

Table 2. Regimen Options for Treatment of Latent TB Infection for Persons with HIV Infection

Drug	Regimen				Comments
	Daily		Twice Weekly		
	Children	Adults	Children	Adults	
	Duration	Duration	Duration	Duration	
INH	9 months	9 months	9 months	9 months	<p>Minimum of 270 doses administered within 12 months</p> <p>Twice-weekly regimens should consist of at least 76 doses administered within 12 months.</p> <p>Directly observed treatment (DOT) of LTBI should be used when twice-weekly dosing is used.</p> <p>INH can be administered concurrently with NRTIs, PIs, or NNRTIs</p> <p>Contraindicated for persons who have active hepatitis and end-stage liver disease</p>
RIF	4 months	4 months	Not recommended		<p>Minimum of 120 doses administered within 6 months</p> <p>For persons who are contacts of patients with INH-resistant, RIF-susceptible TB</p> <p>Acceptable alternative; may be used for patients who cannot tolerate INH</p> <p>Most PIs or delavirdine should not be administered concurrently with RI; Rifabutin with appropriate dose adjustments, can be used with PIs (saquinavir should be augmented with ritonavir) and NNRTIs (except delavirdine).</p>
RIF and PZA	Should generally not be offered				A TB/LTBI expert should be consulted prior to the use of this regimen.
RFB and PZA	Should generally not be offered				

INH - isoniazid; PZA - pyrazinamide; RFB - rifabutin; RIF- rifampin; DOPT- directly observed preventive therapy; PIs - protease inhibitors; NNRTIs - nonnucleoside reverse transcriptase inhibitors; NRTIs - nucleoside reverse transcriptase inhibitors; HIV - human immunodeficiency virus; LTBI - latent TB infection

Note: For patients whose organisms are resistant to 1 or more drugs, administer at least 2 drugs to which there is demonstrated susceptibility and consult a TB medical expert. Clinicians should review the drug-susceptibility pattern of the *M. tuberculosis* strain isolated from the infecting source-patient before choosing a preventive therapy regimen.