
	Division of Community and Public Health	
	Section: 5.0 Case Management: LTBI	Revised 05/07
	Subsection: Table of Contents	Page 1 of 1

Case Management: LTBI

- 5.00 Case Management: LTBI**
- 5.01 LTBI Treatment Regimens
- 5.02 TBC- 4
- 5.03 Patient Monitoring
- 5.04 LTBI Checklist
- 5.05 LTBI Medications – Adverse Effects
- 5.06 Interruption of Therapy
- 5.07 Special Considerations in Treatment of LTBI
- 5.08 Post Treatment Follow Up
- 5.09 Annual Statement for Tuberculin Reactors
- 5.10 Declining Treatment for LTBI
 - 5.10.1 Form for Refusal of LTBI Treatment
 - 5.10.2 INH Fact Sheet English
 - 5.10.3 INH Fact Sheet Spanish
 - 5.10.4 Rifampin Fact Sheet English
 - 5.10.5 Rifampin Fact Sheet Spanish
- 5.11 References

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 05/07
	Subsection: 5.1 LTBI Treatment Regimens	Page 1 of 1

LTBI Treatment Regimens

Policy: All individuals taking treatment for LTBI should be on a standard treatment regimen as indicated by the CDC/ATS recommendations.

Purpose: To ensure safe and efficacious treatment for LTBI.

<http://www.cdc.gov/nchstp/tb/pubs/LTBI/pdf/TargetedLTBI05.pdf>

Using an adaptation of the US Public Health Service (USPHS) rating system, CDC and ATS have rated LTBI treatment regimens based on the strength of recommendation and the quality of the evidence that supports that recommendation.

Treatment Regimens

Drug/Dose	Frequency/Duration	Rating* (Evidence*)	
		HIV Negative	HIV Positive
Preferred Regimen			
Isoniazid Adult: 5 mg/kg Children: 10-20 mg/kg Maximum dose 300 mg	Daily x 9 months	A (II)	A (II)
Alternate Regimens			
Isoniazid Adult: 15 mg/kg Children: 20-40 mg/kg Maximum dose 900 mg	Twice weekly x 9 months	B (II)	B (II)
Isoniazid Adults: 5 mg/kg Maximum dose 300 mg	Daily x 6 months	B (I)	C (I)
Isoniazid Adults: 15 mg/kg Maximum dose 900 mg	Twice weekly x 6 months	B (II)	C (I)
Rifampin Adults: 10 mg/kg Children: 10-20 mg/kg Maximum dose 600 mg	Daily x 4 months	B (II)	B (II)



Missouri Department of Health and Senior Services
TUBERCULOSIS TESTING RECORD

A. PATIENT INFORMATION				E. Reason for Testing			
Name (Last, First, Middle Initial)			Phone Number			<input type="checkbox"/> Contact to TB Case <input type="checkbox"/> Employment <input type="checkbox"/> Medically Referred <input type="checkbox"/> Symptomatic <input type="checkbox"/> Immigration <input type="checkbox"/> Insurance <input type="checkbox"/> Educational enrollment <input type="checkbox"/> Resident <input type="checkbox"/> Other	
Inmate Number		Student Id Number		Social Security Number			
Address/Street		City		Zip code			
County		Date of Birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female			
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Am. Indian/Alaskan Native				Client's/Guardian Signature _____ Date _____			
Ethnic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic							
Occupation			Alien Number				
Place of Employment			DCN Number				
B. HISTORY OF TUBERCULIN TEST				F. Risk Factors			
Have you ever had a BCG Vaccine? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown		Have you ever had a Tuberculin test <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown		When/Date		<input type="checkbox"/> Contact to TB Case – <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/> Abnormal Chest X-ray <input type="checkbox"/> Alcoholic <input type="checkbox"/> Younger than 4 years of age <input type="checkbox"/> Underserved/Low income <input type="checkbox"/> Post-gastrectomy <input type="checkbox"/> Prolonged corticosteroid therapy <input type="checkbox"/> 10% or more below ideal body weight <input type="checkbox"/> Skin test converter with 2 years	
Results in mm of previous skin test		Type of test		<input type="checkbox"/> I.V. Drug User <input type="checkbox"/> Homeless <input type="checkbox"/> Migrant Worker <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Silicosis <input type="checkbox"/> Provide health care service <input type="checkbox"/> Teaches high risk groups <input type="checkbox"/> No known risk factors <input type="checkbox"/> Immunosuppressed		<input type="checkbox"/> Foreign Born where TB is Common <input type="checkbox"/> Employee of Dept of Corrections <input type="checkbox"/> Employee of Other Correctional Facility <input type="checkbox"/> Employee of Long Term Care Facility <input type="checkbox"/> Employee of Mental Health Facility <input type="checkbox"/> Resident of Dept of Corrections <input type="checkbox"/> Resident of Other Correctional Facility <input type="checkbox"/> Resident of Long Term Care Facility <input type="checkbox"/> Resident of Mental Health Facility	
C. CURRENT TUBERCULIN PPD MANTOUX TEST (S) /X-RAYS							
Date administered		Manufacturer		Date administered		Manufacturer	
Date Read		Lot Number		Date Read		Lot Number	
Results in mm		Admin. Signature		Results in mm		Admin. Signature	
Chest X-Ray Done: <input type="checkbox"/> No <input type="checkbox"/> Yes Date Done:				G. Treatment/Recommendations			
Results: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal Findings:				Status: <input type="checkbox"/> Close <input type="checkbox"/> Open		Latent TB Infection (LTBI): <input type="checkbox"/> No <input type="checkbox"/> Yes	
				Medication Provided by: <input type="checkbox"/> Private Provider <input type="checkbox"/> Health Dept			
D. HEALTH CARE PROVIDER				H. Medication			
Name/Facility				Drug/mg		Reason Treatment not Started	
Address				Phone Number		<input type="checkbox"/> Patient Refuses Therapy <input type="checkbox"/> Physician did not order <input type="checkbox"/> Medical Contraindication	
REPORTED BY				Frequency		<input type="checkbox"/> Daily <input type="checkbox"/> 2 or 3 times weekly	
Name				Duration		(In Months)	
Facility				Start Date			
Address				Phone Number		Comments:	
				Report Date			


PREVENTIVE TREATMENT MONITORING

CONTINUATION

Patients Name				Date of Birth		Note: <u>9</u> months of INH treatment is recommended for all infected persons							
Encounter Date:													
Allergies: <input type="checkbox"/> NKA <input type="checkbox"/> Yes List:													
Medications													
mg													
B-6													
INH													
Rifampin													
Other													
Adverse Effects													
	Adverse Effects	Adverse Effects	Adverse Effects	Adverse Effects	Adverse Effects	Adverse Effects	Adverse Effects	Adverse Effects	Adverse Effects	Adverse Effects	Adverse Effects	Adverse Effects	Adverse Effects
Fatigue, weakness													
Fever, chills													
Loss of Appetite													
Nausea													
Vomiting													
Jaundice													
Dark Brown Urine													
Rash													
Itching													
Joint Pain													
Numbness/Tingling													
Other													
Other Medications:													
Liver Enzyme Collection Data													
	LFTs (Y/N)	LFTs (Y/N)	LFTs (Y/N)	LFTs (Y/N)	LFTs (Y/N)	LFTs (Y/N)	LFTs (Y/N)	LFTs (Y/N)	LFTs (Y/N)	LFTs (Y/N)	LFTs (Y/N)	LFTs (Y/N)	LFTs (Y/N)
ALT Results	ALT:	ALT:	ALT:	ALT:	ALT:	ALT:	ALT:	ALT:	ALT:	ALT:	ALT:	ALT:	ALT:
AST Results	AST:	AST:	AST:	AST:	AST:	AST:	AST:	AST:	AST:	AST:	AST:	AST:	AST:
Next Encounter Date:													
Comments:													
Evaluator Name/Signature													

COMPLETION OF TREATMENT

Treatment Completed <i>(Month/Day/Year)</i>	Treatment stopped <i>(Month/Day/Year)</i>
Reason Treatment Stopped:	
<input type="checkbox"/> Completed Treatment <input type="checkbox"/> Active TB Developed <input type="checkbox"/> Death <input type="checkbox"/> Adverse Effect of Medicine <input type="checkbox"/> Client Moved (Follow-up Unknown) <input type="checkbox"/> No Therapy Needed <input type="checkbox"/> Client Chose to Stop <input type="checkbox"/> Patient Refuses Preventive Therapy	
Health Care Provider Signature:	
Date:	

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.3 Patient Monitoring	Page 1 of 4

Case Management: LTBI Patient Monitoring

Policy: All individuals taking treatment for LTBI should be evaluated on a regular basis.

Purpose: To ensure safe and efficacious treatment for LTBI

Procedure:

1. **Rule out active TB disease:** The TB signs and symptoms checklist should be completed initially on each individual with a positive TST. Ensure that the patient has received a medical evaluation and CXR to rule out active TB disease.


2. **Clinical Monitoring:**
 - a. Schedule a visit with the patient (home or clinic) at least monthly to include:
 - Brief physical assessment for signs of hepatitis
 - Assessment of adherence to treatment
 - Review of symptoms of possible adverse medication reactions or interactions
 - Review of signs and symptoms of TB disease.

3. Patients should be instructed initially and at each monthly visit to stop taking TB medications and to seek medical attention immediately if symptoms of hepatitis develop and not to wait until a clinic visit to stop medications.

4. **Laboratory Testing:**
 - a. Baseline laboratory testing (AST, ALT) at the start of LTBI therapy is recommended for patients with any of the following factors:
 - Liver disorders
 - History of liver disease (hepatitis B or C, alcoholic hepatitis or cirrhosis)
 - Regular use of alcohol
 - Risks for chronic liver disease
 - HIV infection
 - Pregnancy or the immediate postpartum period (within 3 months of delivery)

 - b. Baseline testing can be considered on an individual basis, especially for patients taking other medications for chronic medical conditions


 - c. Routine periodic retesting is recommended for individuals with abnormal initial results and other persons at risk for hepatic disease.

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.3 Patient Monitoring	Page 2 of 4

- d. Laboratory testing is recommended for any patient who has symptoms suggestive of hepatitis:
- *Fatigue, weakness, malaise, anorexia, nausea, vomiting, abdominal pain, pale stools, dark urine, chills, or signs of jaundice*
- e. AST or ALT elevations up to 5 times upper limit of normal can be accepted if the patient is free of hepatitis symptoms, and up to 3 times upper limit of normal if there are signs and symptoms of liver toxicity

5. Patient Education:

- a. Explain the disease process and rationale for medication in the absence of symptoms or CXR abnormalities.
- b. Provide patient education, written and verbal instructions, in patient's primary language, if available.
- c. Advise the patient to abstain from the usage of alcohol, to include beer and wine. The combination of alcohol and TB medications together can cause life threatening liver conditions.
- d. Reinforce patient education at each visit.
- e. Ensure confidentiality
- f. Review the importance of completing treatment for LTBI
- g. Discuss possible adverse effects of medications such as: (See Section 5.5)
 - Fever
 - Unexplained anorexia
 - Dark urine
 - Rash
 - Jaundice
 - Persistent tingling of hand and feet
 - Persistent fatigue or weakness lasting 3 or more days
 - Abdominal tenderness, especially upper right quadrant
 - Easy bruising or bleeding
 - Nausea or vomiting
- h. Discuss management of common side effects.

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.3 Patient Monitoring	Page 3 of 4

6. Assessing Adherence:

- a. Many variables affect a patient’s adherence to the medication regimen for treatment of LTBI. Episodes of non-adherence should be detected and addressed as soon as possible.
- b. Adherence Questionnaire:
 - When do you take your medicines?
 - How do you remember to take your medicines?
 - How many pills did you miss?
 - How many pills do you have left in your medication bottle?
 - When was the last time you missed any of your TB medications?
- c. Request patient to bring medication bottles with them to each clinic visit.
 - Count remaining pills in each bottle.
- d. Provide patient reminders such as pill boxes or calendars to increase adherence to medication regimen.

7. Directly Observed Therapy (DOT) is recommended:


- a. If intermittent therapy is prescribed i.e. medication is to be taken twice weekly
 - If DOT is not feasible have the patient revert back to daily medication.
- b. The patient is high risk (HIV infected, TB contact or child < 5 years of age.)

8. Dispensing TB Medications:


- a. Ensure the five rights of medication administration are followed: Right patient, right medication, right time, right dose and right route.
- b. Check patient allergies.
- c. A 30- day supply of medication should be issued at each monthly clinic visit.
- d. Medication may be transferred to another agency that will be providing DOT for the patient ie long-term care facility, detention center, school or university and etc. Notation of the transfer of medication should be documented in the patient record.

9. Documentation of Clinic Visit:

- a. If it is not documented it did not happen.
- b. Signs/symptoms of adverse reactions must be documented with actions taken in the patient record.

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.3 Patient Monitoring	Page 4 of 4

- c. Information should be entered into the encounter page of WEB – LTBI program. This should be printed/signed by the evaluating nurse and placed in the official patient record.
- d. Information may be documented on page 2 (backside) of the TBC-4
- e. Send a copy of the completed TBC-4 to the designated state TB nurse if not entered in WEB – LTBI

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.4 LTBI Checklist	Page 1 of 1

Case Management: LTBI Checklist

INITIAL WORKUP:


	YES	NO	NOT APPLICABLE
Front side TBC-4 completed & entered in WEB - LTBI			
Release of information signed			
Verbal/Written educational material given in client's primary language, if available			
Chest x-ray results obtained			
TB signs/symptoms checklist reviewed			
Liver function tests results obtained, if indicated			
Prescriptions obtained and faxed to Contract Pharmacy			
Front side TBC-4 sent to State TB Nurse or entered into WEB LTBI			

DURING TREATMENT:

	Month 1	Month 2	Month 3	Month 4	Month 5	Month 6	Month 7	Month 8	Month 9
Medication dispensed									
TBC- 4 Checklist completed									
LFT if indicated									
Entered visit WEB LTBI Encounter page									

COMPLETION OF TREATMENT:

	YES	NO
TBC-4 completed		
Completion letter to client		
TBC- 4 sent to State TB Nurse or entered in WEB LTBI		

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.5 LTBI Medications – Adverse Effects	Page 1 of 2

LTBI Medications – Adverse Effects

Policy: To educate the patient concerning the adverse effects of medications used for the treatment of LTBI.

Purpose: To ensure the patient has education concerning the adverse effects of TB medications and what action to take.


NOTE: Patients should be instructed initially and at each monthly visit to stop taking TB medications and to seek medical attention immediately if symptoms of hepatitis develop and not to wait until a clinic visit to stop medications.

Possible adverse effects of INH:


1. Asymptomatic elevation of serum liver enzyme concentrations occurs in 10 – 20% of people taking INH. Increased enzyme concentrations can be accepted up to 5 times the upper limit of normal for patients who are free of hepatitis symptoms. Liver enzyme concentrations usually return to normal even when treatment is continued.
2. Clinical hepatitis occurs in 0.1% to 0.15% of people taking INH, and is more common when INH is combined with other agents. Factors that may increase either these rates or the severity of the hepatitis include alcohol consumption, underlying liver disease or risks for liver disease and the concurrent use of other medications which are metabolized in the liver.
3. Peripheral neuropathy occurs in less than 0.2% of people taking INH at conventional doses, and is more likely in the presence of other conditions associated with neuropathy such as diabetes, HIV, renal failure and alcoholism. Vitamin B6 supplementation is recommended in such conditions and to prevent neuropathy in pregnant or breastfeeding women.

Possible adverse effects of Rifampin:

1. Hepatotoxicity, evidenced by transient asymptomatic hyperbilirubinemia, may occur in 0.6% of persons taking Rifampin. Hepatitis is more likely when combined with INH.
2. Cutaneous reactions, such as pruritis (with or without a rash) may occur in 6% of persons taking Rifampin. It is generally self-limiting and may not be a true hypersensitivity; continue treatment if possible.
3. Gastrointestinal symptoms such as nausea, anorexia, and abdominal pain are rarely severe enough to discontinue treatment.

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.5 LTBI Medications – Adverse Effects	Page 2 of 2

4. Orange discoloration of body fluids is expected and harmless, but patients should be advised. Soft contact lenses may be permanently stained.
5. Rifampin interacts with a number of drugs, causing drug-drug interactions. It is known to reduce concentrations of oral hypoglycemic agents, methadone, warfarin, oral contraceptives and phenytoin.
6. **Thrombocytopenia** is a possible adverse reaction to Rifampin. CBC and platelets at baseline may be indicated.
7. Rifampin is contraindicated in HIV infected patients being treated with certain protease inhibitors (Pis) or nonnucleoside reverse transcriptase inhibitors (NNRTIs). In this situation, Rifabutin may be substituted.

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.6 Interruption of Therapy	Page 1 of 1

Case Management: LTBI
Interruption of Therapy


Policy: To provide the client with the recommended treatment for LTBI when interruptions of therapy occur.

Purpose: To provide recommendations on how to ensure the client receives the recommended doses of medication to complete therapy.

Note: Interruptions of therapy can occur for many reasons: Intolerance of medication increases in liver function tests (LFT), and noncompliance.

Procedure:

1. Completion of Therapy (COT) is based on the total number of doses administered – not on duration of therapy alone.
 - a. The 9 month regimen of daily INH consists of 270 doses, at minimum, administered within 12 months
 - b. The 6-month regimen of INH should consist of 180 doses administered within 9 months.
 - c. Twice weekly INH regimen should consist of:
 - At least 76 doses administered within 12 months
 - At least 52 doses administered within 9 months
 - Intermittent regimen should be given utilizing DOT.
See manual section 4. 07.
2. Ideally, the patient should receive medication on a regular dosing schedule until completion of the indicated course of therapy. However, in practice some doses may be missed, requiring the course to be lengthened.
3. When restarting therapy for patients who have interrupted treatment, clinicians may need to continue the regimen originally prescribed or renew the entire regimen if interruptions were frequent enough to preclude treatment as recommended above.
4. If greater than a 2-month interruption of therapy occurs, a medical examination to rule out active TB disease is indicated.

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.7 Special Considerations in Treatment of LTBI	Page 1 of 2

Special Considerations in Treatment of LTBI

Policy: To provide appropriate treatment for LTBI for all individuals.

Purpose: To address special conditions while treating individuals for LTBI.

Contacts to Cases:

1. Contacts are those with recent, prolonged exposure to a person with known or suspected infectious TB. They should be evaluated immediately for TB disease and LTBI.
2. If TST is positive, LTBI treatment guidelines should be followed.
3. If TST is negative, the contact should be retested in 8 – 10 weeks.
4. Window Treatment: If a contact is a child less than 5 years of age, HIV + person or other immunocompromised persons of any age, treatment should be initiated immediately until the 2nd follow up TST is done. If negative, no further treatment for LTBI is usually indicated.
5. DOT is recommended for infected contacts of active disease cases.

Re-infection:


1. In general, TST positive contacts with a documented history of prior adequate treatment for LTBI do not need to be retreated. Re-treatment may be indicated for persons at high risk of becoming infected and progressing to TB disease again such as immunocompromised persons.

HIV-infected Individuals:

1. HIV infected individuals should be treated with a 9-month regimen of INH.
2. Rifampin is contraindicated in HIV-infected person being treated with certain combinations of antiretroviral drugs. In those cases, rifabutin may be substituted for Rifampin. See CDC website: www.cdc.gov/tb
3. If TST is negative, treat if person has recent, prolonged exposure to infectious TB or if there is ongoing risk for exposure.

Pregnancy:

1. Consider immediate treatment for LTBI if the woman is HIV infected or recent contact to infectious case.
2. In the absence of risk factors, wait until after the woman has delivered to avoid administering unnecessary medication during pregnancy.
3. INH daily or twice weekly (DOT) is preferred regimen.
4. Supplementation with 50 mg of vitamin B6 is recommended


	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.7 Special Considerations in Treatment of LTBI	Page 2 of 2

Breastfeeding:

1. Breastfeeding is not contraindicated in women taking INH
2. Supplementation with 50mg of vitamin B6 is recommended for nursing women and breastfed infants
3. Amount of INH in breast milk is inadequate for treatment of infants exposed to TB.

Infants and Children:

1. Infants and children under 5 years of age with LTBI have been recently infected and, therefore, are at high risk for progression to disease.
2. Risk of INH-related hepatitis in infants, children and adolescents is minimal
3. Routine monitoring of serum liver enzymes is not necessary
4. DOT should be considered.

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.8 Post-treatment Follow-up	Page 1 of 1

Case Management: LTBI Post-treatment Follow-up

Policy: All individuals completing a course of treatment for LTBI will be provided documentation of that treatment.

Purpose: To ensure that the patient has a record of LTBI treatment.

Procedure:

1. Patient should receive documentation of TST results and treatment completion that includes: names, dates, dosage and duration of medications and CXR results.
 - a. A copy of the TBC-4 may be given to the patient in addition to the TBC-18 skin testing record. (See Section 10 – sample forms)
2. The patient should be instructed to present this documentation any time future testing is required. See annual statement for tuberculin reactors. (See Section 10 – sample forms)
3. Patients should be re-educated about the signs and symptoms of TB disease and told to contact his/her medical provider or local health department should any of these develop.
4. **Routine CXRs are NOT needed, regardless of whether the patient completes treatment for LTBI.**
 1. A CXR is indicated if the patient develops signs or symptoms of TB disease.



ANNUAL STATEMENT FOR TUBERCULIN REACTORS

NAME: _____

DATE OF BIRTH: _____

SIGNS/SYMPTOMS SCREENING (Yes/No):

- _____ Cough lasting longer than three (3) weeks
- _____ Unexplained fever
- _____ Night sweats
- _____ Unexplained weight loss
- _____ Coughing up blood
- _____ Chest pain

IF NONE OF THESE SYMPTOMS ARE PRESENT, A CHEST X-RAY IS NOT NECESSARY.

Nurse/Physician


Date

- I am tuberculin positive. I have had the recommended course of treatment for **tuberculosis infection** (LTBI).
- I am tuberculin positive. I have had the recommended course of treatment for **tuberculosis disease**.
- I am tuberculin positive. I have had one negative chest x-ray since becoming tuberculin skin test positive.

If I develop any of the above symptoms, I agree to seek immediate medical attention.

Patient

Date

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.10 Declining Treatment for LTBI	Page 1 of 1

Case Management: Latent TB Infection (LTBI) Declining Treatment for LTBI

Policy: Treatment for LTBI should be offered to every person who is diagnosed with latent TB infection.

Purpose: To ensure that each person has the opportunity to receive education to make an informed decision about receiving treatment for LTBI.

Procedure:

1. Ensure the patient has received a medical evaluation and CXR to rule out active TB disease.
2. Educate the patient concerning the risks and benefits of receiving treatment for LTBI.
3. Provide written TB educational materials for the patient, in their primary language, if available.
4. Allow the patient an opportunity to ask questions.
5. Have the patient sign the document: “Declining treatment for LTBI”
 - a. See Section 10: Sample forms
 - b. Place this document in the patient record.
6. Explain to the patient that if they change their mind concerning taking treatment for LTBI the health department will be able to advise them on this matter.



Missouri Department of Health and Senior Services
Refusal of Tuberculosis Therapy

Documentation to Decline Treatment of Latent TB Infection (LTBI)

I have been identified as being infected with tuberculosis. I have had explained to me that I have a lifetime risk of developing tuberculosis disease. My physician has prescribed a course of treatment with Isoniazid (INH) or Rifampin. Treatment with this medication will prevent the disease in most individuals who complete a recommended course of treatment. The medication and nursing case management will be provided at no cost to me from the local health department.

Without treatment for LTBI, the risk of developing tuberculosis (TB) in the first year following infection is approximately 5%. If the medication is not taken, I have a 1 in 20 chance of developing active TB disease within the first year. After the first year, the risk of developing TB disease is less. For recently infected individuals and others at high risk for disease, that risk is greater than the risk associated with INH treatment.

I have read the information on this form about treatment for LTBI. I understand the benefits and risks of taking treatment. I have had an opportunity to ask questions.

The health department has offered to provide me with the medication and the nursing case management to decrease my risk for developing tuberculosis disease. However, I have chosen not to take the medication as recommended. If I should change my mind, I understand that the Health department will be available to advise me on this matter.

Name (Print)	Date of Birth
Address (Street, City, State, Zip)	County
Signature of person refusing LTBI treatment or parent, guardian or other authorized person	Date
Witness Name (Print)	
Witness Signature	Date



Division of Community and Public Health	
Section: 5.0 Case Management: LTBI	Revised 09/06
Subsection: 5.10.2 Isoniazid (INH) Fact Sheet	Page 1 of 1

**Educational Material:
Medication Fact Sheet - Isoniazid (INH)**

It is important to take this medication for the full time of treatment. It is important that you do not miss any doses. If you do miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and go back to your regular schedule. **DO NOT** double dose.

To store medication:

- Keep out of the reach of children
- Store away from heat and direct light.
- Do not store in the bathroom, near the kitchen sink, or in damp places. Heat or moisture may cause the medicine to break down.

How to take this medication:

- Take on an empty stomach with a glass of water.
- The tablet may be crushed in applesauce.
- Do not drink alcohol of any type, including wine or beer.
- Do not take antacids one hour before or after taking INH.

Tell your doctor, nurse or pharmacist if you take ANY other medication; especially medication for seizures.

Possible drug effects:

- | | |
|------------------|---|
| Tiredness | Change in color of urine or stool |
| Weakness | Sore muscles |
| Fever | Tingling or numbness of fingers or toes |
| Loss of appetite | Vision changes |
| Nausea | Rash |
| Vomiting | Weight loss |
| Diarrhea | Yellow skin or eyes |

The information on the action and possible side effects of this medication prescribed by the doctor has been explained to me and I understand. I will call the doctor or nurse if I have any questions or symptoms.

Name: _____ Date: _____ Witness: _____



Division of Community and Public Health

Section: 5.0 Case Management

Revised 09/06

Subsection: 5.10.3 INH Fact Sheet - Spanish

Page 1 of 1

Hoja Del Hecho De La Medicación Isoniazid (INH)

HOJA DEL HECHO DE LA MEDICACION:

- Tome en un estomago vació con un vaso de agua
- La tableta se puede machacar en compota de manzanas
- No bebe el alcohol de ningún tipo, incluyendo la cerveza y vino
- No tome antiácidos una hora antes o depuse de tomar INH
- Diga a su doctor, enfermera o farmacéutico si usted toma algunas otras medicaciones: especialmente medicaciones para los asimientos

EFFECTOS SECUNDARIOS DE LA MEDICACION POSIBLE:

Fatiga	Cambie en el color de orina
Debilidad	Músculos doloridos
Fiebre	El zumbar o entumecimiento de dedos o de dedos de pie
Perdida de apetito	Erupción
Nausea	Perdida del peso
El vomitar	Piel amarillo
Diarrea	

Prydoxine Hydrochloride (B-6)

COMO TOMAR ESTA MEDICACION:

Es aceptable tomar B-6 con el alimento

EFFECTOS SECUNDARIOS DE LA MEDICACION POSIBLE:

Somnolencia
 El zumbar extremidades o entumecimiento
 Las reacciones adversas se consideran solamente con las dosis excesivas

Es importante tomar estas medicaciones para el a tiempo completo del tratamiento. Es importante que usted no falta ninguna dosis. Si usted falta una dosis, tómelas tan pronto como puede. Sin embargo, si casi es hora para su dosis siguiente, salte la dosis faltada y vaya de nuevo a su horario regular. No doble la dosis.

PARA ALMACENAR LA MEDICACION:

- Subsistencia fuera del alcance de niños
- El almacén lejos del calor y de la luz
- No almacena en el cuarto de baño, cerca del fregadero de la cocina o en lugares húmedos, el calor o la humedad puede causar la medicación a analiza

La información sobre la acción y los efectos secundarios posible de estas medicaciones prescritas por el doctor se ha explicado a mí y entiendo. Llamare al doctor o a enfermera si tengo cualesquiera preguntas o síntomas.

Nombre de Cliente: _____

Fecha: _____

Testigo: _____

Fecha: _____



Division of Community and Public Health	
Section: 5.0 Case Management: LTBI	Revised 09/06
Subsection: 5.10.4 Rifampin Fact Sheet	Page 1 of 1

Educational Material: Medication Fact Sheet - Rifampin

It is important to take this medication for the full time of treatment, even if you begin to feel better after a few weeks. It is important that you do not miss any doses. If you do miss a dose, take it as soon as possible. However, if it is almost time for your next dose, skip the missed dose and go back to your regular schedule. **DO NOT** double dose.

To store medication:

- Keep out of the reach of children
- Store away from heat and direct light.
- Do not store in the bathroom, near the kitchen sink, or in damp places. Heat or moisture may cause the medicine to break down.

How to take this medication:

- Take on an empty stomach with a glass of water.
- If stomach irritation occurs, take with food.


This drug **will** turn your urine, stool, sputum, and tears **orange** and can stain contact lenses. Tell your doctor, nurse, or pharmacist if you are taking ANY medications, even drugs you can buy without a prescription. In particular tell them if you take birth control pills, Coumadin, warfarin, theophylline, methadone, Dilantin, digoxin, or medicine for HIV infection, seizures or heart problems.

Possible drug effects:

- | | |
|------------------|---------------------|
| Tiredness | Rash |
| Itching | Stomach pain |
| Sore muscles | Fever |
| Vomiting | Weight loss |
| Diarrhea | Yellow skin or eyes |
| Chills | Bone or muscle pain |
| Loss of appetite | Nausea |

The information on the action and possible side effects of this medication prescribed by the doctor has been explained to me and I understand. I will call the doctor or nurse if I have any questions or symptoms.

Name: _____ Date: _____ Witness: _____

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.10.5 Rifampin Fact Sheet	Page 1 of 1

Hoja del Hecho de la Medicación Rifampin

Es importante tomar esta medicación para el a tiempo completo del tratamiento, incluso si usted comienza a sentirse mejor después de algunas semanas. Es importante que usted no falta ninguna dosis. Si usted falta una dosis, tómela cuanto antes. Sin embargo, si casi es hora para su dosis siguiente, salte la dosis faltada y vaya de nuevo a su horario regular. No tome una dosis doble.

Para almacenar la medicación:

1. Subsistencia fuera del alcance de niños.
2. Almacene lejos de calor y dirija la luz.
3. No almacene en el cuarto de baño, cerca del fregadero de la cocina, o en lugares húmedos. El calor o la humedad puede causar la medicina analiza.

Cómo tomar esta medicación:

1. Toma en un estómago vacío con un cristal de agua.
2. Si ocurre la irritación del estómago, tome con el alimento.

Esta droga dará vuelta a su orina, taburete, esputo, y rasga la naranja y puede manchar las lentes de contacto. Diga a su doctor, enfermera, o farmacéutico si usted está tomando ALGUNAS medicaciones, incluso drogas que usted puede comprar sin una prescripción. En detalle dígales si usted toma píldoras, Coumadin, warfarin, el theophylline, la metadona, Dilantin, el digoxin, o la medicina del control de la natalidad para la infección del VIH, los asientos o los problemas del corazón.

Efectos secundarios de la droga posible:


Siente Cansada
 El picazon
 Dolor del empalme o del músculo
 Vomitos
 Diarrea
 Escalofrios
 Pérdida de apetito
 Erupción
 Dolor del estómago
 Fiebre
 Pérdida del peso
 Piel o ojos amarillos
 Nausea

La información sobre la acción y los efectos posibles de esta medicación prescribieron por el doctor se ha explicado a mí y entiendo. Llamaré al doctor o a enfermera si tengo cualesquiera preguntas o síntomas.

Nombre: _____

Fecha: _____

Testigo: _____

	Division of Community and Public Health	
	Section: 5.0 Case Management	Revised 09/06
	Subsection: 5.11 References	Page 1 of 1

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