

# 12-Dose Once-Weekly Regimen for LTBI

TB clinicians are encouraged to prescribe the 12-dose regimen for appropriate LTBI patients, including—but not limited to—those unlikely to comply with 9-months of INH therapy, or for college or graduate students who plan to return to their country of origin between semesters.

## As Efficacious as Nine Months of INH Therapy

In a large randomized clinical trial, the combination of INH and RPT administered in 12 once-weekly doses as directly observed therapy (DOT) was as effective in preventing TB as the 270-dose INH regimen administered daily over a period of 9 months<sup>1</sup>. Two other smaller studies have also found the 12-dose regimen to be as effective as other regimens.

The 12-dose regimen should be administered under DOT to ensure the completion of all doses. Patients also need to undergo monthly clinical monitoring that includes inquiries about side effects and a physical assessment for signs of adverse events. DOT workers should be trained on how to educate patients about adverse effects and how to inquire about symptoms.

Dr. Zuroweste, the TB Medical Consultant for Pennsylvania, recommends that patients eat a meal before taking each dose, drink a full glass of water immediately after taking the dose, and have another full glass of water approximately one hour later.

The 12-dose regimen does not replace existing treatment options for latent TB infection, but is another option for treatment in otherwise healthy people, 12 years of age and older, who were recently in contact with someone who has TB, or who tested positive for TB infection.

According to CDC, additional studies are needed to confirm efficacy and safety before this new treatment can be recommended in certain groups of people, including young children and people infected with HIV who are taking antiretroviral therapy. These people should be treated with other existing treatment regimens.

To read CDC's Recommendations for Use of an Isoniazid-Rifapentine Regimen with Direct Observation to Treat Latent *Mycobacterium tuberculosis* Infection, see MMWR 2011; 60(48):1650-1653 or click on the following link:

[http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6048a3.htm?s\\_cid=mm6048a3\\_w](http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6048a3.htm?s_cid=mm6048a3_w)

<sup>1</sup>Sterling, T., Villarino, M., Borisov, A., et al. (2011). Three months of rifapentine and isoniazid for latent tuberculosis infection. *The New England Journal of Medicine*, 365(23). 2155-2166