



Nevada State Health Division Technical Bulletin



Topic: New Guidelines for Short-Course, 12-dose LTBI Treatment Regimen
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TO: All Nevada Health Care Providers

The Centers for Disease Control and Prevention (CDC) released [Recommendations for use of an Isoniazid-Rifapentine Regimen with Direct Observation to Treat Latent *Mycobacterium tuberculosis* infection](#) guidelines December 9, 2011.

For patients with latent tuberculosis infection (LTBI), the new 12-dose regimen combines Isoniazid (INH) and Rifapentine (RPT) given once-a-week under directly observed therapy (DOT). The greatest advantage to this regimen will be the substantially higher rates of completion.

The new regimen to treat LTBI reduces the required dosage from 270 daily doses of INH to 12 once-a-week doses of INH and RPT. The 12-dose regimen and the new guidelines do not replace the current [Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection](#) guidelines but are a supplement regimen/guideline providing an additional treatment option for treating LTBI.

Clinical trials conducted in the U.S. and low- to medium-incident countries found this new regimen as effective as the daily dose regimen in preventing LTBI from progressing to new cases of TB disease in otherwise healthy people, 12 years of age and older, who were recently infected with or tested positive for TB infection¹.

Please refer to the guidelines when making the decision to utilize this regimen, as it is not recommended for all persons with latent TB infections. Additional patient monitoring and the utilization of DOT is required for each of the 12 doses. Regardless of the LTBI regimen prescribed, every effort should be made to ensure that the course is completed as directed.

All cases or suspected cases of TB must be reported within 24 hours to the health authority. ([NRS 441A.210](#) and [NAC 441A.350](#)) Complete TB guidelines are available at www.cdc.gov.

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¹ Timothy R. Sterling, M.D. et al, Three Months of Rifapentine and Isoniazid for Latent Tuberculosis Infection. N Engl J Med 2011; 365:2155-2166 [December 8, 2011](#).