

Latent Tuberculosis Infection (LTBI)

Public Health

<u>Nursing</u>

(PHN)

Phone: 543-2110

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All Directly Observed Therapy (DOT) will

be arranged by PHNs.

High Risk for TB

- 1. Exposure to an active TB patient.
- 2. HIV positive.
- 3. Immunosuppressed.
- 4. Prednisone-dependent on ≥ 15 mg/day.

1. Hold on LTBI meds while obtaining

4. Send note and med order to PHN.

2. Ensure follow-up if medication deferred.

1. If negative smears, start LTBI regimen (see box). If Hx INH resistance in patient's

2. PH completes monthly symptom and

3. Consider following LFTs if alcohol use.

If culture is positive, stop LTBI

therapy, consult a TB officer, and

start four drug active TB therapy.

See tuberculosis guideline.

medication side effects screens.

sputum samples.

3. Discuss with PHNs.

village, consider rifampin.

4. Await AFB cultures.

- 5. Suspicious CXR.
- 6. <6 mo of age.

+PPD

At least 10 mm induration (not redness) OR >5 mm induration (not redness) for patients who are high risk (see box).

Needs to be read 48-72 hours after placement for a true negative. If positive, the induration will remain up to seven days and can be read until then.

Schedule 40 minute clinic appointment.
Notify Public Health.

Patient may do three sputums for AFB smear/culture in village or Bethel while awaiting appointment.

Examine patient and perform symptom review: cough >3 weeks, sputum, weight loss, sweats, fever, cough not resolving on antibiotics, fatigue.

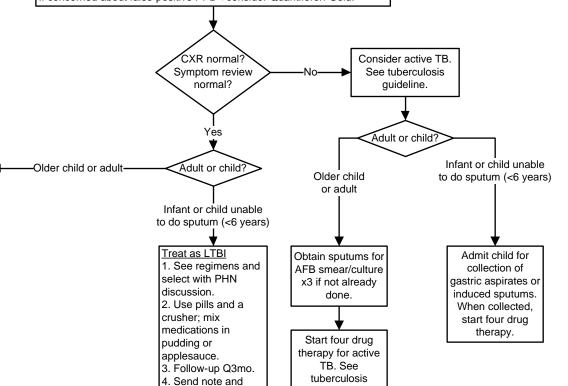
Get CXR, LFTs, HIV testing.

Consider STI screening with RPR, GC/CT.

Order three sputums for AFB smear/culture: first in the clinic, two more at home. Need first morning samples if not already done.

med order to PHN.

If concerned about false-positive PPD< consider Quantiferon-Gold.



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 by MSEC 4/19/12.

If comments about this guideline, please contact Elizabeth_Roll@ykhc.org.

LTBI Treatment Medications

1. Isoniazid 300 mg PO daily x9 months. For pediatrics: 20 mg/kg (max dose 300 mg).

guideline.

- 2. Isoniazid 900 mg PO twice a week x9 months. For pediatrics:30 mg/kg (max dose 900 mg). May only be given with DOT.3. For 12 years and up: isoniazid weight-based/rifapentine
- 3. For 12 years and up: isoniazid weight-based/rifapentine weight-based Qweek x12 weeks. Not for patients who are pregnant, nursing, HIV+ on retrovirals, or have presumed INH or rifampin resistance. May only be given with DOT.
- 4. If INH-resistant: rifampin 20 mg/kg PO daily x4 months for adults. For pediatrics: 10-20 mg/kg PO daily x6 months.