

Management of Buruli ulcer–HIV coinfection

Technical update



World Health
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Key points

- All Buruli ulcer (BU) patients should be offered high-quality provider-initiated HIV testing and counselling.
- Combination antibiotic treatment for BU should be commenced before starting antiretroviral therapy (ART) and given for 8 weeks' duration. The recommended combination is rifampicin plus clarithromycin, although due to drug interactions this regimen should be used with caution when used with efavirenz. An alternative regimen is rifampicin plus moxifloxacin.
- Rapid ART initiation is recommended to all BU–HIV coinfecting patients, regardless of clinical stage and CD4 cell-count.
- All BU–HIV coinfecting patients should be actively screened for tuberculosis before commencing BU treatment and before starting ART.
- All BU–HIV coinfecting patients with advanced HIV disease should be offered a package of care interventions including screening, treatment and /or prophylaxis for major opportunistic infections, rapid ART initiation and intensified adherence support interventions.
- Programmes should implement a monitoring and reporting system to monitor and evaluate the outcomes of BU–HIV interventions.

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