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## Latent Tuberculosis Infection (LTBI) Treatment Regimens

Regimens*	Dosages	Comments		
Rifampin Daily x 4 months [4R]	<b>Preparation:</b> 150 mg or 300 mg capsules <b>Adults:</b> 600 mg. Consider 450 mg once daily for adults who weigh less than 50 kg <b>Children:</b> 15-20 mg/kg once daily (600 mg maximum) <b>Target Duration:</b> 120 doses within 180 days	<ul> <li>Higher rate of treatment completion</li> <li>Lower rate of side effects, especially drug-induced hepatitis</li> <li>Caution: drug-drug interactions</li> </ul>		
Isoniazid (INH) + Rifapentine Once weekly x 12 weeks [3HP]	Isoniazid Adults and Children (age 12 and older):  15 mg/kg per dose once weekly, rounded up to the nearest 50 or 100 mg (max 900 mg)  Children (age 2-11): INH 25 mg/kg per dose once weekly, rounded up to the nearest 50 or 100 mg (max 900 mg)  Rifapentine Adults and Children: once weekly dosage by weight  Preparation: 150 mg tablets. 300 mg for 10.0 − 14.0 kg, 450 mg for 14.1 − 25.0 kg, 600 mg for 25.1 − 32.0 kg, 750 mg for 32.1 − 49.9 kg, 900mg for ≥50.0 kg (max 900 mg)  Target Duration: 12 doses within 16 weeks	<ul> <li>Higher rate of treatment completion</li> <li>Lower rate of drug-induced hepatitis</li> <li>Higher rate of treatment discontinuation due to adverse events</li> <li>Caution: drug-drug interactions due to rifapentine</li> </ul>		
Isoniazid (INH) + Rifampin Daily x 3 months  [3HR]	Isoniazid Preparation: 100 mg or 300 mg tablets Adults: 5 mg/kg per dose (300 mg max) Consider 200 mg once daily for adults 40 kg or less Children: 10-20 mg/kg per dose (300 mg max) Rifampin See the dosages for "Rifampin Daily x 4 months [4R]" Target Duration: 90 doses within 4 months	<ul> <li>Higher rate of treatment completion</li> <li>Similar rate of drug-induced hepatitis compared to daily INH</li> <li>Higher rate of treatment discontinuation due to adverse events</li> <li>Caution: drug-drug interactions due to rifampin</li> </ul>		

Regimens*	Dosages	Comments		
	<b>Preparation:</b> 100 mg or 300 mg tablets	For those who cannot swallow pills (e.g.,		
Isoniazid <b>Daily</b>	<b>Adults:</b> 5 mg/kg per dose (300 mg max)	younger children), crush tablets as liquid		
<b>x</b> 6 – 9 months	Consider 200 mg once daily for adults 40 kg or less	suspension is poorly tolerated		
	Children: 10-20 mg/kg per dose (300 mg max)	Lowest rates of treatment completion		
[6H/9H]	Target duration: 180 doses within 9 months; 270 doses			
	within 12 months			

- Monthly symptom review to assess side effects for any regimens
- **Pyridoxine**: If the patient has diabetes, HIV, renal failure, alcoholism, poor nutrition, or is pregnant/breast-feeding, give pyridoxine 25-50 mg daily for 3HR and 6H/9H, or pyridoxine 50 mg once weekly for 3HP

## The comparison of the LTBI regimens

	Frequency	The typical number of pills each time (adults > 50 kg)	Completion rate (compared to INH)	Risk of drug - induced hepatitis (compared to INH)	Rate of <b>treatment discontinuation</b> due to adverse effects (compared to INH)	Drug-drug interactions (compared to INH)
4R	Once daily	2 pills	Higher	Lower	Lower	Higher
ЗНР	Once weekly	9 pills (*10 if add B6)	Higher	Lower	Higher	High, but lower than 4R or 3HR
3HR	Once daily	3 pills	Higher	Similar	Higher	Higher
6H/9H	Once daily	1 pill (*2 if add B6)				

**<sup>\*</sup>Pyridoxine**: If the patient has diabetes, HIV, renal failure, alcoholism, poor nutrition, or is pregnant/breast-feeding, give pyridoxine 25-50 mg daily for 3HR and 6H/9H, or pyridoxine 50 mg once weekly for 3HP

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<sup>\*</sup> Refer to the full <u>LTBI Treatment Guidance in Washington State document</u> for details including pregnancy, breastfeeding, HIV.