

REGIMENS TO TREAT LATENT TUBERCULOSIS INFECTION (LTBI)

DRUG	INTERVAL & DURATION	ORAL DOSAGE (maximum)	CRITERIA FOR COMPLETION	COMMENTS
INH*	Daily x 9 months	Adult: 5 mg/kg (300 mg) Child: 10-20 mg/kg (300mg)	270 doses within 12 months	Consult with TB expert if abnormal CXR. INH daily for 9 months is preferred regimen for children < 12 years and HIV-infected persons.
	Twice-weekly by DOT x 9 months	Adult: 15 mg/kg (900 mg) Child: 20-40 mg/kg (900 mg)	76 doses within 12 months DOT	DOT required with twice-weekly dosing.
INH*	Daily x 6 months	Adult: 5 mg/kg (300 mg)	180 doses within 9 months	Use ONLY if INH 9 months is not feasible. Consult with TB expert if abnormal CXR.
	Twice-weekly by DOT x 6 months	Adult: 15 mg/kg (900 mg)	52 doses within 9 months DOT	Not recommended for HIV-infected persons or children < 12 years. DOT required with twice-weekly dosing.
RIF	Daily x 4 months	Adult: 10 mg/kg (600 mg) Child: 10-20 mg/kg (600mg) Note: INH 9 months preferred for children. Treat children with RIF for 6 months.	120 doses within 6 months	Consult with TB expert if abnormal CXR. Interacts with multiple other drugs. Stains body fluids orange/red. INH 9 months preferred for children. If must treat with RIF, treat for 6 months.
INH-RPT	Once-weekly by DOT x 12 weeks	INH 15 mg/kg (900 mg max) RPT (900 mg) 10 - 14 kg (300mg) 14.1 - 25 kg (450mg) 25.1- 32 kg (600mg) 32.1- 49.9kg (750mg) ≥ 50kg = 900mg	12 doses within 16 weeks DOT	Consult with TB expert if abnormal CXR. RPT interacts with multiple other drugs. Stains body fluids orange/red. Not recommended for: - Children < 12 years - HIV-infected persons - Pregnant women or women expecting to become pregnant during treatment DOT recommended.

*For patients on INH, 25-50 mg daily pyridoxine (vitamin B6) is recommended if there are conditions that increase the risk of neuropathy (i.e., diabetes, pregnancy, uremia, alcoholism, seizure disorder, malnutrition, and HIV-infection).

Abbreviations: INH = isoniazid, RIF = rifampin, RPT = rifapentine, DOT = direct observed therapy, CXR = chest x-ray
MDR-TB exposure: For persons exposed to INH and RIF (multi-drug) resistant TB, consult with TB expert.

Source: Centers for Disease Control and Prevention. Recommendations for the Use of an Isoniazid-Rifapentine Regimen with Direct Observation to Treat Latent *Mycobacterium tuberculosis* Infection. MMWR 2011;60:1650-1653.

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