

Appendix C: Standard Treatment Regimens for Latent or Inactive TB

The four treatment regimens for latent TB infection (LTBI) use isoniazid (INH), rifapentine (RPT), or rifampin (RIF). Treatment must be modified if the patient is a contact of an individual with drug-resistant TB disease. Consultation with a TB expert is advised if the known source of TB infection has drug-resistant TB.			
DRUGS	DURATION	INTERVAL	COMMENTS
Isoniazid (INH)	9 MONTHS	Daily	Preferred treatment for: <ul style="list-style-type: none"> Persons living with HIV Children aged 2 – 11 years Pregnant women (with pyridoxine/vitamin B6 supplements)
		Twice Weekly*	Preferred treatment for: <ul style="list-style-type: none"> Pregnant women (with pyridoxine/vitamin B6 supplements)
Isoniazid (INH)	6 MONTHS	Daily	
		Twice Weekly*	
Isoniazid (INH) and Rifapentine (RPT)	3 MONTHS	Once weekly*	Treatment for: <ul style="list-style-type: none"> Persons 12 years or older Not recommended for persons who are: <ul style="list-style-type: none"> Children younger than 2 years old Living with HIV/AIDS taking antiretroviral treatment Presumed infected with INH or RIF-resistant M. tuberculosis Women who are pregnant or expect to become pregnant within the 12-week regimen.
Rifampin (RIF)	4 MONTHS	Daily	

* Intermittent regimens must be provided via directly observed therapy (DOT), i.e., health care worker observes the ingestion of medication.

Note: Due to reports of severe liver injury and deaths, CDC recommends that the combination of rifampin (RIF) and pyrazinamide (PZA) should generally not be offered for the treatment of latent TB infection. (Source: <https://www.cdc.gov/tb/topic/treatment/ltbi.htm>)