

Updated Latent Tuberculosis Infection (LTBI) Screening and Treatment Recommendations

Shorter treatment regimens recommended

The Minnesota Department of Health (MDH) joins the Centers for Disease Control and Prevention (CDC) in recommending shorter treatment regimens for LTBI. The recommended treatment is a three-month regimen of once-weekly dosing of isoniazid with rifapentine (3HP), and the alternative treatment is a four-month regimen of daily dosing of rifampin (4R). According to the June 29, 2018 MMWR (linked below), completion rates increased to 97% with 3HP and 88% with 4R compared to 53% with nine months of daily isoniazid (9H). MDH does not recommend six months of daily isoniazid as it is not optimal treatment.

Use enhanced self-administered therapy

The CDC has approved the 3HP regimen to be administered via self-administered therapy (SAT), however, we advise using enhanced SAT to ensure adherence and evaluate for side effects. Enhanced SAT may involve communication via phone, text, or email with the patient on the day of medication administration. MDH continues to recommend directly observed therapy (DOT) or video DOT for patients at risk of treatment completion failure or patients deemed high-risk for progression to severe forms of TB disease.

Changes to pediatric dosing recommendations of Rifampin

Dosing recommendations for pediatric LTBI treatment with rifampin changed to 4 months of daily rifampin at a dose of 15–20mg/kg/day up to a maximum dose of 600 mg daily.

Use IGRA as the primary screening test in patients over two

IGRAs are recommended as the primary TB screening test for patients aged 2 years and older. Tuberculin skin tests (TST) is an acceptable alternative if an IGRA is unavailable, too costly, or too burdensome, such as mass screenings and employment screenings. TSTs are recommended for children under 2 years of age. For children 6 months of age and older, a negative TST is considered valid. TSTs may be used for children < 6 months of age, however, a negative TST result in a child of this age is unreliable. A positive TST at any age is considered valid. MDH recommends repeating an initial negative TST in an infant after the child reaches 6 months of age.

For more information:

Contact the MDH TB Program at 651-201-5414 if you have any questions.

Provider guidance from the National Tuberculosis Controller's Association: [Using the Isoniazid/Rifapentine Regimen to Treat Latent Tuberculosis Infection \(LTBI\)](http://www.tbcontrollers.org/resources/tb-infection/3hp/#.XJ0FfMROmUn)
(<http://www.tbcontrollers.org/resources/tb-infection/3hp/#.XJ0FfMROmUn>)

June 29, 2018 MMWR from CDC: [Update of Recommendations for Use of Once-Weekly Isoniazid-Rifapentine Regimen to Treat Latent *Mycobacterium tuberculosis* Infection](https://www.cdc.gov/mmwr/volumes/67/wr/mm6725a5.htm?s_cid=mm6725a5_w)
(https://www.cdc.gov/mmwr/volumes/67/wr/mm6725a5.htm?s_cid=mm6725a5_w)

Red Book Online: Tuberculosis Treatment
(<https://redbook.solutions.aap.org/chapter.aspx?sectionId=189640207&bookId=2205&resultClick=1#192304183>)

Clinical Practice Guidelines from the American Thoracic Society, Infectious Diseases Society of America, and CDC: [Diagnosis of Tuberculosis in Adults and Children](https://academic.oup.com/cid/article/64/2/111/2811357)
(<https://academic.oup.com/cid/article/64/2/111/2811357>)

Minnesota Department of Health
651-201-5414
email@state.mn.us
www.health.state.mn.us/tb

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