

Table III. Tuberculosis: Treatment of Latent Infection

All patients will be screened for tuberculosis infection by Tuberculin Purified Protein Derivative (PPD) 5 TU skin testing (no controls required).

PPD result will be considered positive if a patient shows ≥ 5 mm of induration regardless of Bacillus Calmette Guerin (BCG) history. Active tuberculosis must be excluded.

Intervention	Indication	First Choice	Alternative	Comments
Treatment of Latent TB	PPD ≥ 5 mm, ACTIVE TB ruled out, and no prior adequate treatment for TB OR Patient exposed to TB regardless of PPD status and no prior adequate treatment for TB OR Chest radiograph compatible with prior TB and no prior adequate treatment for TB	Adults: Isoniazid (INH) 300 mg PO daily for 9 months AND Pyridoxine (vitamin B ₆) 25-50 mg PO daily Peds: INH 10 mg/kg PO daily, up to a maximum dose of 300 mg/d AND Pyridoxine 1 mg/kg PO daily rounded up to the next available tablet size to a maximum dose of 50 mg/d	Contact ID	Rifampin should be avoided in patients who are taking cyclosporine, tacrolimus, & sirolimus. In case of intolerance to INH, decisions for alternative treatment will be made on a case-by-case basis.