



Technical Bulletin

Division of Public and Behavioral Health



Date: December 11, 2018

Topic: Update to CDC Recommendations on Short-course, 12-dose Latent Tuberculosis Infection Treatment Regimen

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To: Nevada Health Care Providers, Medical Facilities, and Correctional Facilities

Policy Statement: Nevada Division of Public and Behavioral Health Tuberculosis Program (DPBH TB Program) endorses the CDC's 2018 "Updated Recommendations for Use of Once-Weekly Isoniazid-Rifapentine Regimen to Treat Latent *Mycobacterium tuberculosis* Infection" (LTBI).

With efforts to increase treatment completion rates and decrease the progression of LTBI to active TB disease, the CDC published updated recommendations for use of short-course 12-dose Isoniazid-Rifapentine regimen (also referred to as 3HP) in the treatment of LTBI in *Morbidity and Mortality Weekly Report* (MMWR) 2018;67. Listed below are the June 2018 updated recommendations and guidance for treatment with the 3HP regimen, as retrieved from the DOI:

<http://dx.doi.org/10.15585/mmwr.mm6725a5>.

Box 1. Updated Recommendations for Once-weekly Isoniazid-Rifapentine for the 12 Week (3HP) LTBI Treatment

The CDC recommends the following for age limits, HIV infection, and the administration of the treatment:

- Use of 3HP in persons aged 2–17 years;
- Use of 3HP in persons with LTBI who are living with human immunodeficiency virus (HIV) infection, including acquired immunodeficiency syndrome (AIDS), and taking antiretroviral medications with acceptable drug-drug interactions with rifapentine*; and
- Use of 3HP by Directly Observed Therapy (DOT) or **Self-Administered Therapy (SAT)** in persons aged ≥ 2 years; the health care provider should choose the mode of administration (DOT versus SAT) based on local practice, individual patient attributes and preferences, and other considerations, including risk for progression to severe forms of tuberculosis disease.

* <https://aidsinfo.nih.gov/guidelines/html/1/adult-and-adolescent-arv/367/overview>

Box 2. Guidance to Healthcare Providers During Treatment with 3 HP (12-dose Regimen) for LTBI

- Evaluate all patients for active tuberculosis disease, both before and during treatment of LTBI.
- Inform the patient or parents or legal guardians about possible adverse effects and instruct them to seek medical attention when symptoms of possible adverse reaction first appear; particularly drug hypersensitivity reactions, rash, hypotension, or thrombocytopenia.
- Conduct monthly evaluations to assess treatment adherence and adverse effects, with repeated patient education regarding adverse effects at each visit.
- Order baseline hepatic chemistry blood tests (at least aspartate aminotransferase [AST]) for patients with the following specific conditions: human immunodeficiency virus infection, liver disorders, postpartum period (≤ 3 months after delivery), regular alcohol use, injection drug use, or use of medications with known possible interactions.
- Conduct blood tests at subsequent clinical encounters for patients whose baseline testing is abnormal and for others at risk for liver disease. Discontinue 3HP if a serum AST concentration is ≥ 5 times the upper limit of normal in the absence of symptoms or ≥ 3 times the upper limit of normal in the presence of symptoms.

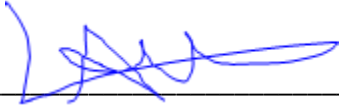
- In case of a possible severe adverse reaction, discontinue 3HP and provide supportive medical care. Conservative management and continuation of 3HP under observation can be considered in the presence of mild to moderate adverse events as determined by a health care provider.

For More Information:

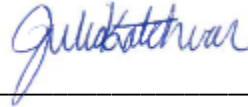
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CDC Treatment Regimens for LTBI: <https://www.cdc.gov/tb/topic/treatment/ltbi.htm>

Nevada Division of Public and Behavioral Health: <http://dpbh.nv.gov/>



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