

## Timeline for the MANAGEMENT OF TB Suspects/Cases

	MONTH						If Extended Treatment Needed**			
	1	2	3	4	5	6**	7	8	9	
<b>Drugs</b>  6 month regimen **	<b>ISONIAZID (INH)</b>									
	<b>RIFAMPIN (RIF)</b>									
	<b>PYRAZINAMIDE (PZA)</b>									
	<b>ETHAMBUTOL (EMB) ***</b>									
<b>Treatment</b>	<b>DAILY DOT</b> (Directly Observed Therapy)		<b>BI-WEEKLY DOT</b> (Directly Observed Therapy)							
<b>Provider Visits</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	
<b>Adverse Reactions †</b>	✓	✓	✓	✓	✓	✓	✓	✓	✓	
<b>Sputum Specimens</b>	x3 ◇	x1 ⊛	x1 ▲			x1 or end of Tx	----->		x1	
<b>Chest X-Rays</b>	✓			✓			✓ or end of Tx	----->		✓
<b>Baseline Tests</b>	✓ (Suggested tests: LFTs, uric acid, CBC, renal panel, glucose, visual acuity/color, HIV)									
<b>Follow-up Tests</b>	Monitor visual acuity and color vision while on EMB (monthly). Monitor uric acid while on PZA (monthly). Other tests if baseline values abnormal, if adverse reactions develop, or if other clinical indications.									

\*Report all suspected or confirmed cases of TB to your local health department within one working day of diagnosis.

\*\* For patients requiring longer than the six month treatment regimen (e.g., those with cavitary disease, those whose culture has not converted to negative after 2 months of treatment, those with drug resistance, etc), follow current American Thoracic Society/CDC, and IDSA treatment guidelines. <http://www.thoracic.org/adobe/statements/tbchild1-16.pdf>

\*\*\*Due to drug resistance in Oregon, all patients should be started on 4 drug therapy. EMB can be discontinued when the patient's organisms are known to be fully susceptible.

† Monthly, in person, interview to check for signs and symptoms of adverse reactions.

◇ Request a complete bacteriologic work-up (AFB smear and culture) and drug susceptibility testing for all initial culture positive isolates.

⊛ Collect 1 sputum monthly until conversion to negative culture x 2 is documented.

Infectious patients in isolation may have specimens collected more frequently to identify response to treatment and when they become non-infectious. To utilize limited Public Health resources most cost effectively, the following guidelines should be used:

1. Patients with **cavities and/or sputum smears that are 3+ (moderate) or 4+ (heavy)**: wait until after 1 month of treatment to collect first follow-up sputum.(follow process described in #2 below).

2. Patients **without cavities and/or sputum smears that are 1+ (rare) or 2+ (few)**: a single sputum can be collected after 2 weeks of treatment, IF it is negative obtain a second sputa, if it is negative, obtain a 3rd. If any are positive, wait one week and start the process over.

3. Once 3 consecutively smear negative specimens are collected, the patient can be *considered for release from isolation*. Sputums should be then collected monthly until conversion to culture negative is documented.

▲ Consult with experts if smear/culture are still positive after two months of treatment.