# TREATMENT OF TUBERCULOSIS IN CHILDREN

<table>
<thead>
<tr>
<th>STAGE OF TB</th>
<th>SKIN TEST or IGRA</th>
<th>CXR</th>
<th>SYMPTOMS</th>
<th>TREATMENT</th>
</tr>
</thead>
</table>
| Exposure    |                   |     |          | Meds: INH window prophylaxis  
Duration: 8-10 weeks  
Repeat skin test: 8-10 wks after last exposure, if positive ≥ 5mm, see LTBI |
| Latent TB infection (LTBI) | Positive | Normal | None | Meds: INH  
Duration: INH 9 mo  
or INH resistant LTBI: Rifampin 6 mo |
| Disease     | 90% positive | Abnormal | +/- | Meds: INH, Rif, PZA (consider EMB or aminoglycoside)  
Duration: 6 mo total  
Stop PZA after 2 mo, continue INH & RIF for drug susceptible disease  
DOT standard |
| Disease     | TST may be negative early in disseminated TB.  
90% positive if tested later | +/- | Yes | Meds: INH, Rif, PZA and EMB or aminoglycoside  
Duration: 9-12 mo total  
Stop PZA and EMB or aminoglycoside after 2 mo for drug susceptible disease.  
DOT standard |
| Disease     | 50% negative early in meningitis and miliary disease.  
90% positive if tested later | +/- | Yes | Meds: INH, Rif, PZA and aminoglycoside or EMB or ethionamide daily for 2 mo, followed by 7-10 mo INH and Rif daily or twice weekly  
Duration: 9-12 mo total for drug susceptible disease  
DOT standard  
Steroids recommended for first 1-2 mo for meningitis |

# Fourth drug (EMB or an aminoglycoside) should be added for the first 2 months or until susceptibilities are known in communities with INH resistance > 4% or in cases where there is a high-risk of drug resistance.  
INH = Isoniazid, Rif = Rifampin, PZA = Pyrazinamide, EMB = Ethambutol

## Dosing range for daily, twice weekly, and maximum doses, as well as forms available for the first line anti-tuberculosis medications.

### DAILY DOSE RANGE

<table>
<thead>
<tr>
<th>Child’s Weight (kg)</th>
<th>Isoniazid (INH) 10-15 mg/kg/day</th>
<th>Rifampin (RIF) 10-20 mg/kg/day</th>
<th>Pyrazinamide (PZA) 30-40 mg/kg/day</th>
<th>Ethambutol (EMB) 15-25 mg/kg/day</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Dose, mg</td>
<td>Dose, mg</td>
<td>Dose, mg</td>
<td>Dose, mg</td>
</tr>
<tr>
<td>3-5</td>
<td>50</td>
<td>50</td>
<td>125</td>
<td>50-100</td>
</tr>
<tr>
<td>6-9</td>
<td>100</td>
<td>100</td>
<td>250</td>
<td>150</td>
</tr>
<tr>
<td>10-15</td>
<td>150</td>
<td>150</td>
<td>375-500</td>
<td>250</td>
</tr>
<tr>
<td>16-20</td>
<td>200</td>
<td>200</td>
<td>500-750</td>
<td>300</td>
</tr>
<tr>
<td>21-25</td>
<td>300</td>
<td>300</td>
<td>750</td>
<td>400</td>
</tr>
<tr>
<td>26-45</td>
<td>300</td>
<td>450</td>
<td>1000-1500</td>
<td>600-700</td>
</tr>
<tr>
<td>46-50</td>
<td>300</td>
<td>600</td>
<td>1500-2000</td>
<td>800</td>
</tr>
<tr>
<td>51-66</td>
<td>300</td>
<td>600</td>
<td>2000</td>
<td>1000</td>
</tr>
<tr>
<td>67+</td>
<td>300</td>
<td>600</td>
<td>2000</td>
<td>1000</td>
</tr>
</tbody>
</table>

**TWICE A WK DOSE:**  
Maximum Doses:  
20-30 mg/kg/dose  
Daily: 300 mg  
Twice wkly: 900 mg  
10-20 mg/kg/dose  
Daily: 600 mg  
Twice wkly 600 mg  
50 mg/kg/dose  
Daily: 2000 mg  
Twice wkly: 2000 mg  
50 mg/kg/dose  
Daily: 1000 mg  
Twice wkly: 2500 mg

**Forms Available:**  
Scored tablets:  
100 mg  
300 mg  
Syrup:  
10 mg/ml*  
Capsules:  
150 mg  
300 mg  
Syrup: compounded formulation  
Scored tablets:  
500 mg  
Tablets:  
100mg  
400 mg

*Many experts advise against using INH syrup because it is frequently associated with diarrhea.

Updated 2012