

Preventive Therapy

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Functional Sub group Clinical/ Patient Services - Infectious diseases

Summary Unless specifically contraindicated, preventative therapy is recommended in all high risk Mantoux positive people provided that the risk of treatment is not higher than the risk of observation alone.

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Applies to Area Health Services/Chief Executive Governed Statutory Health Corporation, Board Governed Statutory Health Corporations, Affiliated Health Organisations, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, NSW Ambulance Service, NSW Dept of Health, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Public Health Units, Public Hospitals

Distributed to Public Health System, Community Health Centres, Dental Schools and Clinics, Divisions of General Practice, Government Medical Officers, Health Associations Unions, Health Professional Associations and Related Organisations, NSW Ambulance Service, NSW Department of Health, Public Health Units, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Tertiary Education Institutes

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CIRCULAR

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PREVENTIVE THERAPY

Unless specifically contraindicated, preventive therapy is recommended in all high risk Mantoux positive people provided that the risk of treatment is not higher than the risk of observation alone. If preventive therapy is not given because of the perceived risk of the treatment in the individual patient, then follow-up for at least two years by annual chest x-ray is recommended.

Preventive therapy should be considered in the case of:

- recent Mantoux converters (within two years)
- close contacts of a smear positive source case who have strongly positive Mantoux and are <35 years old irrespective of previous BCG status.
- close contacts < five years of age, of a smear positive case irrespective of Mantoux status.
- Children <16 years old with a strongly positive Mantoux even if not a contact of a known smear positive case.

Preventive therapy may also be considered by the individual clinician on a case by case basis if:

- Persons either known or suspected to have HIV infection
- intravenous drug users
- Previously infected persons pre-operatively and/or having oncology chemotherapy
- Tuberculin positive individuals with increased risk of TB, eg. immunosuppressive drugs, gastrectomy, diabetes.
- persons under 35 years of age (including migrants/refugees and residents of long term facilities with no other risk factors).

Distributed in accordance with circular list(s):

A 80 **B** **C** 87 **D** **E** 30
F 45 **G** 40 **H** 35 **I** 32 **J** 85
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DRUG THERAPY

- The usual regimen for preventative therapy is Isoniazid 10 mg per kg daily for children, (up to a maximum adult dose of 300 mg daily).
- Preventive therapy should be for a minimum of six months. Six month regimens are preferable to maximise compliance and minimise costs. Exceptions are those with HIV infection or an abnormal chest x-ray consistent with old inactive TB who should be treated for at least 12 months.
- The recommended duration of Isoniazid preventive therapy is six months. Six months is the minimum period. Twelve months is recommended for persons with HIV infection and other forms of immunosuppression. It is recommended that children receive nine months of therapy. If therapy is to be supervised then Isoniazid may be given twice weekly at 15 mg per kg per dose.
- Patients should be well educated about the signs and symptoms of toxicity to Isoniazid and should be monitored at monthly follow up. These may include:
- If faced with an individual who is likely to have been infected with an Isoniazid resistant organism, particularly when that individual is at increased risk for TB, preventive therapy regimen Isoniazid, Rifampicin and Pyrazinamide for three months although the efficacy of such a regimen has not been established by controlled trials .
- If the patient is likely to have been infected with a multiple drug resistant organism the patient should be referred to a Chest Clinic, which will decide on appropriate preventive therapy.
- Preventive therapy should be offered to all Mantoux negative children under five years of age who are close contacts of high risk (direct smear positive) people with TB. Preventive therapy should continue until a repeat Mantoux test in 12 weeks (after contact is broken) is negative.
- Direct supervision with three times weekly short regimens is indicated for children aged less than five years of age and others at high risk of developing TB.
- Multidrug regimens should only be considered for people at high risk of severe forms of disease, (eg. chronic lung disease, immunosuppressed) who are likely to be infected with isoniazid resistant organisms.
- Isoniazid preventive therapy is contraindicated for people with chronic liver disease or alcoholism. Under these circumstances long term surveillance is recommended.
- People receiving preventive therapy must be reviewed monthly for side effects and to assess compliance.

J Wyn Owen
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