



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, or signs and symptoms highly suspicious for TB without immediate laboratory evidence of TB, can be disconcerting. For patients for whom a diagnosis of TB disease is still a possibility, treatment for both disease and infection can be done while waiting for cultures to grow and/or to assess improvement with treatment. Start **standard four-drug treatment by directly observed therapy**; at the end of two months, reassess the patient and laboratory results.

If the culture is positive OR the patient shows improvement on treatment, a diagnosis of TB disease is in order, with subsequent treatment as needed (*i.e.*, 6 months total treatment for most persons; 9 months at least with cavitation on chest X-ray or CT; 12 months at least for meningeal TB, etc.).

If the culture is negative OR the patient shows no improvement in signs or symptoms, 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.