



Guidance for Providing LTBI Treatment to Contacts of Active TB

Recent TB Test Converters Are at High Risk

Contacts to individuals with active tuberculosis (TB) disease who are also recent converters (the contact tested negative for TB in the past and now tests positive) are at high risk of progression from latent TB infection (LTBI) to active TB. Therefore, the Centers for Disease Control and Prevention (CDC) highly recommend LTBI treatment for contacts that have been recently infected.

Rule Out Active TB

It is critical that contacts be completely evaluated to rule out the presence of active disease prior to starting LTBI treatment. Contacts to active TB cases that have any of the following should not be started on LTBI therapy and should be immediately reported to the Monterey County Health Department TB Control Unit: fever, cough, chest pain, weight loss, night sweats, hemoptysis, fatigue, decreased appetite, lymphadenopathy, or abnormal chest x-ray.

Contraindications to LTBI Treatment

Pregnancy is not a contraindication for treatment of LTBI in women with HIV or women that have been recently infected.

LTBI Treatment Regimens and Adherence

The attached table includes treatment options. Directly Observed Therapy (DOT) should be considered when the contact is unlikely to adhere to self-administered therapy.

Monitoring for Drug Toxicity

Treatment for LTBI should not be initiated unless adequate patient monitoring can be assured. Patients should be monitored for drug toxicity to include:

1. Baseline Evaluation. Baseline laboratory testing is not routinely indicated but may be considered on an individual basis. Persons with the following high-risk characteristics should have baseline laboratory testing: HIV infection; history of, or at risk for, chronic liver disease; alcoholism; taking other hepatotoxic medication; and pregnancy and women in the immediate post-partum period (within 3 months of delivery). The baseline laboratory tests will depend on which regimen is being used:

- Isoniazid (INH)-containing regimen: If baseline laboratory tests are indicated, a serum AST or ALT and bilirubin should be included.
- Rifampin (RIF) or Rifapentine (RPT)-containing regimen: In persons taking a rifamycin, baseline measurements of complete blood count and platelets are recommended, in addition to liver enzyme tests.

2. Evaluation During Treatment. LTBI patients on treatment should be monitored monthly:

- Continue to assess patient for symptoms of adverse drug reactions.
- Periodic laboratory monitoring during LTBI treatment is indicated for persons with abnormal baseline liver tests, for persons with history of or at risk for hepatic disease, or for persons with symptoms of hepatitis. Frequency of testing depends on the person's risk for disease and severity of liver function test abnormalities.
- Treatment should be suspended if the patient is 1) symptomatic and AST/ALT is greater than 3-4 times the normal value, or 2) is asymptomatic and AST/ALT is greater than 4-5 times the normal value. Further evaluation and treatment depend on presence of symptoms, jaundice, coagulopathy, and severity of elevation of transaminase levels.

Completion of Therapy

Completion of therapy is based on the total number of doses administered, not the duration of therapy. If treatment is interrupted, the recommended number of doses in the regimen must be provided within a certain maximum time period. If interruptions were early in the treatment course, the entire treatment regimen should be restarted.

LTBI Treatment Checklist

- Rule out active TB
- Assess for any contraindications to treatment
- Select an appropriate treatment regimen
- Perform baseline evaluation, including laboratory testing if warranted
- Educate patient on possible side effects and importance of adherence
- Initiate LTBI therapy
- Monitor patient for side effects and treatment adherence
- Suspend therapy if patient experiences symptoms of hepatotoxicity or transaminase levels are significantly elevated
- Consult with Monterey County Health Department TB Control Unit for questions about DOT, adverse reactions or interruptions in therapy
- Provide patient with record of completed LTBI therapy

For More Information

Monterey County Health Department, Tuberculosis Control Unit

Phone: 831-796-1279

www.mtyhd.org

California TB Controllers Association Guidelines

<http://www.ctca.org>

Centers for Disease Control and Prevention (CDC)

www.cdc.gov/tb