Iowa Department of Public Health
Tuberculosis Control Program

Adult Patient Information Sheet
Treatment of Tuberculosis Disease (Pulmonary and Extrapulmonary)

Report all Suspected/Confirmed cases of TB Disease by phone: Nurse Consultant 515/281-8636 or Program Manager 515/281-7504

Patient Information

Name (Last, First, Middle):	**Gender:** ☐ Male ☐ Female	
Street Address:	**City:**	**Zip:**
County of Residence:	**DOB (D/M/Y):**	
Phone (home or cell):	**Patient's Weight:**	

Diagnostic Information

Testing and Site of Disease	TST Date_____ ☐ Pos ☐ Neg ☐ Not Done IGRA Date_____ ☐ Pos ☐ Neg ☐ Indeterminate ☐ Not Done ☐ Pulmonary ☐ Extrapulmonary (specify)_____ Previous Diagnosis of TB Disease (not LTBI)? ☐No ☐Yes Year:_____
Chest X-Ray and CT Scan	Initial CXR Date:_____ ☐Normal ☐Abnormal ☐Not Done Evidence of cavity? ☐Yes ☐No Evidence of miliary TB? ☐Yes ☐No CT Scan Date:_____ ☐Normal ☐Abnormal ☐Not Done Evidence of cavity? ☐Yes ☐No Evidence of miliary TB? ☐Yes ☐No
Symptoms	☐Cough, Onset date: _____ ☐Chest pain ☐Hemoptysis ☐Fever/Chills ☐Night sweats ☐Weight loss ☐Fatigue
Primary Reason for TB Evaluation	☐TB Symptoms ☐Abnormal CXR ☐Contact Investigation ☐HCW ☐Immigrant Medical Exam ☐Incidental Lab
Risk Factors	☐Foreign Born Country of Origin:_____ Month/Year Arrived in US_____ ☐Close contact of case ☐HCW's ☐Non-IDU ☐IDU ☐Alcohol ☐Homeless ☐Missed Contact ☐Incomplete LTBI TX ☐Medical Risk Factors ☐ Resident LTCF or CF
HIV Status (Req. 18 –50yo)	Date(s) of Test:_____ Results: ☐Positive ☐Negative ☐Not Offered ☐Refused

Prescription Information

Submit prescriptions to the IDPH TB Program by fax: 515-281-4570.

For information on the Approved TX Regimens/Dosing see next page or contact the TB Program at 515-281-7504 or 515-281-8636

Clinician Contact Information

Clinician's Name:	**Clinic Name:**		
Street Address:	**City:**	**State:** Iowa	**Zip:**
Phone Number:	**Fax Number:**		

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TABLE 2. Drug regimens for culture-positive pulmonary tuberculosis caused by drug-susceptible organisms

Initial phase			Continuation phase				Rating* (evidence)†	
Regimen	Drugs	Interval and doses‡ (minimal duration)	Regimen	Drugs	Interval and doses‡§ (minimal duration)	Range of total doses (minimal duration)	HIV–	HIV+
1	INH RIF PZA EMB	Seven days per week for 56 doses (8 wk) or 5 d/wk for 40 doses (8 wk)¶	1a	INH/RIF	Seven days per week for 126 doses (18 wk) or 5 d/wk for 90 doses (18 wk)¶	182–130 (26 wk)	A (I)	A (II)
			1b	INH/RIF	Twice weekly for 36 doses (18 wk)	92–76 (26 wk)	A (I) B (I)	A (II)# E (I)
			1c**	INH/RPT	Once weekly for 18 doses (18 wk	74–58 (26 wk)		
2	INH RIF PZA EMB	Seven days per week for 14 doses (2 wk), then twice weekly for 12 doses (6 wk) or 5 d/wk for 10 doses (2 wk),¶ then twice weekly for 12 doses (6 wk)	2a	INH/RIF	Twice weekly for 36 doses (18 wk)	62–58 (26 wk)	A (II) B (I)	B (II)# E (I)
			2b**	INH/RPT	Once weekly for 18 doses (18 wk)	44–40 (26 wk)		
3	INH RIF PZA EMB	Three times weekly for 24 doses (8 wk)	3a	INH/RIF	Three times weekly for 54 doses (18 wk)	78 (26 wk)	B (I)	B (II)
4	INH RIF EMB	Seven days per week for 56 doses (8 wk) or 5 d/wk for 40 doses (8 wk)¶	4a	INH/RIF	Seven days per week for 217 doses (31 wk) or 5 d/wk for 155 doses (31 wk)¶	273–195 (39 wk)	C (I)	C (II)
			4b	INH/RIF	Twice weekly for 62 doses (31 wk)	118–102 (39 wk)	C (I)	C (II)

Definition of abbreviations: EMB = Ethambutol; INH = isoniazid; PZA = Pyrazinamide; RIF = rifampin; RPT = rifapentine.
* Definitions of evidence ratings: A = preferred; B = acceptable alternative; C = offer when A and B cannot be given; E = should never be given.
† Definition of evidence ratings: I = randomized clinical trial; II = data from clinical trials that were not randomized or were conducted in other populations; III = expert opinion.
‡ When DOT is used, drugs may be given 5 days/week and the necessary number of doses adjusted accordingly. Although there are no studies that compare five with seven daily doses, extensive experience indicates this would be an effective practice.
§ Patients with cavitation on initial chest radiograph and positive cultures at completion of 2 months of therapy should receive a 7-month (31 week; either 217 doses [daily] or 62 doses [twice weekly]) continuation phase.
¶ Five-day-a-week administration is always given by DOT. Rating for 5 day/week regimens is AIII.
# Not recommended for HIV-infected patients with CD4+ cell counts <100 cells/µl.
** Options 1c and 2b should be used only in HIV-negative patients who have negative sputum smears at the time of completion of 2 months of therapy and who do not have cavitation on initial chest radiograph (see text). For patients started on this regimen and found to have a positive culture from the 2-month specimen, treatment should be extended an extra 3 months.

TABLE 3. Doses* of antituberculosis drugs for adults and children†

First-line drugs			Doses			
Drug	Preparation	Adults/children	Daily	1x/wk	2x/wk	3x/wk
Isoniazid	Tablets (50 mg, 100 mg, 300 mg); elixir (50 mg/5 ml); aqueous solution (100 mg/ml) for intravenous or IM injection	Adults (max.) Children (max.)	5 mg/kg (300 mg) 10–15 mg/kg (300 mg)	15 mg/kg (900 mg) —	15 mg/kg (900 mg) 20–30 mg/kg (900 mg)	15 mg/kg (900 mg) —
Rifampin	Capsule (150 mg, 300 mg); powder may be suspended for oral administration; aqueous solution for IM injection	Adults‡ (max.) Children (max.)	10 mg/kg (600 mg) 10–20 mg/kg (600 mg)	— —	10 mg/kg (600 mg) 10–20 mg/kg (600 mg)	10 mg/kg (600 mg) —
Rifabutin	Capsule (150 mg)	Adults‡ (max.) Children	5 mg/kg (300 mg) Appropriate dosing for children is unknown	— Appropriate dosing for children is unknown	5 mg/kg (300 mg) Appropriate dosing for children is unknown	5 mg/kg (300 mg) Appropriate dosing for children is unknown
Rifapentine	Tablet (150 mg, film coated)	Adults Children	— The drug is not approved for use in children	10 mg/kg (continuation phase) (600 mg) The drug is not approved for use in children	— The drug is not approved for use in children	— The drug is not approved for use in children
Pyrazinamide	Tablet (500 mg, scored)	Adults Children (max.)	See Table 4 15–30 mg/kg (2.0 g)	— —	See Table 4 50 mg/kg (2 g)	See Table 4 —
Ethambutol	Tablet (100 mg, 400 mg)	Adults Children§ (max.)	See Table 5 15–20 mg/kg daily (1.0 g)	— —	See Table 5 50 mg/kg (2.5 g)	See Table 5 —

* Dose per weight is based on ideal body weight. Children weighing more than 40 kg should be dosed as adults.
† For purposes of this document adult dosing begins at age 15 years.
‡ Dose may need to be adjusted when there is concomitant use of protease inhibitors or nonnucleoside reverse transcriptase inhibitors.
§ The drug can likely be used safely in older children but should be used with caution in children less than 5 years of age, in whom visual acuity cannot be monitored. In younger children EMB at the dose of 15 mg/kg per day can be used if there is suspected or proven resistance to INH or RIF.

TABLE 4 and 5: Suggested Pyrazinamide and Ethambutol doses, using whole tablets, for adults weighing 40–90 kilograms

Weight in kg*	40–55 kg		56-75 kg		76-90 kg	
	Pyrazinamide	Ethambutol	Pyrazinamide	Ethambutol	Pyrazinamide	Ethambutol
Daily, mg (mg/kg)	1,000 (18.2–25.0)	800 (14.5–20.0)	1,500 (20.0–26.8)	1,200 (16.0–21.4)	2,000† (22.2–26.3)	1,600† (17.8–21.1)
Thrice weekly, mg (mg/kg)	1,500 (27.3–37.5)	1,200 (21.8–30.0)	2,500 (33.3–44.6)	2,000 (26.7–35.7)	3,000† (33.3–39.5)	2,400† (26.7–31.6)
Twice weekly, mg (mg/kg)	2,000 (36.4–50.0)	2,000 (36.4–50.0)	3,000 (40.0–53.6)	2,800 (37.3–50.0)	4,000† (44.4–52.6)	4,000† (44.4–52.6)

* Based on estimated lean body weight. †Maximum dose regardless of weight.

Source: MMWR: Treatment of TB – CDC, ATS, IDSA, June 20, 2003 / Vol. 52 / No. RR-11 http://www.cdc.gov/mmwr/PDF/rr/rr5211.pdf