Screening of Latent Tuberculosis

Screen patients with diabetes for TB once after diagnosis of diabetes and repeat subsequently if new risk factors for TB Infection arise.*

**Risk factors for TB Infection:**
- Close contact with a person with known or suspected TB
- Chest x-ray with fibrotic changes consistent with past TB
- End stage renal disease
- Cancer (head, neck, leukemia)
- Intestinal bypass/gastrectomy
- Immunosuppression or treatment with TNF-alpha inhibitor medications
- Resident of a high risk congregate setting (prison, long term care facility, shelter)
- HIV infection
- IV Drug use
- Organ transplant
- Chronic malabsorption syndrome
- Low body weight (10% or more below IBW)
- Silicosis
- TB
- IV transplant
- Silicosis
- Prisons
- Medical facilities
- Long term care facilities
- Homeless shelter
- Drug users

**IHS National Pharmacy & Therapeutics Committee**

June 2019

Treatment of Latent Tuberculosis

**Isoniazid (INH) - dose is based on patient’s age**

<table>
<thead>
<tr>
<th>Age</th>
<th>Dose</th>
</tr>
</thead>
<tbody>
<tr>
<td>2-12 years</td>
<td>25mg/kg, rounded up to the nearest 50/100mg</td>
</tr>
<tr>
<td>≥12 years</td>
<td>15mg/kg, rounded up to the nearest 50/100mg</td>
</tr>
</tbody>
</table>

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

**Rifapentine - dose is based on patient’s weight**

<table>
<thead>
<tr>
<th>Wt (kg)</th>
<th>Wt (lbs)</th>
<th>Dosage</th>
</tr>
</thead>
<tbody>
<tr>
<td>10.0 - 14.0 kg</td>
<td>25-31 lbs</td>
<td>300mg</td>
</tr>
<tr>
<td>14.1 - 25.0 kg</td>
<td>31-55 lbs</td>
<td>450mg</td>
</tr>
<tr>
<td>25.1 - 32.0 kg</td>
<td>55-71 lbs</td>
<td>600mg</td>
</tr>
<tr>
<td>32.1 - 50.0 kg</td>
<td>71-110 lbs</td>
<td>750mg</td>
</tr>
<tr>
<td>&gt;50 kg</td>
<td>&gt;110 lbs</td>
<td>900mg</td>
</tr>
</tbody>
</table>

-- 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.