

The 12-Dose Regimen for Latent Tuberculosis (TB) Infection

Information for Clinicians



Treatment of latent TB infection reduces the risk that latent TB infection will progress to TB disease.

- Up to 13 million people in the United States have latent TB infection. Without treatment, they are at risk for developing TB disease.
- Eliminating TB in the United States requires expanding testing and treatment of latent TB infection.
- More than 80 percent of TB cases in the United States are attributed to longstanding, untreated latent TB infections.



New updated CDC recommendations expand options for patients and clinicians.

- CDC's updated recommendations for use of 12-week once-weekly isoniazid and rifapentine (3HP), previously recommended for most persons aged 12 years and older, have been expanded to include:
 - Children ages 2 - 11
 - People living with HIV taking antiretroviral treatment (with acceptable drug-drug interactions with rifapentine)
- Clinicians can now prescribe the 12-dose regimen to patients as self-administered therapy, meaning patients can take medicines themselves.
- Previously, the 12-dose treatment regimen had to be administered by directly observed therapy, meaning a health worker had to observe each dose.



**Centers for Disease
Control and Prevention**
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

www.cdc.gov/tb

The 12-Dose Regimen for Latent Tuberculosis (TB) Infection

Information for Clinicians



The 12-dose regimen is convenient and has higher rates of treatment completion.

- The 12-dose regimen is the shortest of several [available regimens](#) recommended for treating latent TB infection.
- Clinicians should choose the mode of administration (directly observed therapy or self-administered therapy) based on local practice, individual patient attributes and preferences, and other considerations including risk of progression to severe forms of TB disease.



Clinicians should educate patients about possible adverse events, and instruct patients to use a symptom checklist and medication intake log.

- Clinicians should follow guidance on early detection and management of adverse events.
- Patients on the 12-dose treatment regimen should be evaluated monthly to assess adherence and treatment-associated adverse events.

Resources:

- [Update on Recommendations for Use of Once-weekly Isoniazid-Rifapentine Regimen to Treat Latent Mycobacterium tuberculosis Infection](#)
- [12-Dose Treatment Regimen for Latent TB Infection Clinician Frequently Asked Questions \(FAQs\)](#)
- [12-Dose Treatment Regimen for Latent TB Infection Pharmacist Frequently Asked Questions \(FAQs\)](#)
- [Latent TB Infection Online Resource Hub](#)
- [Patient Education Materials for the 12-Dose Treatment Regimen for Latent TB Infection](#)
- [State and Local TB Control Offices](#)
- [TB Centers of Excellence for Training, Education, and Medical Consultation](#)



Centers for Disease Control and Prevention
National Center for HIV/AIDS,
Viral Hepatitis, STD, and
TB Prevention

www.cdc.gov/tb