DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-00905 (10/2018)

TUBERCULOSIS INFECTION INITIAL REQUEST FOR MEDICATION

Fields marked with an asterisk (*) are required.
Please complete patient information on pages 1 & 2.

STATE OF WISCONSIN
s. 252.10 (7), Wis Stats
Wisconsin Tuberculosis Program Telephone:
608-261-6319

SUBMIT COMPLETED FORM TO:
Local Health Department (LHD)

LHD Fax Number

*NAME – Patient (Last, First, Middle Initial)				*Date of Birth (mm/dd/yyyy)
*Address (Street or Rural Route)				*Telephone Number
*City		*Zip Code	*LHD/Clinic to Send Meds	Other contact, as needed
*Sex	*Race	*Ethnicity ☐ Hispanic ☐ Non-Hispanic	*Weight	*Prescription Insurance Provider & Insurance No.
*NAME – Clinician (Print clearly)			NAME - Hospital/Clinic/Facility	
*Address (Street, City, State, Zip code)				*Telephone Number

*MEDICATION ORDERS (Check mg/kg for patients with variable weight)

Regimen

Isoniazid (INH) daily X 9 months (Generic Only) ☐ **300 mg** ☐ ____**mg** ☐ _____**mg/kg**
10-15 mg/kg infants + children; 5 mg/kg up to 100 lb/45.5 kg adults; 300 mg maximum daily all others

Rifampin daily X 4 months (Generic Only) ☐ **600 mg** ☐ ____**mg** ☐ _____**mg/kg**
10-20 mg/kg infants + children; 10 mg/kg up to 100 lb/45.5 kg adults; 600 mg maximum daily all others

Isoniazid and Rifapentine once per week via directly-observed therapy X 12 weeks
☐ **Isoniazid 900 mg and Rifapentine 900 mg** ☐ **INH _____ mg/kg + Rifapentine _____ mg**

Rifapentine	10.0–14.0 kg	300 mg
	14.1–25.0 kg	450 mg
	25.1–32.0 kg	600 mg
	32.1–49.9 kg	750 mg
	≥50.0 kg	900 mg maximum

INH 15 mg/kg rounded up to nearest 100 mg; 900 mg maximum

☐ **Other:**

☐ **Other:**

Standard of care: Adjustments to dose, frequency, and duration of therapy are common and depend upon the individual patient's response to therapy. If the patient's weight is expected to change during the course of therapy, please write the medication dose as mg/kg; the nurse will weigh the patient monthly and adjust the dose to maintain the optimal mg/kg dose.

MONITORING ORDERS

1. Assess the patient at least monthly for side effects and medication toxicity. Hold medications and call clinician if present.
2. Other:

*SIGNATURE

SIGNATURE – Clinician: _____ * Date Prescription Ordered: _____

To be completed by Local Health Department

WEDSS Disease Incident Number	Ship medication to:
Pharmacy: ☐ Skywalk ☐ Other, List	

Patient Name: **WEDSS Disease Incident Number:**

PATIENT INFORMATION - Please note the risk factors for infection, below. Remember when referring a patient for treatment that a patient must have risk factors for infection BEFORE having risk of progression.

A. *Tests:

1. T-Spot™ blood assay: Date Drawn: _____ **Results:** ☐Positive ☐Negative ☐Indeterminate ☐Invalid
2. Quantiferon™ (QFT) blood assay: Date Drawn: _____ **Results:** ☐Positive ☐Negative ☐Indeterminate
   QFT Numeric results: Nil _____ IU/mL TB Nil _____ IU/mL Mitogen _____ IU/mL
3. Tuberculin Skin Test: Date Applied: _____ Date Read: _____ Results **(induration only)** _____ mm
4.

Specimen (Sputum or BAL)	Date Collected	Results		
		Smear	PCR	Culture
Other:				

B. *Is patient symptomatic? (check all that apply) ☐ **No**

☐ Fever ☐ Night sweats ☐ Cough > 3 weeks ☐ Sputum ☐Blood in sputum ☐ Weight loss

☐ Other _____

C. *Reason for referral for treatment: (check all that apply)

☐ Born in country where TB is common: Name of country: _____

Year of arrival: _____

☐ Frequent travel that is longer than one month at a time to country where TB is common. Name of country: _____

☐ Contact to a current or past case of TB: Name of case, if known _____

☐ Healthcare worker with exposure to persons with known TB status or has worked/works in a setting with 3 or more TB cases per year.

☐ Due to start on immunosuppressant/immunomodulation therapy for treatment of _____

D. *Chest X-Ray or CT: (Include copy of chest x-ray and/or CT report with this request, CXR needs to be within 6 months)

Date: _____ **Results:** ☐ Normal ☐ Abnormal ☐ Cavitary

If CXR is abnormal, three sputum samples should be submitted to the WSLH for smear, PCR and culture, before treatment for infection can begin.

E. *Prior treatment for tuberculosis infection or disease?

☐ **NO** ☐ **YES** Please explain: _____

F. Baseline blood tests, if applicable (ALT/AST, T. BIL, if preexisting liver disease)

Test _____ Date _____ Result _____

Test _____ Date _____ Result _____

Test _____ Date _____ Result _____

Wisconsin-specific note:

The main risk factors for having TB infection and disease in Wisconsin are:

- Foreign born; especially from Laos/Thailand/Philippines/Malaysia/Burma/Bhutan/India/China/Africa/Mexico/ Myanmar/former USSR.
- Knows or knew someone with active TB disease.

References

Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. *MMWR Recommendations and Reports*. 49:RR-6. June 9, 2000.

Red Book. American Academy of Pediatrics. 29th Edition. 2012.

Recommendations for Use of an Isoniazid-Rifapentine Regimen with Direct Observation to Treat Latent *Mycobacterium tuberculosis* Infection. *MMWR*. 60:48. December 9, 2011.

Clear Entire Form/Reset

Additional Information for:
Tuberculosis Infection
Initial Request For Medication, F-00905

Remember – a person must have a risk of infection before the risk of progression to active disease is considered!

BOX 1. Risk factors for Mycobacterium tuberculosis infection

Persons at increased risk for *M. tuberculosis* infection:

- close contacts of persons known or suspected to have active tuberculosis;
- foreign-born persons from areas that have a high incidence of active tuberculosis (*e.g.*, Africa, Asia, Eastern Europe, Latin America, and Russia);
- persons who visit areas with a high prevalence of active tuberculosis, especially if visits are frequent or prolonged (greater than one month at a time);
- residents and employees of congregate settings whose clients are at increased risk for active tuberculosis (*e.g.*, correctional facilities, long-term care facilities, and homeless shelters);
  NOTE: There is very little TB in Wisconsin congregate settings, so unless there has been a known case of active disease within the facility, residents and employees are NOT generally at increased risk for TB.
- health-care workers who serve clients who are at increased risk for active tuberculosis; *NOTE: In Wisconsin there is no on-going transmission of TB in healthcare facilities and little risk in homeless apart from some risk in the SE part of the state where small clusters of TB circulate among the underserved and minority populations.*
- populations defined locally as having an increased incidence of latent *M. tuberculosis* infection or active tuberculosis, possibly including medically underserved, low-income populations, or persons who abuse drugs or alcohol; and
- infants, children, and adolescents exposed to adults who are at increased risk for latent *M. tuberculosis* infection or active tuberculosis.

Source: Based on CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000;49(No. RR-6).

BOX 2. Risk factors for progression of infection to active tuberculosis

Persons at increased risk for progression of infection to active tuberculosis include:

- persons with human immunodeficiency virus (HIV) infection;
- infants and children aged <5 years;
- persons who are receiving immunosuppressive therapy such as tumor necrosis factor–alpha (TNF-α) antagonists, systemic corticosteroids equivalent to ≥15 mg of prednisone per day, or immune suppressive drug therapy following organ transplantation;
- persons who were recently infected with *M. tuberculosis* (within the past 2 years);
- persons with a history of untreated or inadequately treated active tuberculosis, including persons with fibrotic changes on chest radiograph consistent with prior active tuberculosis;
- persons with silicosis, diabetes mellitus, chronic renal failure, leukemia, lymphoma, or cancer of the head, neck, or lung;
- persons who have had a gastrectomy or jejunoileal bypass;
- persons who weigh <90% of their ideal body weight;
- cigarette smokers and persons who abuse drugs or alcohol; and
- populations defined locally as having an increased incidence of active tuberculosis, possibly including medically underserved or low-income populations

Source: Based on CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *MMWR* 2000;49(No. RR-6).

Tuberculosis (TB) Infection Treatments

Wisconsin Department of Health Services
Division of Public Health, Tuberculosis Control and Prevention Program

Once a person is diagnosed with TB infection, treatment should be offered. We recommend that all treatment be done in collaboration with the local health department. Assistance with costs of care and treatment is available through the local health department.

There are four treatments available.

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1. We recommend treating all persons at high risk of moving from infection to disease (such as recent immigrants or infected contacts to cases) with this regimen. This is the most efficient way to ensure complete treatment, with all doses given as directly observed therapy (DOT) doses once per week for 12 weeks.

   Rifapentine 900 mg + INH 900 mg once weekly X 12 weeks; DOT required

   For those who weigh less than 50 kg, dosing is:
   INH 15 mg/kg, rounded up to nearest 50 or 100 mg; 900 mg maximum

Rifapentine	10.0-14.0 kg	300 mg
	14.1-25.0 kg	450 mg
	25.1-32.0 kg	600 mg
	32.1-49.9 kg	750 mg
	≥ 50.0 kg	900 mg maximum

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2. Nine months of isoniazid is acceptable, but has very low completion rates in many instances. This low and sometimes intermittent dose of INH can create drug resistance in the event of TB disease. Consider the reliability of the person who will receive the medication before prescribing.

   Isoniazid (INH) 300 mg daily X 9 months; self-administered, patient picks up pills monthly

   10-15 mg/kg infants and children; 5 mg/kg up to 100 lb/45.5 kg adults; 300 mg maximum

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3. This treatment is used primarily for those who cannot take INH. Again, completion rates may be low over this extended period of daily medication. Consider the patient's reliability.

   Rifampin 600 mg daily X 4 months; self-administered, patient picks up pills monthly

   10-20 mg/kg infants and children; 10 mg/kg up to 100 lb/45.5 kg adults; 600 mg maximum

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4. Clinical TB without immediate laboratory evidence can be treated with the **standard four-drug treatment by directly observed therapy**; and reassessed at the end of two months.

   If the culture is positive OR the patient shows radiological improvement on treatment, TB treatment can be continued for the full course of either 6 or 9 months (depending on radiologic presentation).

   If the culture is negative OR the patient shows no improvement continue diagnostic testing as appropriate and end the patient's TB treatment. Treatment for TB infection is complete after two months of four-drug therapy.

Wisconsin Vitamin B-6 Recommendations:

Pyridoxine (vitamin B-6) supplementation 10-50mg/day with isoniazid (INH) or 50mg/week with the 12-week regimen of Rifapentine and INH is recommended ONLY for persons with: diabetes, uremia, alcoholism, malnutrition, HIV, seizure disorders and for pregnant women. Exclusively breastfeed infants and children/adolescents on meat and milk-deficient diets or nutritional deficiencies should also receive B-6 when on INH therapy. Most adults and children do not need pyridoxine supplements.