TB Preventive Treatment Quick Reference

Primary care providers can facilitate tuberculosis (TB) preventive treatment (TPT) for most individuals with TB infection (TBI). TPT is provided according to the table below. Before initiating TPT, check weight for dosing, complete baseline testing (i.e., CBC, ALT, bilirubin, hepatitis B and C and HIV serology) and assess drug to drug interactions. Medications are provided free of charge by public health services.

Regimen	Duration	Dose	Frequency	Common Adverse Effects	Evaluation
First-line regimen					
Rifampin (4R)	4 months	10mg/kg (max 600 mg)	Daily	Rash, drug interactions	Monthly clinical assessment[1] ALT, bilirubin, CBC after 1 month (or monthly if test result abnormal, adverse event detected or risk factors for hepatotoxicity present)
Second-line regimen					
Isoniazid (9H)	9 months	5mg/kg (max 300 mg) + Pyridoxine[2] 25 mg	Daily	Hepatoxicity, peripheral neuropathy	Monthly clinical assessment[1] Monthly ALT, bilirubin
For alternate regimens, refer to Canadian TB Standards.					

[1] Monthly clinical assessment includes review of weight for dosing, adverse events, and treatment compliance
[2] Pyridoxine (vitamin B6) is recommended to be taken with each dose to minimize the risk of neuropathy

Source: Canadian Journal of Respiratory, Critical Care, and Sleep Medicine, Volume 6, Issue sup1 (2022). Canadian TB Standards, 8th Ed.

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TB Preventive Treatment Quick Reference

The primary goal of testing for tuberculosis infection (TBI) is to identify people who are at increased risk for development of tuberculosis (TB) disease and therefore may benefit from TB preventive treatment (TPT).

Risk factors for the development of TB disease

- HIV
- Silicosis
- Diabetes
- Immunosuppression from chronic conditions or medications
- Heavy alcohol and/or tobacco use
- Abnormal chest x-ray (i.e., fibronodular disease or granuloma)
- Contact of individuals with TB disease

A TB skin test (TST) or interferon-gamma release assay (IGRA) blood test is used to diagnose TBI

For TST/IGRA testing and interpretation resources, refer to hamilton.ca/tbreporting.

What to do when TST/IGRA is positive

- Rule out TB disease by completing symptom assessment, physical exam, and chest x-ray
  - If symptomatic or chest x-ray indicates TB disease
    - instruct patient to isolate at home (provide masks)
    - collect 3 sputum specimens at least 1 hour apart
    - report immediately to public health services
- Complete and fax **Positive TST/IGRA Reporting and Medications Order Form** to public health services

Contraindications for TB skin test

- Past severe blistering TST reactions
- Extensive burns or eczema over testing sites
- Documented past TBI or TB disease with adequate treatment
- Current major viral infections
- Live vaccine in the past 4 weeks (Note: TST may be administered before or on the same day as live vaccine)

Common interpretation errors

Erythema vs. induration	Erythema or rash without induration occurs in 2-3% of persons tested. This does not indicate TBI.
BCG vaccine history	A history of BCG vaccination received in infancy can be ignored as the cause of a positive TST result in all persons aged 10 years and older.

Source: Canadian Journal of Respiratory, Critical Care, and Sleep Medicine, Volume 6, Issue sup1 (2022). Canadian TB Standards, 8th Ed

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