

Audience: General Public

Word count: 577

New Regimen Makes Treating Latent TB Infection Easier

People with tuberculosis (TB) infection now have another option when it comes to treatment. A new regimen for the treatment of latent TB infection, called the 12-dose regimen, significantly reduces the number of doses and shortens the duration of treatment.

Considered one of the biggest breakthroughs in treatment for latent TB infection since the 1960s, the 12-dose regimen reduces treatment from 270 daily doses over 9 months, to 12 once-weekly doses over 3 months. The Centers for Disease Control and Prevention (CDC) has now released new guidelines on the use of the 12-dose regimen for public health officials and health care providers.

“The 12-dose regimen provides a simpler way to treat latent TB infection, allowing more people to successfully complete their treatment while also preventing the development of TB disease,” explains Dr. Kevin Fenton, Director of the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at CDC.

More than 11 million people living in the United States have latent TB infection. People with latent TB infection have TB bacteria in their body but do not feel sick, do not have symptoms, and cannot spread TB bacteria to others. However, about 5 to 10 percent (550,000 to 1.1 million) of those infected with TB in the United States will develop TB disease if not treated. Some people with weakened immune systems, like those with HIV or diabetes, are more likely to develop TB disease after infection.

The 12-dose regimen recommendations come on the heels of results from a large randomized control trial. This trial found a combination of isoniazid (INH) and rifapentine (RPT) administered in 12 once-weekly doses by directly observed therapy (DOT) as effective in preventing TB as the standard treatment, a 270-dose INH regimen self-administered daily over nine months. Two other smaller studies also found the 12-dose INH and RPT regimen to be as effective as other regimens in preventing new cases of TB disease.

The 12-dose regimen does not replace existing treatment options for latent TB infection. However, it 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 disease, or who tested positive for TB infection. According to CDC, additional studies are needed before this new treatment can be recommended in certain groups of people, including young children and people with HIV

who are taking antiretroviral therapy. These populations should be treated with other existing treatment regimens.

An estimated 300,000 to 400,000 people begin treatment each year for latent TB in the United States, but many do not complete the treatment. The 12-dose regimen will simplify treatment since it requires fewer doses. Public health officials hope that this regimen will improve patient adherence and increase treatment completion rates.

“Achieving CDC’s goal of TB elimination in the United States means not only treating people who already have TB disease, but also successfully treating people with latent TB infection who are at high risk for developing TB disease and potentially transmitting it to others,” says Dr. Kenneth Castro, Director of the Division of Tuberculosis Elimination at CDC.

While TB cases in the United States have been declining since 1993, TB remains one the world’s deadliest diseases. One-third of the world’s population is infected with the bacteria that cause TB, and each year, nearly 9 million people around the world become sick with TB disease.

For more information about TB, visit www.cdc.gov/tb.