DEPARTMENT OF HEALTH SERVICES
Division of Public Health
F-00905 (02/2023)

TUBERCULOSIS INFECTION INITIAL REQUEST FOR MEDICATION

Fields marked with an asterisk (*) are required.
Please complete patient information on pages 1 & 2.

STATE OF WISCONSIN
Wis. Stats § 252.10 (7)
Wisconsin Tuberculosis Program
Telephone: 608-261-6319

SUBMIT COMPLETED FORM TO:	**Local Health Department (LHD)**	**LHD Fax Number**
	Public Health Madison & Dane County	(608) 266-4858

*NAME – Patient (Last, First, Middle Initial)			*Date of Birth (mm/dd/yyyy)
*Address (Street or Rural Route)			*Telephone Number
*City	*Zip Code	*LHD/Clinic managing case:	Other contact, as needed

*Sex	*Race	*Ethnicity ☐ Hispanic ☐ Non-Hispanic	*Weight	

Patient Insurance Information

☐ Patient has no insurance + financial hardship: WI TB Dispensary covers entire cost.

☐ Patient has insurance + financial hardship (include photocopy of insurance card): WI TB Dispensary to cover co-pay or deductible. Prescription insurance provider and number:_____

☐ Patient has insurance and no financial hardship: WI TB Dispensary will not cover cost but is available for consultation. LHD or patient will use their own pharmacy.

*NAME – Clinician (Print clearly)	NAME - Hospital/Clinic/Facility
*Address (Street, City, State, Zip Code)	*Telephone Number

*MEDICATION ORDERS (Check mg/kg for patients with variable weight)

Regimen

Isoniazid and Rifapentine once per week via directly-observed therapy X 12 weeks

☐ **Isoniazid 900 mg and Rifapentine 900 mg** ☐ **INH _____ mg + Rifapentine _____ mg**

Rifampin daily X 4 months (Generic Only) ☐ **600 mg** ☐ **_____ mg** **Liquid** ☐ **_____ mg** /or ☐ **_____ mg/kg**

For dosing, see page 5.

Isoniazid (INH) daily X 6-9 months (Generic Only) ☐ **300 mg** ☐ **_____ mg** **Liquid** ☐ **_____ mg** /or ☐ **_____ mg/kg**

For dosing, see page 5.

Isoniazid and Rifampin daily X 3 months (Generic Only)

For dosing, see page 5

☐ **Isoniazid 300 mg and Rifampin 600 mg** ☐ **INH _____ mg + Rifampin _____ mg**

☐ **Other _____**

MONITORING ORDERS

1. Assess the patient at least monthly for side effects and medication toxicity. Hold medications and call clinician if present.
2. Other: _____

*SIGNATURE

SIGNATURE – Clinician: _____ * Date Prescription Ordered: _____

To be completed by Local Health Department

WEDSS Disease Incident Number	Ship medication to:
Pharmacy: ☐ TB Dispensary Pharmacy ☐ Other, List _____	

Patient Name: _____ **Patient WEDSS DI:** Error! Reference source not found._____

PATIENT INFORMATION - Please note the risk factors for infection, below. Remember when referring a patient for treatment that a patient must have risk factors for infection BEFORE having risk of progression.

A. *Patient Risk Factors and Reasons for Treatment (check all that apply) See page 3 for description.

Risk for TB Infection

☐ Birth, residence or travel (for ≥ 1 month) in a country with a high TB rate _____*Country
- Travel is of extended duration or including likely contact with infections TB.

☐ Close contact to someone with infectious TB disease *Name/relationship of Contact: _____

Risk for Progression to TB Disease

☐ Human immunodeficiency virus (HIV) infection

☐ Current or planned immunosuppression including receipt of an organ transplant, treatment with an TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroids (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or other immunosuppressive medication in combination with risk for infection from above

Other

☐ Mandated testing (e.g., employment, healthcare personnel, school).

B. *Is patient symptomatic? (check all that apply) ☐ **No**

☐ Fever ☐ Night sweats ☐ Cough > 3 weeks ☐ Sputum ☐ Blood in sputum ☐ Weight loss

☐ Other _____

C. *Tests:

1. T-Spot™ blood assay: Date Drawn: _____ **Results:** ☐Positive ☐Negative ☐Indeterminate ☐Invalid
2. Quantiferon™ (QFT) blood assay: Date Drawn: _____ **Results:** ☐Positive ☐Negative ☐Indeterminate

   QFT Numeric results: Nil _____ IU/mL TB1 Nil _____ IU/mL TB2 Nil _____ IU/mL Mitogen _____ IU/mL
3. Tuberculin Skin Test: Date Applied:_____ Date Read: _____ Results **(induration only)** _____ mm
4.

Specimen (Sputum or BAL)	Date Collected	Results		
		Smear	PCR	Culture
Other:				

D. *Chest Imaging: (Include copy of chest x-ray and/or CT report with this request, CXR needs to be within 6 months)

Date: _____ **Results:** ☐ Normal ☐ Abnormal ☐ Cavitary

If chest imaging is abnormal and consistent with TB, three sputum samples should be submitted to the WSLH for smear, PCR and culture, before treatment for LTBI can begin.

E. *Prior treatment for tuberculosis infection or disease?

☐ **NO** ☐ **YES** Please explain: _____

F. Baseline blood tests, if applicable (ALT/AST, CBC, CMP, T. BIL, if preexisting liver disease)

Test _____ Date _____ Result _____

Test _____ Date _____ Result _____

Test _____ Date _____ Result _____

References

Centers for Disease Control and Prevention. 2017. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention clinical practice guidelines: Diagnosis of tuberculosis in adults and children, *Clinical Infectious Diseases, 64*(2): 111-5. Retrieved from https://www.cdc.gov/tb/publications/guidelines/pdf/ciw778.pdf

Tuberculosis Screening, Testing, and Treatment of U.S. Health Care Personnel: Recommendations from the National Tuberculosis Controllers Association and CDC. MMWR. 68:19. May 17, 2019.

Red Book. American Academy of Pediatrics. 31st Edition. 2018.

Update to Recommendations for Use of Once-Weekly Isoniazid-Rifapentine Regimen to Treat Latent Mycobacterium tuberculosis Infection. MMWR. 67:25. June 29, 2018.

Tuberculosis Screening, Testing, and Treatment of US Health Care Personnel: *ACOEM and NTCA Joint Task Force on Implementation of the 2019 MMWR Recommendations*, JOEM. 62 (No.7), July 7, 2020.

Testing and Treatment of Latent Tuberculosis Infection in the United States: Clinical Recommendations. A Guide for Health Care Providers and Public Health Programs; National Society of Tuberculosis Clinicians. 2021.

Additional Information for:
Tuberculosis Infection
Initial Request For Medication, F-00905

Remember – a person must have a risk of infection before the risk of progression to active disease considered!

RISK FOR TB INFECTION

Birth, travel or residence (for ≥ 1 month) in a country with a high TB rate

The World Health Organization (WHO) estimates TB incidence around the world in the Global Tuberculosis Report. Please see this report for countries with high TB rates, or call the Wisconsin Tuberculosis Program.[1, 5]

Leisure travel to most countries in the world poses little risk of TB infection. Prolonged stays or work in the health sector in an endemic country increase the risk of infection.[2]

Close Contact to someone with infectious TB disease

Infectious TB includes pulmonary, culture-positive disease and disease with pulmonary cavitation on radiograph. High Priority contacts include household members (1 in 3 chance of infection), children < 5 years of age and immunosuppressed individuals (HIV-positive, organ transplant, cancer, diabetes). Also consider those exposed for shorter duration in a more confined space (exam room, dormitory room, office or vehicle).[3]

Other Risks

Wisconsin has very low incidence of TB in healthcare, homeless, corrections and long-term care settings. Higher-risk congregate settings occur in Alaska, California, Florida, Hawaii, New Jersey, New York, Texas or Washington DC.[5]

Consult with local health departments for other locally identified high-risk groups: https://www.dhs.wisconsin.gov/lh-depts/counties.htm.

Consult with the Centers for Disease Control and Prevention (CDC) annual TB reports and the Wisconsin TB Program website for state and local epidemiology data. [6, 7, 8, 9]

RISK FOR PROGRESSION TO TB DISEASE

Immune suppression is a risk factor for reactivation and progression to active TB disease. Immune suppression alone is not a risk for acquiring TB infection.

LTBI treatment should be strongly considered in HIV-infected individuals; significant immune suppression can cause inaccuracy of diagnostic TB tests.

LTBI treatment can be considered for other immune suppression (e.g., cancer, organ transplant, medications, or diabetes) when in combination with risk for infection (see above).

References:

1) World Health Organization Global Tuberculosis Report 2018. http://www.who.int/tb/publications/global_report/en/
2) Cobelens, F.G.J., et al (2000). Risk of infection with Mycobacterium tuberculosis in travelers to areas of high tuberculosis endemicity. The Lancet, 356, 461-465.
3) CDC. Guidelines for the investigation of contacts of persons with infectious tuberculosis: recommendations from the National Tuberculosis Controllers Association and CDC. MMWR 2005; 54(No. RR-15).
4) Lewinsohn, D. et al. Official American Thoracic Society/Infectious Diseases Society of America/CDC Clinical Practice Guidelines: Diagnosis of tuberculosis in adults and children. Clinical Infectious Diseases, 2017; 62(2):111-115.
5) Wisconsin Tuberculosis Program. https://www.dhs.wisconsin.gov/tb/index.htm. Phone: 608-261-6319.
6) CDC. Reported Tuberculosis in the United States. https://www.cdc.gov/tb/statistics/
7) CDC. Guidelines for preventing the transmission of Mycobacterium tuberculosis in health-care settings, 2005. MMWR 2005; 54(No. RR-17).
8) CDC. Tuberculosis screening, testing, and treatment of U.S. health care personnel: Recommendations from the National Tuberculosis Controllers Association and CDC, 2019. MMWR 2019: 68(No. 19).
9) CDC. Prevention and control of tuberculosis in correctional facilities: Recommendations from CDC. MMWR 2006; 55(No. RR-9).

Tuberculosis (TB) Infection Treatments

Wisconsin Department of Health Services
Division of Public Health, Tuberculosis Program

Once a person is diagnosed with TB infection, treatment should be offered. We recommend that all treatment be done in collaboration with the local health department. Assistance with costs of care and treatment is available through the local health department.

There are five treatments available.

1. Three months of weekly isoniazid (INH) and rifapentine is the preferred regimen for patients over two years of age, due to its high completion rates. We strongly recommend giving all doses given as directly observed therapy (DOT) once per week for 12 weeks. DOT is required if receiving medications from the WI TB Dispensary Program.

   Rifapentine 900 mg + INH 900 mg once weekly X 12 weeks; DOT strongly recommended

Rifapentine	10.0-14.0 kg	300 mg	INH	Age 2-11 years	25 mg/kg*
	14.1-25.0 kg	450 mg		Age 12+ years	15 mg/kg*
	25.1-32.0 kg	600 mg		*900 mg maximum.	
	32.1-49.0 kg	750 mg		Round up to nearest 50 or 100 mg	
	≥50.0 kg	900 mg max.			

2. Four months of daily rifampin is the preferred regimen for those unable to take weekly INH/rifapentine or for contacts of INH resistant cases. Treatment is usually given daily self-administered, with the patient picking up medications monthly. Consider the patient's reliability.

   Rifampin 600 mg daily X 4 months; self-administered, patient picks up pills monthly
   15-20 mg/kg infants and children; 10 mg/kg adults; 600 mg maximum

3. Six to nine months of isoniazid is acceptable but has very low completion rates in many instances. Treatment is usually given daily self-administered, with the patient picking up medications monthly. Consider the patient's reliability.

   Isoniazid (INH) 300 mg daily X 6-9 months; self-administered, patient picks up pills monthly
   10-15 mg/kg infants and children; 5 mg/kg up adults; 300 mg maximum

4. Three months of daily isoniazid (INH) and rifampin is another preferred regimen for those unable to take weekly INH/rifapentine. Treatment is usually given daily self-administered, with the patient picking up medications monthly. For children of all ages, adults, and persons with HIV. Not recommended for window prophylaxis.

   Isoniazid (INH) and rifampin daily X 3 months; self- administered, patient picks up pills monthly
   10-20 mg/kg INH and 15-20 mg/kg rifampin infants & children; 5 mg/kg INH and 10 mg/kg rifampin for adults;. INH 300mg max; rifampin 600mg max.

5. Two months of the **standard four-drug treatment—isoniazid, rifampin, pyrazinamide, and ethambutol-- by directly observed therapy** is the preferred regimen for patients for whom a diagnosis of active TB disease is still possible**.** At the end of two months, reassess patient and laboratory results:
   If the culture is positive OR the patient improves on treatment, consider active TB disease confirmed and treat accordingly.

   If the culture is negative OR the patient does not improve on treatment, end treatment and consider other diagnoses as appropriate. Treatment for latent TB infection is complete.

Wisconsin Vitamin B-6 Recommendations:
Pyridoxine (vitamin B-6) supplementation 10-50mg/day with isoniazid (INH) or 50mg/week with the 12-week regimen of Rifapentine and INH is recommended ONLY for persons with: diabetes, uremia, alcoholism, malnutrition, HIV, seizure disorders and for pregnant or breastfeeding women. Exclusively breastfeed infants and children/adolescents on meat and milk-deficient diets or nutritional deficiencies should also receive B-6 when on INH therapy. Most adults and children do not need pyridoxine supplements.