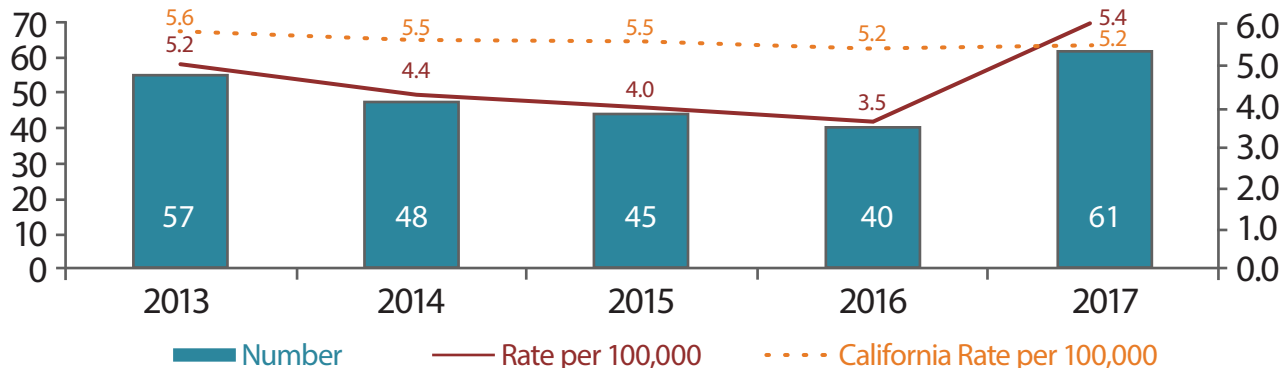
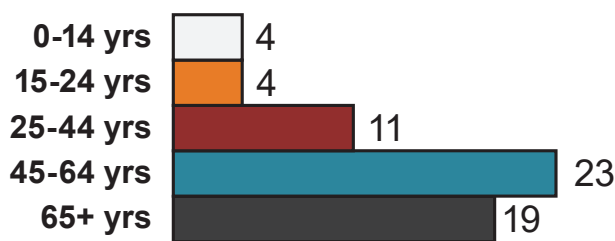


# TUBERCULOSIS in Contra Costa County 2017

## Contra Costa County Tuberculosis Cases & Case Rates Over 5 Years, 2013-2017

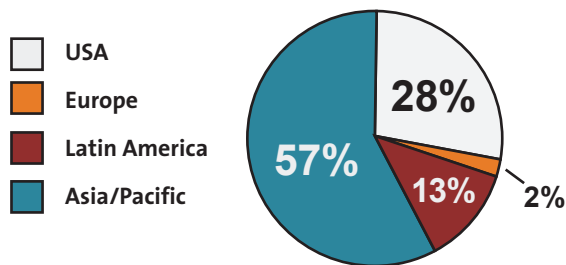


## Age Distribution of People with TB Disease, 2017



80% of TB disease in California is reactivated infection in adults. Older adults with chronic diseases are more likely to have weakened immune systems which increase their risk. Remember to screen older adults. They get TB too.

## Origin of People with TB Disease, 2017



Most people diagnosed in the US with TB disease are born outside the United States. It is important to consider this when screening patients for TB risk.

## Risk Factors for People with TB Disease 2017

Risk Factors	Number	%
Diabetes	22	36%
Contact to Person with Infectious TB	8	13%
Immunosuppressed	8	13%
Substance Abuse	5	8%
Renal Disease	3	5%
Homelessness	2	3%
Resident of Long Term Care Facility	2	3%

2.4 million Californians live with TB infection (LTBI). They have a 5-10% lifetime risk of progression to TB disease. Risk factors for TB include recent contact with a person who has active TB, homelessness, dialysis, illicit drug use, diabetes, HIV and incarceration.

Prepared by Contra Costa Health Services, Public Health Communicable Disease Programs. Data obtained from the Contra Costa Public Health Tuberculosis Program and the California Department of Public Health Tuberculosis Control Branch. For more information, call the Contra Costa Public Health Tuberculosis Program at 925-313-6740 or visit [cchealth.org](http://cchealth.org)

# LTBI Treatment Regimens

## INH+Rifapentine

- 12 weekly doses of isoniazid (INH) and rifapentine
- A preferred regimen as patients are more likely to complete short course regimens
- Recommended for all patients  $\geq 2$  years old except:
  - People taking medications with significant drug-drug interactions with rifapentine (e.g. some diabetes, cardiac and seizure medications; see package insert for details)
  - HIV infected people taking antiretrovirals (due to potential drug-drug interactions with rifapentine)
  - Contacts to persons with INH or rifampin resistant TB
  - Pregnant women or women planning to become pregnant during treatment
  - Persons who have had prior adverse events or hypersensitivity to INH or rifampin.

### Possible Side Effects

- Hypersensitivity reaction
- Rash
- Hepatotoxicity (rare)
- Thrombocytopenia (rare)

Drug	Dosage	Maximum dose
INH	15 mg/kg rounded to nearest 50/100 mg in patients $\geq 12$ years	900 mg
	25 mg/kg rounded to the nearest 50/100 mg in patients 2-11 years	
Rifapentine	10.0 – 14.0 kg = 300 mg	900 mg
	14.1 – 25.0 kg = 450 mg	
	25.1 – 32.0 kg = 600 mg	
	32.1 – 49.9 kg = 750 mg	

Rifapentine and INH tablets can be crushed and administered with semi-solid food for patients unable to swallow pills

## Rifampin

- Rifampin daily for 4 months
- A preferred regimen as patients are more likely to complete short course regimens
- Recommended for persons of any age with LTBI except:
  - People taking medications with significant drug-drug interactions with rifampin (e.g. some anti-retrovirals, and some diabetes, cardiac and seizure medications; see package insert for details)
  - People presumed infected with M. tuberculosis resistant to rifampin
  - People who have had prior adverse events or hypersensitivity to rifamycins

## Possible Side Effects

- Rash and pruritis
- GI upset
- Hepatotoxicity
- Hematologic abnormalities including thrombocytopenia
- Orange staining of body fluids

Drug	Dosage
Rifampin	Adults 10mg/kg up to 600mg
	Children 10-15mg/kg up to 600mg

Rifampin capsules can be opened and the contents mixed with semi-solid food for patients who are unable to swallow pills

## Isoniazid (INH)

- 6 or 9 months of daily INH (9 months of treatment is more effective)
- No longer a preferred regimen as patients are less likely to complete a long course of therapy
- Not recommended for:
  - Patients with known allergies to INH
  - Contacts to persons with INH-resistant TB
  - Those with decompensated liver disease or who are being administered other hepatotoxic drugs
  - There may be an increased risk of INH induced hepatotoxicity in pregnant and postpartum women.

### Possible Side Effects

- Asymptomatic elevation of LFT's
- Hepatotoxicity
- Peripheral neuropathy – Supplement with vitamin B6 (pyridoxine) in patients at risk: those who are pregnant or breast feeding, have HIV, renal failure, alcoholism or underlying peripheral neuropathy
- Neutropenia (very rare)

Duration	Age
9 months daily	Children - 9 months to 11 years - 10-20 mg/kg per day up to 300 mg/day
9 months daily	Adults - 5mg/kg daily (Not to exceed 300 mg/day)
6 months daily	Adults - 5 mg/kg not to exceed 300 mg/day Not recommended in children

INH tablets can be crushed and administered with semi-solid food for patients unable to swallow pills

### For More Information:

Contra Costa Health Services  
Tuberculosis Control Program  
<http://cchealth.org/tb/>

Centers for Disease Control and Prevention  
Division of Tuberculosis Elimination  
<http://www.cdc.gov/tb/>

California Department of Public Health  
Tuberculosis Control Branch (TBCB)  
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/TBCB.aspx>