

New Treatment Regimen for Latent Tuberculosis Infection

[Announcer] This program is presented by the Centers for Disease Control and Prevention.

Welcome to CDC Audio Rounds. I'm Dr. Kenneth Castro, Director of the Division of Tuberculosis Elimination at the Centers for Disease Control and Prevention.

CDC has released guidelines for the use of a new regimen for the treatment of persons with latent tuberculosis infection. Preventing TB disease by treating those with latent TB infection is a cornerstone of the US strategy for TB elimination. This new regimen, referred to as the *12-dose regimen*, is a combination of isoniazid and rifapentine, given once weekly, in 12 doses, under directly observed therapy. It is the biggest breakthrough in treatment for latent TB infection since the 1960s, as it reduces treatment from 270 daily doses over nine months to 12 once-weekly doses over three months.

The new regimen doesn't replace other recommended treatment options. It's recommended as an equal alternative for otherwise healthy persons, 12 years of age and older, who have latent TB infection and factors associated with disease progression. These include recent exposure to a person with infectious TB disease, or a TB skin test conversion, or a positive blood test for TB. Persons infected with HIV who are otherwise healthy and not taking antiretroviral medicines *can* use the 12-dose regimen. The regimen can also be considered when it offers practical advantages, such as completion within a limited timeframe.

The 12-dose regimen *isn't* recommended for children younger than two years of age, persons infected with HIV who are taking antiretroviral therapy, pregnant women or women who expect to become pregnant during treatment, and persons who have latent TB infection with strains presumed to be resistant to isoniazid or rifapentine. The preferred regimen for children aged two to 11 years old is nine months of daily isoniazid.

The choice between the 12-dose regimen and other approved regimens depends on several factors, including the feasibility of providing directly observed therapy; drug availability; patient monitoring; expectance of treatment completion; and the preferences of the patient and the prescribing physician.

Directly observed therapy is essential to the 12-dose regimen. Persons using this regimen should undergo monthly clinical monitoring, including inquiries about side effects and a physical assessment for signs of adverse effects.

More information about the 12-dose regimen is available at www.cdc.gov/tb.

For the most accurate health information, visit www.cdc.gov or call 1-800-CDC-INFO.