August 20, 2018

Dear Public Health Nurse Colleagues:


CDC continues to recommend the regimen of once-weekly isoniazid and rifapentine for 12 weeks (3HP) for treatment of latent tuberculosis infection (LTBI) in adults and now recommends use of 3HP:

1) in persons with LTBI aged 2–17 years; 2) in persons with LTBI who have HIV infection, including acquired immunodeficiency syndrome (AIDS), and are taking antiretroviral medications with acceptable drug-drug interactions with rifapentine; and 3) by directly observed therapy (DOT) or self-administered therapy (SAT) in persons aged ≥2 years.

The remainder of this letter provides guidance on self-administered therapy for 3HP provided by the State of Alaska TB program

- Treatment may be DOT or SAT, as determined by the provider and the public health nurse (PHN) case manager.
- If the patient will self-administer their medications, PHNs should conduct a monthly follow-up in person.
  - When itinerant PHNs provide case management for patients in villages, monthly monitoring may be done by teleconference in conjunction with the Community Health Aide/Practitioners (CHA/Ps), by phone with the PHN, or may be done by the patients’ provider.
- PHNs may consider setting up weekly phone reminders with the patient.
- Please give the patient a copy of the CDC LTBI Patient Education Brochure and the 12-dose Medication Tracker and Symptom Checklist.
- Please complete the [LTBI treatment report](https://www.cdc.gov/tb/publications/ltr/2018/18061129.htm) upon completion or discontinuation of therapy and submit to the Alaska TB program.
- Please consult the Alaska TB program (269-8000) with questions. Thank you for your assistance.

Sincerely,

The Alaska TB program