



If you diagnose active TB, please contact a TB Officer.

**DO NOT PUT A PATIENT WHO MAY HAVE ACTIVE TB ON A PLANE UNLESS ACUTELY ILL:** This could expose the other passengers. Perform evaluation in village as able. Consult TB Officer.

#### TB Symptoms and Risk Factors (clinical judgment required)

- Hemoptysis
- Cough > 3 weeks
- Fever
- Night sweats
- Weight loss
- Persistent pneumonia
- Atypical CXR
- Household contact of active TB
- Prior active or latent TB infection
- Foreign born from endemic area
- Immunosuppression (HIV, diabetes mellitus, prednisone >15 mg/day for > 1 month, or TNF-alpha blocker)
- Born before 1960 and long-term resident of western Alaska or other endemic area

**Active TB Treatments:** choose one option

1. "RPT-MOX" (FOR NON-PREGNANT INDIVIDUALS ≥ 40 kg WITH DRUG SUSCEPTIBLE PULMONARY TB ONLY): If no rifamycin resistance on MTB-RIF, the isolate is presumed to be "SUSCEPTIBLE" for the purpose of initiating this option. See the "AMB TB Presumed Active" Power Plan for weight based dosing. This 4 month daily treatment regimen consists of an intensive phase composed of 8 weeks of daily treatment with RPT, MOX, INH, and PZA followed by a continuation phase of 9 weeks of daily treatment with RPT, MOX, and INH.
2. "RIPE": See "AMB TB Presumed Active" Power Plan for weight based dosing. This 6 month daily treatment regimen consists of an intensive phase composed of 8 weeks of daily treatment with RIF, INH, PZA, and EMB followed by a 4 month continuation phase of RIF and INH.

- For both options, at least 5 of the 7 weekly doses should be administered by DOT.
- When on INH, give pyridoxine (vitamin B6) 50 mg by mouth daily to prevent neuropathy.
- If patient is pregnant or HIV infected, please consult a TB officer.
- Dosing is per [CDC guidelines](#).
- Start treatment immediately, either inpatient or with 2 week prescription through YK pharmacy. Consult TB Officers and PHN regarding ongoing prescriptions.

#### Abbreviations

- AFB: acid-fast bacilli
- DOT: directly observed therapy
- EMB: ethambutol
- IGRA: interferon gamma release assay, e.g. QuantiFERON Gold
- INH: isoniazid
- LTBI: latent TB infection
- MOX: moxifloxacin
- MTB-RIF: mycobacterium tuberculosis nucleic acid amplification test that also tests for rifamycin resistance
- PZA: pyrazinamide
- RIF: rifampin(a rifamycin)
- RPT: rifapentine (another rifamycin)
- TST: tuberculosis skin test

**How to Consult a TB Officer:** Send a message via Tiger Connect to "TB Officers" Team.

#### Contact Information

- Public Health Nursing (PHN):  
Phone: 907-543-2110  
Fax: 907-543-0435  
All directly-observed therapy (DOT) will be arranged by PHN.
- Curry Center TB Warm Line: (877) 390-6682
- Dr. Jacob Gray, ANMC Infectious Disease (Tiger Text)
- State Epidemiology: (907) 269-8000

This guideline is designed for the general use of most patients but may need to be adapted to meet the special needs of a specific patient as determined by the medical practitioner.  
Approved 5/5/22. Click [here](#) to see the supplemental resources for this guideline.  
If comments about this guideline, please contact Robert\_Tyree@ykhc.org.

