

Latent TB

- People with latent TB infection are infected with TB bacteria, but they do not have TB disease.
- However, if these bacteria become active and multiply, latent TB infection can develop into TB disease.
- Treating people with latent TB infection substantially reduces the risk that latent TB infection will progress to TB disease.

Latent TB treatment

Latent TB regime	6H:	3 HP:
	daily Isoniazid for 6 months (180 days)	weekly of (isoniazid + rifapentine) for 12 weeks
Pregnancy	Safe	Not known
Interaction with ART	No restriction	• Contraindicated with protease inhibitor, darunavir and nevirapine. • Potential interaction with TAF
Toxicity	• Hepatotoxicity • Peripheral neuropathy • Rash • GI upset	• Flu like syndrome • Hypersensitivity • GI upset • Hepatotoxicity (less)
Absorption	Best absorbed on empty stomach Up to 50% reduction in peak concentration with a fatty meal	Oral rifapentine bioavailability is 70%; peak concentration increased if given with a meal
Vit B6 prophylaxis	10-25mg/ day	25-50mg/week

Dosage for 6H regime

- <10 years of age: 10mg/kg/day (range 7-15mg)
- 10 years and above: 5mg/kg/day

Weight	2-3.9 kg	4-7.9 kg	8-11.9 kg	12-15.9 kg	16-24.9 kg	> 25kg
Isoniazid dosage for 6H regime	25mg	50 mg	100 mg	150 mg	200 mg	300 mg

Dosage for 3HP regime

Weight (in kg)		3 – 5.9 (<3mths)	3 – 5.9 (≥ 3mths)	6 – 9.9 (< 6mths)	6 – 9.9 (≥ 6mths)	10 - 14.9	15 - 19.9	20 - 24.9	25 - 29.9	30 - 34.9	35 - 39.9	40 - 44.9	45 - 49.9	≥ 50
Isoniazid	100 mg dt	0.6 mg (6ml)	0.7 mg (7 ml)	1	1.5	2.5	3	4.5	4.5	6	6	7.5	7.5	9
	300 mg tab						1	1.5	1.5	2	2	2.5	2.5	3
Rifapentine	150 mg dt	0.5 mg (5 ml)	0.7 mg (7 ml)	1.5	1.5	2	3	4	4	5	6	6	6	6
	300mg tab						1.5	2	2	2.5	3	3	3	3

Provision of TPT in special conditions

Condition	Remarks
Pregnancy and lactation	• 3HP is contraindicated in pregnancy and lactation. • Only 6H should be provided with close monitoring.

Patient taking OC pills	• If patient taking estrogen containing OC pills, Rifampicin/ Rifapentine reduce the efficacy of OC pills. • To change other contraceptive methods.
Liver disease	• TPT should not be provided in patients with acute hepatitis and end stage liver diseases. • TPT can be provided in chronic liver diseases (Hep B/Hep C) if there is no active inflammation.
Patient with renal failures	• TPT can be provided in patients with renal disease. • In patients taking 6H, Vit B6 should be given to lessen the side-effect of peripheral neuropathy.
People living with HIV (PLHIV)	• Rifampicin/ Rifapentine should not be provided in patients taking protease inhibitors or nevirapine. • In 3HP regimen, no dosage adjustment of DTG and EFV is needed.