with a positive smear result after 2 months of TB treatment
- 4. A patient who develops TB symptoms while on TPT or has had previous TPT exposure
- 5. Healthcare Workers with TB symptoms
- 6. Prisoners with TB symptoms
- 7. Refugees with TB symptoms

### Low-risk groups for DRTB

1. Any TB patient who is not in the high-risk groups

## **Box 4:** Indications for TB sequencing

- 1. All patients
  diagnosed with
  DR TB 2.
- 2. Patients with discordant laboratory results
- 3. All previously treated patients with growth obtained from culture