DEPARTMENT OF HEALTH

Updated Latent Tuberculosis Infection (LTBI) Screening and Treatment Recommendations

Shorter treatment regimens recommended

Minnesota Department of Health (MDH) joins the Centers for Disease Control and Prevention (CDC) in recommending shorter treatment regimens for LTBI. Recommended and preferred treatments include: a three-month regimen of once-weekly dosing of isoniazid with rifapentine (3HP), or a four-month regimen of daily dosing of rifampin (4R), or the newly added three-month regimen of daily dosing of isoniazid with rifampin (3HR). For alternative regimens, six months of daily isoniazid (6H) is recommended over nine months of daily isoniazid (9H). Shorter regimens are showing success in maintaining effectiveness while increasing completion of treatment.

Use enhanced self-administered therapy

The CDC has approved the 3HP regimen to be administered via self-administered therapy (SAT), however, MDH advises using enhanced SAT to ensure adherence and evaluate for side effects. Enhanced SAT may involve communication via phone, text, or email with the patient on the day of medication administration. MDH continues to recommend directly observed therapy (DOT) or video DOT for patients at risk of treatment completion failure or patients deemed high-risk for progression to severe forms of TB disease.

Changes to pediatric dosing recommendations of Rifampin

Dosing recommendations for pediatric LTBI treatment with rifampin have increased to 15–20mg/kg day up to a maximum dose of 600 mg daily. If you are treating pediatric active TB disease, consult the Red Book. Additionally, MDH medical consultation is available.

Use IGRA as the primary screening test in patients of any age

MDH recommends the TB blood test (IGRA) as preferred testing methodology. Either TST or IGRA testing is acceptable for children of any age. IGRA is preferred for children who have received a BCG vaccine or who are unlikely to return for the TST reading. Tuberculin skin tests (TST) are an acceptable alternative if using the IGRA is unavailable, too costly, or too burdensome, such as mass screenings and employment screenings. For children six months of age and older, a negative TST is considered valid. TSTs may be used for children under six months of age, however, a negative TST result in a child of this age is unreliable. A positive TST at any age is considered valid. MDH recommends repeating an initial negative TST in an infant after the child reaches six months of age. For more information on pediatric testing, consult the latest edition of the Red Book.

For more information:

- Contact the MDH TB Program at 651-201-5414 if you have any questions.
- Guidelines for the Treatment of Latent Tuberculosis Infection: Recommendations from the National Tuberculosis Controllers Association and CDC (http://dx.doi.org/10.15585/mmwr.rr6901a1)
- CDC: Latent Tuberculosis Infection: A Guide for Primary Health Care Providers (https://www.cdc.gov/tb/media/pdfs/Latent-TB-Infection-A-Guide-for-Primary-Health-Care-Providers.pdf)
- Red Book Online: Tuberculosis (https://publications.aap.org/redbook/book/755/chapter/14083107/Tuberculosis)
- Clinical Practice Guidelines from the American Thoracic Society, Infectious Diseases Society of America, and CDC: Diagnosis of Tuberculosis in Adults and Children (https://academic.oup.com/cid/article/64/2/111/2811357)

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