


Timeline for the Management of TB Disease*

	MONTH						If extended treatment needed**		
	1	2	3	4	5	6**	7	8	9
Drugs 6 month regimen**	ISONIAZID (INH)						INH		
	RIFAMPIN (RIF)						RIF		
	PYRAZINAMIDE (PZA)								
	ETHAMBUTOL (EMB)***								
	B6 25mg						B6 25 mg		
Treatment	DAILY DOT		DAILY DOT or 3X WEEK DOT						
	Directly Observed Therapy		Directly Observed Therapy						
RN Visit (minimum)	✓	✓	✓	✓	✓	✓	✓	✓	✓
Home Isolation	5 days DOT with exceptions▽								
Sputum Specimens	x3 ^α	x1 ^α	x1❖						
Chest X-Rays	✓		optional			✓ at end of treatment			
Baseline tests	CMP, CBC, visual acuity/color, HIV, Hepatitis B and C								
Follow-up Tests	Monthly visual acuity and color vision testing required when patient is on EMB. Other follow-up tests are only needed if baseline value is abnormal, adverse reactions develop or other clinical indication.								

*Report suspected or confirmed TB cases within one working day of diagnosis.

**For patients requiring treatment longer than six months (e.g., those with cavitary disease whose culture has not converted to negative after 2 months treatment, those with drug resistance, etc.) follow [Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis](#).

***All patients should start on 4 drug therapy. Discontinue EMB when drug susceptibilities indicate patient is susceptible to all first line drugs.

Timeline for the Management of TB Disease*

▽ Consult or extend home isolation when:

- there are significant risk factors for drug resistant TB and GeneXpert or CDC MDDR or culture based drug susceptibility test results are unavailable to rule out drug resistant TB or
- patient works or lives in a high-risk setting (healthcare, nursing home, correctional facility, daycare, other congregate setting) or will have new exposure to persons at high risk for TB (children under age 5, HIV+, other immunocompromised) or
- patient was sputum smear+4 with a cavitory CXR at diagnosis or is currently highly symptomatic with a cough.

α Follow these general guidelines regarding frequency of sputum collection:

- 1- Collect 3 sputum at least 8 hours apart upon return from hospital to community setting.
 - 2- If sputum smear+, collect 1 sputum weekly. Most Infectious patients in home isolation may be released after 5 days DOT. Collection is to assess for clinical improvement and clear from need for airborne isolation in healthcare setting.
 - 3- When smear negative, collect sputum once a month until there is a negative culture.
- ❖ Consult with experts if smear/culture are still positive after two months treatment.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the TB Program at TB@odhsosha.oregon.gov or (503)358-8516 (voice/text). We accept all relay calls.