

<b>Regimens for Treatment of Latent TB Infection and Recommended Monitoring</b>			
<b>Children* (ages 0-18)</b>			<b>Children - INH (9 months)</b>
Isoniazid (INH)9 months Provide only one month supply at a time	Daily	INH 10-20 mg/kg (Max 300 mg)	<b>Clinical Monitoring</b> <ul style="list-style-type: none"> <li>• <i>Pretreatment</i>: ask about other medications and medical conditions, allergies.</li> <li>• <i>Monthly (in person)</i>: check for anorexia, nausea vomiting, abdominal pain, dark urine, jaundice, scleral icterus, rash, fatigue, fever, or paresthesias.</li> </ul> <b>Laboratory</b> - no routine studies needed
	Twice Weekly DOT	INH 20-40 mg/kg (Max: 900 mg)	
* Rifampin six months daily is an alternative regimen for children (10-20 mg/kg, maximum 600 mg), particularly those exposed to INH resistant disease.			
<b>Treatment Completion:</b> nine months daily = 270 doses within 12 months. Nine months twice weekly DOT= 76 doses within 12 months			

Source: Maryland Guidelines for the Treatment and Prevention of Tuberculosis — 2007