

Summary of Important Tuberculosis Treatment Guidelines

Reporting (CMR FAX Reporting Form)

- All health care providers are mandated to report within **one day of diagnosis** all patients with suspected or confirmed tuberculosis (California Health and Safety Code, Division 4, Chapter 5, section 121362).
- Prior to discharge, all tuberculosis suspects and cases in hospitals have an individualized, written discharge plan approved by Tuberculosis Control Program (California Health and Safety Code, section 121361).
- The County of Los Angeles, Department of Health Service is mandated to maintain a record of clinical follow-up of all tuberculosis patients (California Health and Safety Code, section 121362).

Initial TB Treatment Guidelines (*Treatment of Tuberculosis, Annette Nitta, M.D. 2005*)

• INH susceptibility not known

- Isoniazid+Rifampin+Pyrazinamide+Ethambutol given for two months (four drugs daily)
- **Medication should be given in combined preparations when possible.**
 - **Rifamate:** each capsule contains: INH 150mg+Rifampin 300mg. Usual dose is 2 capsules/day.
 - **Rifater:** each capsule contains: INH 50mg+Rifampin 120mg+PZA 300mg. Usual dose is 6 capsules/day.
 - May not be appropriate for children.

With culture confirmation and susceptibility data

• If INH Susceptible

- then continue Isoniazid+Rifampin for at least 4 months
- *Pyrazinamide and Ethambutol are discontinued after the first two months.*
- *Complete 6 months of therapy.*

• If INH-Resistant

- then: continue Rifampin+Pyrazinamide+Ethambutol
- *Complete at least 6 months of therapy (three drugs daily). Because RIF+EMB are the effective drugs in the regimen, consideration should be given to continuing the regimen for 12 months, with or without PZA, especially in patients with extensive TB disease and/or underlying diseases that impair immunity (e.g., HIV, diabetes mellitus).*
- *Referral to Health Department for DOT is strongly recommended.*
- *INH may be discontinued.*

Directly Observed Therapy - DOT

- The standard of care for TB treatment in Los Angeles County is by DOT.
- DOT ensures that patients complete an adequate course of TB treatment.
- All patients with suspected TB (Class V) and known, active TB disease (Class III) must be started on DOT at the initiation of therapy.
- DOT is defined as delivery of every dose of medication by a health care worker who observes and documents that the patient actually ingests or is injected with the medication.
- Delivery alone to the patient without observation and documentation is not DOT.
- In Los Angeles County, DOT is provided through trained personnel.
- You may elect to have your patient referred for TB care that will include directly observed therapy (DOT) at one of our Health Centers.

Sputum and Chest Radiograph

- A monthly sputum specimen for AFB smear and culture should be obtained on ALL TB cases after initiation of therapy for at least three months until negative culture and near the time that treatment is to be discontinued to document that the patient was negative at the time therapy was completed.
- Additional specimens should be collected in any patient that continues to remain smear-positive or appears to be responding slowly to treatment until an appropriate response is documented.
- Patients with: 1) Multi-Drug Resistant TB or 2) HIV infection and TB, should have monthly specimen collected during the entire course of treatment
- Repeat chest radiograph of pulmonary TB cases is recommended at 2 to 3 months after start of therapy and at completion of therapy.

Contact Investigation Service Conducted by Public Health Nurse

- Contact investigation allows for early treatment of disease, and early detection and treatment of a new infection.
- Contact investigation is an epidemiological investigation which must be done for every new reported index case of TB (suspected or confirmed) and is an essential component of tuberculosis containment.
- Contact investigation identifies, examines and evaluates all persons who are at risk of infection with tuberculosis due to recent exposure to a diagnosed or suspected index case.
- Pediatric TB cases require investigation to determine the source case.