

Latent Tuberculosis Infection (LTBI) Treatments



Once a person is diagnosed with latent TB infection (LTBI), treatment should be offered. We recommend that all treatment be done in collaboration with the patient's local health department. Assistance with costs of care and treatment may be available through the local health department.

Isoniazid + Rifapentine once weekly x 12 weeks (3HP)

- Preferred regimen for its high completion rate
- Directly observed therapy (DOT) is highly recommended, or required if Wisconsin TB Dispensary Program is used.
- For patients at least 2 years old. Not recommended for window prophylaxis.
- Dosing for adults over 50kg is isoniazid (INH) 900mg + rifapentine 900mg.

3HP Dosing

- ⇒ INH 25mg/kg for ages 2-11; 15 mg/kg, for ages 12 and up; Round up to nearest 50 or 100mg; 900mg max
 - ⇒ Rifapentine
- | | |
|--------------|------------|
| 10.0-14.0 kg | 300 mg |
| 14.1-25.0 kg | 450 mg |
| 25.1-32.0 kg | 600 mg |
| 32.1-49.9 kg | 750 mg |
| ≥ 50.9 kg | 900 mg max |

See CDC website for more information

Rifampin daily x 4 months

- Preferred regimen for those unable to take 3HP or contacts to INH resistant cases
- Usually self-administered with patient picking up medications monthly
- Can be prescribed for infants and for window prophylaxis
- Dosing is 15-20 mg/kg infants & children; 10mg/kg adults; **600mg max.**

Isoniazid and Rifampin daily x 3 months (3HR)

- Preferred regimen for those unable to take 3HP.
- Usually self-administered with patient picking up medications monthly
- For children of all ages, adults, and persons with HIV. Not recommended for window prophylaxis.
- Dosing is 10-20 mg/kg INH and 15-20 mg/kg rifampin for infants & children; 5 mg/kg INH and 10 mg/kg rifampin for adults; **300mg max. INH; 600mg max. rifampin**

Isoniazid daily x 6-9 months

- Acceptable regimen but has very low completion rates; consider patient reliability
- Usually self-administered with patient picking up medications monthly
- Can be prescribed for infants and for window prophylaxis
- Dosing is 10-15 mg/kg infants & children; 5 mg/kg adults; **300mg max.**

For patients for whom a diagnosis of TB disease cannot be ruled out, start standard four-drug treatment by DOT. At the end of two months, reassess patient and laboratory results to confirm or rule out the diagnosis of active disease. If active TB disease is ruled out, LTBI treatment is considered complete after 2 months.



Recommendations for Directly Observed Therapy (DOT) and Patient Monitoring



Directly Observed Therapy (DOT)

With DOT, a patient takes medicines for tuberculosis (TB) or latent TB infection (LTBI) while a healthcare provider (HCP) or caregiver watches. The first visit is typically in-person and can be expected to take 30-60 minutes. Subsequent visits may be shorter, typically around 15-30 minutes. The HCP or caregiver should also:

- ◆ Ask the patient about any problems or side effects before giving the medication(s)
- ◆ Educate the patient about their condition (TB/LTBI) and potential medication side effects

DOT visits are encouraged to be in-person, however some patients may be good candidates for video DOT (VDOT) services. Please see the Centers for Disease Control and Prevention (CDC) [VDOT Toolkit](#).

Isoniazid + Rifampine once weekly x 12 weeks (3HP)

- Weekly DOT is strongly encouraged for all patients.
- Weekly treatment monitoring and patient education are also recommended.
- If the patient is being treated using Wisconsin TB Dispensary funds, DOT is required.

Rifampin daily x 4 months

- DOT is not required for this regimen; this regimen can be self-administered by the patient.
- Monthly treatment monitoring or patient education is recommended.
- Education and monitoring sessions can be expected to last between 15-60 minutes.
- It is recommended these sessions occur in-person when possible.

Isoniazid and Rifampin daily x 3 months (3HR)

- DOT is not required for this regimen; this regimen can be self-administered by the patient.
- Monthly treatment monitoring or patient education is recommended.
- Education and monitoring sessions can be expected to last between 15-60 minutes.
- It is recommended these sessions occur in-person when possible.

Isoniazid daily x 6-9 months

- DOT is not required for this regimen; this regimen can be self-administered by the patient.
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