



Tuberculosis 2 (Treatment)

- 1) The American Thoracic Society. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. **Am J Respir Crit Care Med 2000;161:S221-47.** *Because of the risk for progressive and/or congenital TB, pregnant women who have a positive tuberculin skin test or who have negative skin-tests results but who are recent contacts of persons with infectious TB disease should have chest radiographs (with appropriate shielding) as soon as feasible, even during the first trimester.*
- 2) The American Thoracic Society. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. **Am J Respir Crit Care Med 2000;161:S221-47.** *For pregnant, HIV-negative women, isoniazid given daily or twice weekly for 6- 9 mo is recommended. For women at risk for progression of LTBI to disease, especially those who are infected with HIV or who have likely been infected recently, initiation of therapy should not be delayed on the basis of pregnancy alone, even during the first trimester.*
- 3) The American Thoracic Society. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. **Am J Respir Crit Care Med 2000;161:S221-47.** *Pregnant women and persons with seizure disorders should also take pyridoxine and isoniazid.*
- 4) The American Thoracic Society. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. **Am J Respir Crit Care Med 2000;161:S221-47.** *Patients whose initial evaluation suggests a liver disorder should also have baseline hepatic measurements of serum AST or ALT and bilirubin. Baseline testing is also indicated for patients infected with HIV, pregnant women and those in the immediate postpartum period (i.e., within 3 mo of delivery) ...Some experts recommend that isoniazid be withheld if a patient's transaminase levels exceed 3 times the upper limit of normal if associated with symptoms and five times the upper limit of normal if the patient is asymptomatic.*
- 5) The American Thoracic Society. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. **Am J Respir Crit Care Med 2000;161:S221-47.** *Clinical monitoring is indicated in all patients; this involves education of patients about the signs and symptoms that can result as adverse effects of the drug(s) being prescribed and the need for prompt cessation of treatment and clinical evaluation should symptoms occur.*
- 6) The American Thoracic Society. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. **Am J Respir Crit Care Med 2000;161:S221-47.** *Breast-feeding is not contraindicated when the mother is being treated for LTBI.*
- 7) The American Thoracic Society. Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection. **Am J Respir Crit Care Med 2000;161:S221-47.** *...the treatment of LTBI in pregnancy is more controversial. Some experts prefer to delay treatment until after deliver because pregnancy itself does not increase the risk*

of progression to disease and two studies suggest that women in pregnancy and the early postpartum period may be vulnerable to isoniazid hepatotoxicity.

- 8) Franks AL, Binkin NJ, Snider DE, Rokaw WM, Becker S. Isoniazid hepatitis among pregnant and postpartum hispanic patients. **Public Health Reports 1989;104:151-5.** *Among 3,681 women treated with INH during and after pregnancy to prevent tuberculosis, ... revealed a 2.5-fold increased risk for hepatitis in the prenatal clinic group. The mortality rate was four times higher in the prenatal clinic group.*
- 9) The North Carolina Tuberculosis Policy Manual . Revision (3/03)
- 10) The Centers for Disease Control/American Thoracic Society. Initial therapy for tuberculosis in the era of multidrug resistance. Recommendations of the advisory council for the elimination of tuberculosis. **MMWR 1993;42:1-8.** *In addition, since a 6-month treatment regimen cannot be used and a minimum of 9 months of therapy is recommended, the preferred initial treatment regimen is isoniazid, rifampin and ethambutol.*

NOTIFICATION TO USERS

These algorithms are designed to assist in the primary care provider in the clinical management of a variety of problems that occur in pregnancy. They should not be interpreted as ***standard of care*** but instead represent ***guidelines*** for the management of these patients. Variations in practice should take into account such factors as characteristics of the individual patient, health resources, and regional experience with diagnostic and therapeutic modalities. The algorithms remain the intellectual property of the University of North Carolina School of Medicine at Chapel Hill. They cannot be reproduced in whole or part without the ***expressed*** permission of the school.