Screening of Latent Tuberculosis

Latent Tuberculosis Treatment (3HP Regimen**)

Screen patients with diabetes for TB once after diagnosis of diabetes and repeat subsequently if new risk factors for TB Infection arise* **TB Screening tests: TST or IGRA Tuberculin Skin Test (TST)** Interferon-gamma release Administer 0,1ml tuberculin assays (IGRA) • QuantiFERON®-TB Gold-inpurified protein derivative (PPD) subcutaneously on the inner Tube test (QFT-GIT) surface of the forearm T-SPOT TB test Assess TST Results within 48-72 hours • If > 72 hours, repeat PPD placement. Assess IGRA lab Interpret test results using an online Results calculator at http://www.tstin3d.com/ Negative Positive Positive Negative Inform patient of negative result. Reassess if exposed to person with TB or new risk factors for TB Inform patient of positive result. Obtain a medical history, review of symptoms, targeted physical exam, and chest radiograph. If diagnosis of Latent TB is made, treat with Isoniazid and Rifapentine (3HP regimen)**

* Risk factors for TB Infection:

- · Close contact with a person with known or suspected TB HIV infection • IV Drug use
- Chest x-ray with fibrotic changes consistent with past TB
- End stage renal disease
- Organ transplant

Silicosis

- Cancer (head, neck, leukemia) Chronic malabsorption syndrome
- Low body weight (10% or more below IBW) Intestinal bypass/gastrectomy
- Immunosuppression or treatment with TNF-alpha inhibitor medications
- Resident of a high risk congregate setting (prison, long term care facility, shelter)

Isoniazid + Rifapentine once weekly for 12 doses		
Isoniazid (INH) - dose is based on patient's age		
Age	Dose	
2-12 years		up to the nearest 50/100mg
≥12 years		up to the nearest 50/100mg
	Maximum dosage	e for all ages is 900mg
Bifementine does is based on nationt's weight		
Rifapentine - dose is based on patient's weight		
Wt (kg)	Wt (lbs)	Dosage
10.0 - 14.0 kg	g 25-31 lbs	300mg
14.1 - 25.0 kg	g 31-55 lbs	450mg
25.1 - 32.0 kg	g 55-71 lbs	600mg
32.1 - 50.0 kç	71-110 lbs	750mg
>50 kg	>110 lbs	900mg

-- Maximum dosage for all ages is 900mg --

Laboratory Testing

- Obtain chest X-ray, baseline Chem 7, CBC, Hepatitis A, B, C, and HIV
- Obtain baseline LFTs and monitor periodically if patient:
- Has underlying hepatic disease (hepatitis, cirrhosis)
- Is pregnant or postpartum within 3 months
- Consumes alcohol regularly
- Is taking other medications with potential hepatotoxicity

Significant Drug Interactions

- May increase the metabolism and decrease the effectiveness of warfarin. statins, methadone, oral contraceptives, some antidepressants and some antihypertensive medications.
- Rifapentine may significantly reduce the effectiveness of protease inhibitors or reverse transcriptase inhibitors

Missed Doses

- Take the missed dose as soon as possible then resume weekly schedule.
- Must have at least 72 hours between weekly doses.
- All 12 doses must be taken within 16 weeks. Stacking doses (every 3 days) is not recommended and may lead to unsuccessful treatment.
- If >4 weeks of treatment have been missed, must restart therapy.