

Treatment of Latent TB Infection

Medication Regimens and Completion Guidelines

TB Class 2: INH for 9 months (or 270 doses within 12 months)
(INH for 6 months [or 180 doses within 9 months] is acceptable if a patient is over 18, is not HIV infected, and is lost to follow-up or otherwise refuses any further treatment.)

TB Class 4: INH for 9 months (or 270 doses within 12 months) OR
INH plus RIF for 4 months (or 120 doses in 6 months)

RIF for 4 months (or 120 doses in 6 months) is acceptable for **adults** if INH is not tolerated/useful AND the patient has high-risk indications for treatment

RIF for 6 months (or 180 doses in 9 months) is acceptable for **children** if INH is not tolerated AND the patient has high-risk indications for treatment

Medication Dosages

Isoniazid: 10-20 mg/kg/day for children
(INH) 5 mg/kg/day for adults
Maximum daily dose for children or adults: 300 mg

Rifampin: 10-20 mg/kg/day for children
10 mg/kg/day for adults
Maximum daily dose for children or adults: 600 mg

INH should be supplemented with Vitamin B6 to prevent neuropathy in pregnancy, breastfeeding, and certain conditions such as HIV/AIDS, diabetes, alcoholism, and history of prior neuropathy.

Baseline laboratory testing is not routinely indicated at the start of LTBI treatment. Check AST and ALT if history of liver disease (hepatitis or cirrhosis), HIV-infected, and in pregnant women and those in the immediate postpartum period. Liver function studies should be obtained if patient reports nausea, vomiting, abdominal pain, anorexia, dark urine or unusual fatigue. Check CBC if easy bruising or bleeding.

Liquid INH frequently causes GI upset in small children. Crushed pills at the above doses, mixed with a semi-solid vehicle (chocolate pudding, jams and jellies, Nutella, ice cream), are preferred.

Please call the San Mateo County TB program if you have any questions:
(650) 573-2346