# RECOMMENDED REGIMENS FOR TREATMENT OF LATENT TUBERCULOSIS INFECTION (LTBI)

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| **INH** | Daily x 9 months | Adult: 5 mg/kg (300 mg)  
Child: 10-20 mg/kg (300 mg) | 270 doses within 12 months | INH daily for 9 months is the preferred regimen for all persons and the only regimen for persons with fibrotic lesions on CXR. Use twice-weekly regimen only if daily regimen is not feasible. DOT must be used with twice-weekly dosing. |
| **INH** | 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 | Use ONLY if preferred regimen is not feasible. Not recommended for HIV-infected persons§ those with fibrotic changes on CXR, or children < 18 years of age. DOT must be used with twice-weekly regimens. |
| **INH** | Daily x 6 months | Adult: 5 mg/kg (300 mg) | 180 doses within 9 months | Use ONLY if preferred regimen is not feasible. Not recommended for persons with fibrotic changes on CXR. Not recommended for persons < 18 years of age, unless exposed to INH-resistant, RIF-susceptible TB. For HIV-infected persons§, most protease inhibitors or non-nucleoside reverse transcriptase inhibitors should not be administered concurrently with RIF. Consult web-based updates for the latest specific recommendations. |
| **RIF** | Daily x 4 months | Adult: 10 mg/kg (600 mg)  
[Child: 10-20 mg/kg (600mg)  
See comments] | 120 doses within 6 months | Use ONLY if patient meets eligibility criteria. Not recommended for:  
- Children under 2 years of age  
- Persons taking antiretroviral medication for HIV  
- Pregnant women or women expecting to become pregnant during treatment  
- Persons with presumed INH or rifampin-resistant LTBI. |
| **INH-RPT** | Once weekly by DOT x 12 weeks | INH 15 mg/kg (900 mg)  
RPT (900 mg)  
10 - 14kg = 300mg  
14.1 - 25kg = 450mg  
25.1 - 32kg = 600mg  
32.1 - 49.9kg= 750mg  
≥ 50kg = 900mg | 12 doses within 16 weeks | *Routine use of pyridoxine (vitamin B6) in conjunction with isoniazid is not indicated. It is recommended for persons with conditions that increase the risk of neuropathy (i.e., diabetes, pregnancy, uremia, alcoholism, seizure disorder, malnutrition, and HIV-infection)§ Consult an expert when treating LTBI in HIV-infected persons |

**Abbreviations:** INH = isoniazid, RIF = rifampin, RPT = rifapentine, DOT = direct observed therapy, CXR = chest x-ray  
**Pregnancy:** INH regimens preferred for pregnant women. RPT is contraindicated in pregnancy.  
**Children aged 2-11 years:** The preferred regimen for children aged 2-11 years is 9 months of daily INH  
**MDR-TB exposure:** For persons exposed to INH and RIF (multi-drug) resistant TB, contact MDH or consult CDC guidelines.  