(Insert date)

Dear Medical Provider:

We would like to refer (insert patient name and DOB) to you for treatment of latent TB infection (LTBI). Attached you will find medical records of a positive TB skin test or QuantiFERON or T-SPOT test and a normal chest x-ray. Please note if this patient has a positive TB skin test, you may want to confirm the test result with QuantiFERON or TSPOT test.

For your convenience, a table of the treatment regimens for LTBI is included with this letter. The below are recommended when treating LTBI:

* Baseline and routine monitoring of AST, ALT, and bilirubin during treatment are indicated when there is a history of liver disease, HIV infection, or pregnancy (or within 3 months postpartum).
* A careful review of all medications for drug-drug interactions. A range of adverse reactions can occur when rifampin or rifapentine are taken concurrently with other drugs.
* Patients should be educated about potential side effects that may include hepatotoxicity (any of the regimens) and thrombocytopenia (rifampin or rifapentine). Rifampin and rifapentine will cause a normal orange discoloration of body fluids including tears and urine.
* A monthly assessment of patients on LTBI treatment to identify adverse drug reactions and non-adherence to treatment.

You may find patient education materials in multiple languages here:

[www.healthoregon.org/tb](http://www.healthoregon.org/tb)

Please feel free to contact (insert name/phone) or Oregon Health Authority TB Program

heidi.behm@oha.oregon.gov (503) 358-8516 with any questions you may have about treating LTBI.

Thank you for your help!

Sincerely,

## **Table: Regimens to Treat LTBI**

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| --- |
| **REGIMENS TO TREAT LATENT TUBERCULOSIS INFECTION (LTBI)** |
| **DRUG** | **INTERVAL & DURATION** | **ORAL DOSAGE (maximum)** | **CRITERIA FOR COMPLETION** |
| **RIF** | Daily x4 months | Adult: 10 mg/kg (600 mg max)Child: 15-20 mg/kg (600 mg max) see: [Pediatric TB Drug Dosing](https://www.currytbcenter.ucsf.edu/sites/default/files/2022-05/tb_sg3_chap6_pediatrics.pdf#tbltbdrugdosages) | 120 doses within6 months |
| **INH\*-****RPT****weekly****(3HP)** | Once-weekly x12 weeks | INH 15 mg/kground up to nearest 50 mg or 100 mg(900 mg max)Rifapentine10 - 14 kg (300mg)14.1 - 25 kg (450mg)25.1- 32 kg (600mg)32.1- 49.9kg (750mg)≥ 50kg = 900mg maxChild 2-11 y.o. see: [INH and rifapentine (RPT) dosing table (2 – 11 yrs)](https://www.currytbcenter.ucsf.edu/sites/default/files/2022-09/inh-and-rifapentine-dosing-table_7-26-18.docx)  | 12 doses within16 weeks |
| **INH\*****RPT daily****(1HP)** | Daily x4 weeks | Age ≥ 13 years (regardless of weight) Isoniazid 300 mg dayRifapentine 300 mg daily for weight <35 kg450 mg daily for weight 35 to 45 kg 600 mg for weight >45 kg | 28 doses within4 weeks |
| **INH\*** | Daily x9 months | Adult: 5 mg/kg (300 mg)Child: 10-15 mg/kg(300 mg max) see:[Pediatric TB Drug Dosing](https://www.currytbcenter.ucsf.edu/sites/default/files/2022-05/tb_sg3_chap6_pediatrics.pdf#tbltbdrugdosages) | 270 doses within12 months |
| Twice-weeklyby DOT x9 months | Adult: 15 mg/kg (900 mg)Child: 20-30 mg/kg (900 mg max) | 76 doses within12 monthsDOT |
| **INH\*** | Daily x6 months | Adult: 5 mg/kg (300 mg) | 180 doses within9 months |
| Twice-weekly by DOT x6 months | Adult: 15 mg/kg (900 mg) | 52 doses within9 monthsDOT |

*\*For patients on INH, 25-50 mg daily pyridoxine (vitamin B6) is recommended.*

**Abbreviations:** INH = isoniazid, RIF = rifampin, RPT = rifapentine (Priftin), CXR = chest x-ray

**MDR-TB exposure:** For persons exposed to INH and RIF (multi-drug) resistant TB, consult with TB expert.

**References**

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2. CDC. Latent Tuberculosis Infection: A Guide for Primary Health Care Providers.

Available at: <https://www.cdc.gov/tb/publications/ltbi/pdf/LTBIbooklet508.pdf>. Accessed 28 November 2023.

1. CDC. Updated guidelines for using interferon gamma release assays to detect *Mycobacterium tuberculosis* infection—United States, 2010. MMWR 2010;59(RR-05):1–25. Available at: [www.cdc.gov/mmwr/preview/mmwrhtml/rr5905a1.htm?s\_cid=rr5905a1\_e](https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5905a1.htm?s_cid=rr5905a1_e). Accessed 28 November 2023.
2. Menzies D, Adjobmey M, Ruslami R, et al. Four months of rifampin or nine months of isoniazid for latent tuberculosis in adults.NEJM 2018;379:440–53. Available at: [www.nejm.org/doi/10.1056/NEJMoa1714283](http://www.nejm.org/doi/10.1056/NEJMoa1714283). Accessed 28 November 2023.
3. Borisov AS, Morris SB, Njie GJ, et al. Update of recommendations for use of once-weekly isoniazid-rifapentine regimen to treat latent *Mycobacterium tuberculosis* infection. MMWR 2018;67:723–6. Available at: [www.cdc.gov/mmwr/volumes/67/wr/mm6725a5.htm](http://www.cdc.gov/mmwr/volumes/67/wr/mm6725a5.htm). Accessed 28 November 2023.
4. World Health Organization. WHO operational handbook on tuberculosis: module 1: infection prevention and control. Available at: [www.who.int/publications/i/item/9789240078154](http://www.who.int/publications/i/item/9789240078154). Accessed 28 November 2023.