

# Minnesota provider guide: Latent TB infection (LTBI) treatment completion criteria

This document contains guidance to Minnesota providers who are monitoring patients during treatment of LTBI. It outlines how to manage patient missed doses and completion criteria.

## 4R Rifampin (RIF) regimen

**Four** months/once daily totaling 120 doses.

Monitor monthly. Complete doses within six consecutive months.

## 3HP Isoniazid (INH) and Rifapentine (RPT) regimen

**Three** months/once weekly totaling 12 doses.

Monitor weekly if by DOT\* or monthly if by SAT\*\*. A minimum of 11 doses must be taken within 16 consecutive weeks.

## 3HR Isoniazid (INH) and Rifampin (RIF) regimen

**Three** months/once daily totaling 90 doses.

Monitor monthly. Complete doses within four consecutive months.

## 6H Isoniazid (INH) regimen

**Six** months/once daily totaling 180 doses.

Monitor monthly. Complete doses within nine consecutive months. If gap(s) are  $\geq$ two months, patient should be re-evaluated for signs and symptoms before resuming treatment.

## 9H Isoniazid (INH) regimen

**Nine** months/once daily totaling 270 doses.

Monitor monthly. Complete doses within 12 consecutive months. If gap(s) are  $\geq$ two months, patients should be re-evaluated for signs and symptoms before resuming treatment.

## 6H or 9H Isoniazid (INH) regimens

**Six** months/twice weekly totaling 52 doses; or **nine** months/twice weekly totaling 76 doses.

## LATENT TB INFECTION (LTBI) TREATMENT COMPLETION CRITERIA

Monitor by DOT\*. Complete doses within nine (6H) or 12 (9H) consecutive months. If gap(s) are  $\geq$ two months, patients should be re-evaluated for signs and symptoms before resuming treatment.

If an individual is that is not at high-risk for active TB disease, and has had repeated interruptions or treatment attempts, therapy may be discontinued and the patient educated on signs & symptoms of active TB disease and instructed to seek medical care immediately, if any of these develop.

\*Direct Observed Therapy (DOT)

\*\*Self-Administered Therapy (SAT). MDH recommends an enhanced SAT that would include weekly communication with the patient, either by text or phone call.

### References:

CDC, MMWR Recommendations and Reports, Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection, June 9, 2000, Vol. 49, No. RR-6

CDC, MMWR Recommendations for Use of an Isoniazid-Rifapentine Regimen with Direct Observation to Treat Latent Mycobacterium tuberculosis Infection, December 9, 2011, Vol. 60, No. 48

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