

Guide for LTBI Treatment

General Guidelines:

- Treatment should be recommended for individuals with positive IGRA and negative CXR who are cleared of all indicators for Active TB
- Regimen should be based on age, co-existing medical conditions, potential drug-drug interactions, and if known, the source case’s drug susceptibility results
 - If the patient knows who they were exposed to, and confirmed they had any form of drug resistant TB, a TB expert should be consulted for treatment recommendations
- Patient should be informed of possible adverse side effects and should be monitored during treatment for both adverse side effects and active TB symptoms.

Available Treatments:

Table modified directly from [CDC’s Treatment Regimens for Latent TB Infection \(LTBI\)](#):

Drug Regimen	Duration	Frequency	Dose Count
Isoniazid (INH) and Rifapentine (RPT) – 3HP	3 Months	Once per Week	12
Rifampin (RIF) – 4R	4 months	Daily	120
Isoniazid (INH) and Rifampin (RIF) – 3HR	3 months	Daily	90
Isoniazid (INH)	6 months	Daily	180
		Twice Weekly	52
	9 months	Daily	270
		Twice Weekly	76

Using the 3HP Regimen:

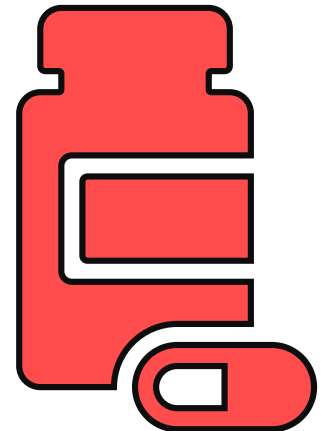
By using a 12-dose treatment plan, the rates of completion become higher as it is more convenient for patients to adhere to. This can also be self-administered by the patient.

Previous recommendations for 3HP included most persons over the age of 12. CDC has now expanded 3HP to patients which include:

- Children between 2-12 years old
- People living with HIV – must [clarify no drug interaction](#) to rifapentine

Additional Treatment Options

- **Prioritize 3–4-month treatments:** shorter treatments are easier to complete for patients, are clinically proven to be effective, and have lower hepatotoxicity
- If short term treatment is not feasible, refer to 6 or 9-month treatments



Monitoring Patients During Treatment

Patients should first be made aware of possible adverse side effects:

Common Adverse Side Effects:

- Unexplained loss of appetite
- Nausea or vomiting
- Brown urine
- Jaundice skin or eyes
- Tingling, numbness or burning in hands or feet
- Weakness or Fatigue
- Fever
- Abdominal pain or tenderness
- Blurred Vision

**If patient is taking Rifampin or Rifapentine they may experience orange discoloring in urine which is normal*

Monitoring Recommendations:

- Monthly check ins to:
 - Monitor any new symptoms for Active TB Disease
 - Evaluate adherence to medication
 - Monitor for any adverse reactions
 - Perform laboratory testing (*See below*)
- Laboratory testing should be considered for the following patients:
 - Liver disorder or history of liver disease
 - Regular alcohol use or injecting drug use
 - Patients living with HIV
 - Pregnant or delivered within last 3 months



Post Treatment Follow Up:

- Once treatment is completed, ensure the patient given the following for proof completion:
 - IGRA or TST test
 - CXR Summary
 - Letter of completion with names of medicines, doses, and length of treatment
- If symptoms of Active TB arise after treatment, patient should seek provider evaluation ASAP