

The following are resources in the testing, diagnosis, and treatment of Latent tuberculosis infection (LTBI)

For positive test results with symptoms, contact the Pueblo Department of Public Health and Environment at (719) 583-4362.

CDPHE TB Website: <https://cdphe.colorado.gov/tb-providers>

General TB Information

1. Basic Information: [TB Overview](#)
2. Tools for Providers: [Tools for Providers](#)

Testing

1. Targeted Testing
 - a. Who Should be tested: [Who to Test](#)
 - b. Testing Healthcare Personnel (HCP): Low risk occupation, Overview: [Healthcare Personnel Testing](#)
 - c. Health Care Personnel Testing Algorithm: [HCP Testing Algorithm](#)
 - d. TB and increased risk with TNF-alpha patients: [TNF-alpha](#)
2. Types of TB testing
 - a. Interferon Gamma Release Assays (IGRA's: Quantiferon Gold or T-Spot blood tests):
Preferred Testing IGRA: [IGRA Testing](#)
 - b. Tuberculin Skin Testing: [Tuberculin Skin Test Factsheet](#)

If TB testing is positive

- a. Complete a Symptom Screen with the patient: <https://www.cdc.gov/tb/signs-symptoms/index.html>
- b. **If there are symptoms of TB disease present**, order a two-view chest x-ray and refer to the PDPHE TB Program at 719-583-4362 or fax information to 719-583-4375. A TB program employee will interview the patient and if indicated, collect three expectorated sputa for AFB smear, NAAT/PCR, and culture. If all cultures are negative after six weeks, the patient will be referred to their PCP for treatment of latent TB infection.
- c. If the TST or IGRA is positive and the patient is asymptomatic, order a 2-view chest x-ray to assess for disease. If chest x-ray is abnormal, consult with PDPHE TB Program for guidance.

Treatment

1. Recommendations for treatment for latent TB infection (LTBI)
 - a. Treatment regimens: [Treatment Regimens](#)
 - b. Treatment guide for providers: [Treatment Guidelines](#)
 - c. **Rifapentine is currently not available due to a nationwide shortage.**
 - d. **Rifamycin Drug-Drug Interactions:** [PDF Guide](#)
 - e. **Methadone:** Consider prescribing Isoniazid 300mg QD for six months if patient is using Methadone to minimize complications in titrating Methadone during treatment.
 - f. How to maximize adherence: [Video](#)
 - g. Adverse events during treatment: [Adverse Events](#)
 - i. Common side effects include nausea and headache with Rifampin. Recommendations to minimize these side effects include timing dose right before bed. Dosages can be taken with a small snack or crackers. For more severe nausea, famotidine and antiemetics may be considered at provider discretion.
 - ii. Often, these side effects diminish within one month of starting treatment. **Patient education and monthly follow-up with either the provider or nurse is key to maintaining adherence. Documentation of treatment completion must be provided to the patient once adequate therapy has been administered.** For a TB Treatment Completion Form, click here: [Completion Form](#)





Treatment (cont.)

Latent Tuberculosis Infection Treatment Regimens

Treatment regimens for latent TB infection (LTBI) use isoniazid (INH), rifapentine (RPT), or rifampin (RIF). **CDC and the National Tuberculosis Controllers Association preferentially recommend short-course, rifamycin-based, 3- or 4-month latent TB infection treatment regimens over 6- or 9-month isoniazid monotherapy.**

Clinicians should choose the appropriate treatment regimen based on drug susceptibility results of the presumed source case (if known), coexisting medical conditions (e.g., HIV*), and potential for drug-drug interactions.

https://www.cdc.gov/mmwr/volumes/69/rr/rr6901a1.htm?s_cid=rr6901a1_w

	DRUG	DURATION	FREQUENCY	TOTAL DOSES	DOSE AND AGE GROUP
Preferred	ISONIAZID [†] AND RIFAPENTINE ^{††} (3HP) 	3 months	Once weekly	12	Adults and children aged ≥12 yrs INH: 15 mg/kg rounded up to the nearest 50 or 100 mg; 900 mg maximum RPT: 10–14.0 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 Children aged 2–11 yrs INH [‡] : 25 mg/kg; 900 mg maximum RPT [‡] : See above
	RIFAMPIN [§] (4R) 	4 months	Daily	120	Adults: 10 mg/kg; 600 mg maximum Children: 15–20 mg/kg; 600 mg maximum
	ISONIAZID [†] AND RIFAMPIN [§] (3HR) 	3 months	Daily	90	Adults INH [‡] : 5 mg/kg; 300 mg maximum RIF [§] : 10 mg/kg; 600 mg maximum Children INH [‡] : 10–20 mg/kg; 300 mg maximum RIF [§] : 15–20 mg/kg; 600 mg maximum
Alternative	ISONIAZID [†] (6H/9H) 	6 months	Daily	180	Adults Daily: 5 mg/kg; 300 mg maximum Twice weekly: 15 mg/kg; 900 mg maximum
			Twice weekly [*]	52	
		9 months	Daily	270	Children Daily: 10–20 mg/kg; 300 mg maximum Twice weekly: 20–40 mg/kg; 900 mg maximum
			Twice weekly [*]	76	

*For persons with HIV/AIDS, see Guidelines for the Use of Antiretroviral Agents in Adults and Adolescents Living with HIV available at: <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-ary/367/overview>.

[†]Isoniazid is formulated as 100-mg and 300-mg tablets.

^{††}Rifapentine is formulated as 150-mg tablets in blister packs that should be kept sealed until use.

[‡]Intermittent regimens must be provided via directly observed therapy (i.e., a health care worker observes the ingestion of medication).

[§]Rifampin (rifampicin) is formulated as 150-mg and 300-mg capsules.

^{||}The American Academy of Pediatrics acknowledges that some experts use rifampin at 20–30 mg/kg for the daily regimen when prescribing for infants and toddlers. **Source:** American Academy of Pediatrics.

[¶]Tuberculosis. In: Kimberlin DW, Brady MT, Jackson MA, Long SS, eds. Red Book: 2018 Report of the Committee on Infectious Diseases. 31st ed. Itasca, IL: American Academy of Pediatrics; 2018:629–53.

[#]The American Academy of Pediatrics recommends an INH dosage of 10–15 mg/kg for the daily regimen and 20–30 mg/kg for the twice weekly regimen.



2. Recommendations for treatment for latent TB infection (LTBI)

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d. Methadone: Consider prescribing Isoniazid 300mg QD for six months if patient is using Methadone to minimize complications in titrating Methadone during treatment.

e. How to maximize adherence: [Video](#)

f. Adverse events during treatment: [Adverse Events](#)

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Take the TB Provider Survey

The Pueblo Department of Public Health and Environment needs your help as a healthcare provider to track tuberculosis treatment adherence and completion in our community. Information is being collected from primary care providers for clients being treated for latent tuberculosis infection (LTBI) privately. The information provided will be kept confidential per HIPAA patient privacy regulations, and only de-identified aggregate data will be publicly shared. [Click here for the survey.](#)



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