



**DEPARTMENT OF HEALTH**  
**REPORT OF TREATMENT FOR LATENT TB INFECTION**

State Form 49894 (R2/9-03)

Information contained on this form is confidential under IC 16-41-8-1

- INSTRUCTIONS:**
1. Submit only for persons being treated for latent TB infection who are requesting drugs through ISDH.
  2. Submit with prescriptions to local health department.
  3. Do not use to report verified or suspected cases of TB disease.

1. **Name (last/first):** \_\_\_\_\_, \_\_\_\_\_  
 2. **Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**County:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
 3. **Phone:** \_\_\_\_\_  
 4. **Date of birth:** \_\_\_\_\_ 5. **Sex:**  Male  Female

**Referred from:** \_\_\_\_\_  
**Clinic:** \_\_\_\_\_  
**Submitted by:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Date submitted:** \_\_\_\_\_

6. **Country of birth:** \_\_\_\_\_ If foreign-born, year entered the U.S. \_\_\_\_\_ Refugee:  Yes  No  
 7. **Race (check all that apply):**  White  Black or African American  Asian  American Indian/Alaska Native  
 Native Hawaiian or Other Pacific Islander 8. **Ethnicity:**  Hispanic or Latino  Not Hispanic or Latino  
 9. **Tuberculin skin test results:** Date given \_\_\_\_\_ Date read \_\_\_\_\_ Induration size \_\_\_\_\_ mm

Note: Do not consider as a positive reaction or a candidate for treatment if induration is <15mm **and** there are no risk factors.

**10. Based on risk factors for TB exposure or for progression to active disease, this patient belongs to which of the following groups?**

- Negative (<5mm) initial skin test, but is a high-risk, close contact of an infectious case of TB. Treatment is recommended until latent TB infection is ruled out (i.e., HIV+, child <4, other high-risk medical conditions)
- ≥5mm of induration is positive for:**  HIV-positive  Recent contact to an infectious TB case  Chest x-ray consistent with old healed TB  Organ transplant recipient or other immunosuppressive therapy or disorder
- ≥10mm of induration is positive for:**
  - Born in a high-prevalence country
  - Injection drug user
  - Resident or employee of a high-risk congregate setting
  - Persons with certain high-risk medical conditions
  - Children < 4 years of age
  - Children & adolescents exposed to high-risk adults
  - Mycobacteriology laboratory personnel
  - Recent (within the last 2 years) conversion to TST +
  - Substance abuse, including alcohol
  - Lived in high-prevalence areas of the U.S. or other country
- No known risk factors** (≥15mm of induration is positive for this group)

11. **HIV status:**  Positive  Negative  Tested, results pending  Test offered but refused  Test not offered

12. **Name of active case this patient is a contact of, if known:** \_\_\_\_\_

13. **Chest x-ray date:** \_\_\_\_\_ **Results:**  Normal  Abnormal, but with no evidence of active TB disease  
 Abnormal, with stable fibrotic lesions consistent with old, healed TB

14. **Drug regimen (see other side):** \_\_\_\_\_ for \_\_\_\_\_ months

15. **Reason for TB screening if patient has no risk factors:** \_\_\_\_\_

ONLY REGIMENS RECOMMENDED BY THE AMERICAN THORACIC SOCIETY WILL BE PROVIDED (SEE OTHER SIDE).

<b>FOR LOCAL HEALTH DEPARTMENT USE ONLY</b>	<b>Send with ISDH Drug Request Form and prescription to:</b>
Date received _____	Indiana State Department of Health
Received by _____	2 North Meridian Street, Section 6-A
Phone _____	Indianapolis, IN 46204 Phone: (317) 233-7434 Fax: (317) 233-7747

## RECOMMENDED TREATMENT REGIMENS FOR LATENT TB INFECTION

Drug	Interval and Duration	Adult Dosage (max)	Criteria for Completion	Comments
INH	Daily for 9 months	5 mg/kg (300 mg)	270 doses within 12 months	Preferred regimen for all persons regardless of age or HIV status. For HIV-infected patients, PIs, NRTIs, and NNRTIs may be safely co-administered with INH. DOT must be used with twice-weekly dosing.
	Twice weekly for 9 months	15 mg/kg (900 mg)	76 doses within 12 months	
INH	Daily for 6 months	5 mg/kg (300 mg)	180 doses within 9 months	Offer only if preferred or alternate regimens are not feasible. Not indicated for patients with HIV infection or fibrotic lesions on chest x-ray. Not indicated for children. DOT must be used for twice-weekly dosing.
	Twice weekly for 6 months	15 mg/kg (900 mg)	52 doses within 9 months	
RIF	Daily for 4 months*	10 mg/kg (600 mg)	120 doses within 6 months	May use for contacts to INH-resistant, RIF susceptible TB For persons who cannot tolerate INH or PZA. Not recommended for twice-weekly dosing.
RIF plus PZA	Daily for 2 months	RIF 10 mg/kg (600 mg) PZA 15-20 mg/kg (2.0 g)	60 doses within 3 months	Not recommended for general use. Not for use in children. May be used for carefully selected high-risk patients who are unlikely to complete the preferred regimens if the benefits significantly outweigh the risk of severe liver injury. Past or present excessive ETOH use is an absolute contraindication.
	Twice weekly for 2 months	RIF 10 mg/kg (600 mg) PZA 50 mg/kg (4.0 g)	16 doses within 3 months	

\*The American Academy of Pediatrics currently recommends that children receiving RIF should be treated for 6 months

**Standard adult dosages:** INH = 300 mg daily; RIF = 600 mg daily

**Pediatric dosages:** INH daily: 10-15 mg/kg, 300mg max; INH twice weekly: 20-30 mg/kg, 900 mg max.  
RIF (daily only): 10-20 mg/kg, 600 mg max.

**Abbreviations:** INH = isoniazid, RIF = rifampin, PZA = pyrazinamide, NRTIs = nucleoside reverse transcriptase inhibitors, NNRTIs = non-nucleoside reverse transcriptase inhibitors, PIs = protease inhibitors; DOT = directly observed therapy

**Pregnancy:** INH regimens are preferred for pregnant women. For HIV + pregnant women, consult an expert.

**MDR-TB:** consultation with an expert is required if the patient was exposed to a confirmed case of multi-drug resistant TB (resistant to both INH and RIF).

**Pyridoxine (Vitamin B<sub>6</sub>)** may be given with INH to prevent peripheral neuropathy in susceptible adult patients. Adult dose is 50 mg/day. It should be used for exclusively breast-fed babies, children with poor diets, or adolescents and any children who report symptoms of peripheral neuropathy.

**Liquid INH** should be avoided due to cramping and diarrhea that can be caused by its high osmotic load. Try crushing the tablet and mixing it with food or liquid.

**For patients receiving RIF & PZA:** Liver function tests should be performed as a baseline and at 2, 4, and 6 weeks of treatment. Reassess the patient in person for adverse effects at 2, 4, 6, and 8 weeks. Do not dispense more than 2 weeks supply of drugs at a time. Do not exceed the recommended daily dose of PZA.