Short-course rifamycin-based regimens preferred for latent TB

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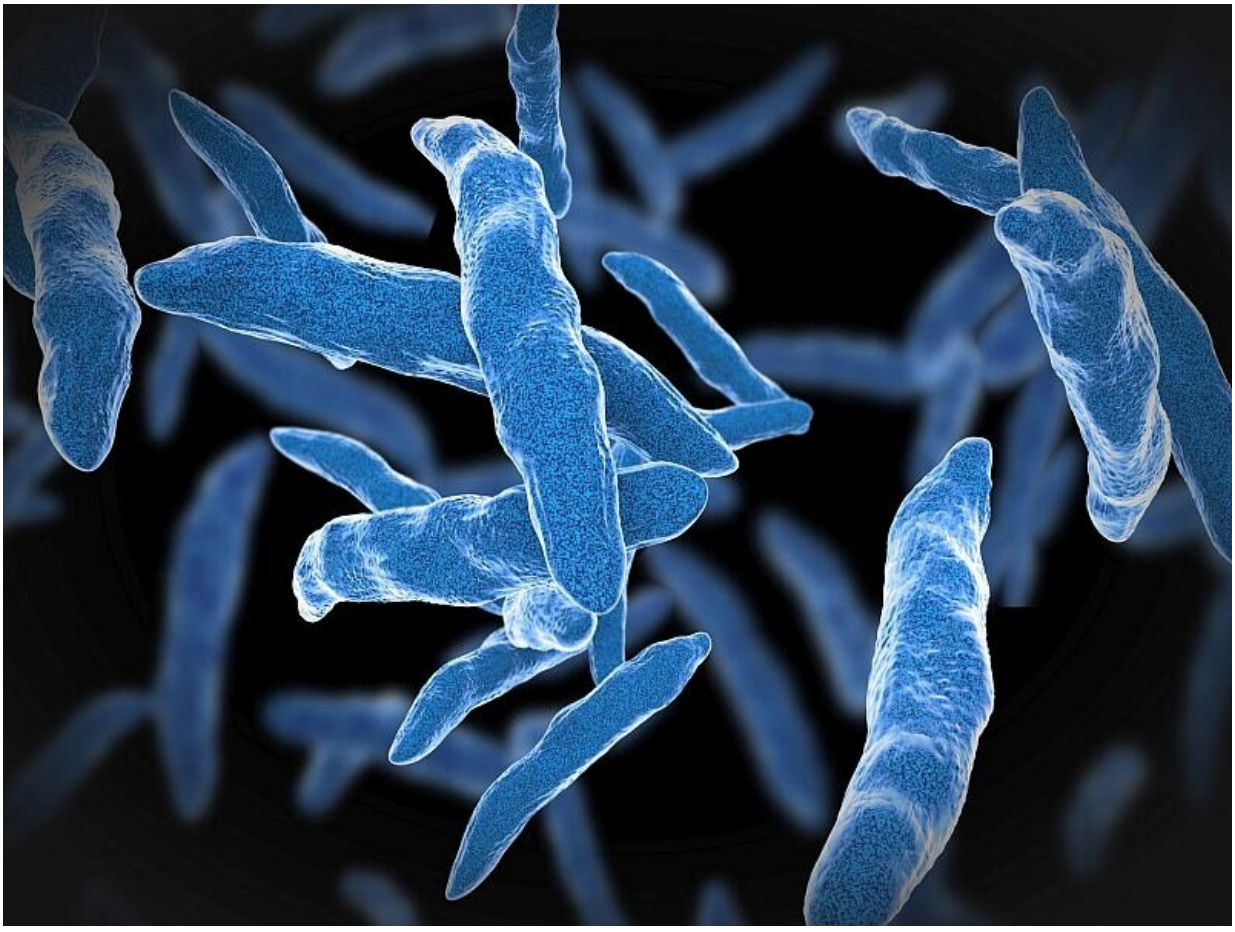

(HealthDay)—For treatment of latent tuberculosis infection (LTBI),

short-course rifamycin-based regimens are preferred over longer-course isoniazid monotherapy, according to guidelines published in the Feb. 14 issue of the U.S. Centers for Disease Control and Prevention *Morbidity and Mortality Weekly Report.*

On behalf of the CDC and the National Tuberculosis Controllers Association, Timothy R. Sterling, M.D., from the Vanderbilt University Medical Center in Nashville, Tennessee, and colleagues conducted a systematic review of clinical trials of regimens to treat LTBI to develop updated treatment guidelines.

The authors note that the guidelines are intended for persons infected with *Mycobacterium tuberculosis* that is presumed susceptible to isoniazid or rifampin and do not apply when the infecting strain is resistant to both. The guidelines cover treatment regimens that include three preferred rifamycin-based regimens and two alternative monotherapy regimens with daily isoniazid. The three rifamycin-based regimens are three months of once-weekly isoniazid plus rifapentine, four months of daily rifampin, or three months of daily isoniazid plus rifampin; rifampin and rifapentine are not interchangeable. These regimens were preferred based on effectiveness, safety, and high treatment completion rates. The alternative treatment regimens are daily isoniazid for six or nine months; isoniazid monotherapy has higher toxicity risk and lower treatment completion rates but is efficacious.

"These guidelines can be used by clinicians, public health officials, policymakers, health care organizations, and other state and local stakeholders who might need to adapt these guidelines for individual clinical circumstances," the authors write.

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