

Tuberculosis Fact Sheet for Providers

Window Prophylaxis

“Window prophylaxis” is the practice of treating TB skin test (TST) OR interferon gamma release assay (IGRA: Quantiferon or T-SPOT.TB) blood test negative individuals exposed to a contagious pulmonary or laryngeal TB case, usually with isoniazid (INH).

Patients exposed to active TB should be evaluated by TST or IGRA, history and physical exam. If the TST / IGRA is negative and there are no symptoms of active tuberculosis, consideration should be given to treating the patient with isoniazid prophylaxis.

Individuals at high risk of progressing rapidly to active TB after infection (children less than 5 years of age and immunocompromised individuals) should also have a normal 2 view chest radiograph documented before starting treatment.

The purpose of window prophylaxis is to abort an early TB infection and prevent progression to tuberculosis (it can take up to 3 months for the TST / IGRA to become positive after infection).

The following persons should be considered for this so-called “*Window Prophylaxis*”:

- Any child exposed to a case of active TB (priority given to children < 5 years of age, children in the household or with prolonged exposure and children exposed to smear positive cases)
- Adults who are immunocompromised

Isoniazid (INH)

Children: 10–15 mg/kg/day (max 300 mg)

Adults: 300 mg daily (5 mg/kg for small adults)

INH formulations:

100 and 300 mg scored tablets

Suspension (10mg/ml) – poorly tolerated

- For children: tablets crushed into a semi-soft vehicle (pudding, jelly, yogurt, etc.) are best tolerated.
- Bedtime is optimal (avoids slight abdominal discomfort / good for adherence).

Vitamin B6 supplementation (25 mg daily) is routinely recommended only for patients with diabetes, uremia, alcoholism, malnutrition or milk & meat deficient diet, HIV infection, seizure disorder and infants who are exclusively breastfed and pregnant and postpartum women.

Routine liver function testing at baseline is not recommended. The following individuals should have baseline liver function tests performed:

- HIV positive individuals
- Pregnancy and first three months postpartum
- Individuals with liver disease or hepatitis
- Individuals taking other hepatotoxic medications
- Individuals who abuse alcohol

MONITORING: Patients should be given a single month supply of drug and followed monthly to monitor adherence, toxicity and symptoms of active TB. Early symptoms of hepatotoxicity include anorexia, malaise, abdominal pain and vomiting. Serial liver function testing should be reserved for patients with abnormal baseline values and risks OR signs or symptoms of hepatotoxicity. Patients on phenytoin or carbamazepine should be monitored carefully for drug levels and toxicity

The TB skin test / IGRA should be repeated:

- 8 – 10 weeks after the exposure has ended or the source case is not contagious.

If the skin test / IGRA remains negative, the treatment can be stopped since no infection occurred.* If the repeat TST is positive, nine months of INH should be completed for latent TB infection (a chest radiograph should be performed if not done at the beginning of therapy). ***Talk to a TB expert if the exposed is a young infant; young infants and immunocompromised individuals may not make a positive skin test / IGRA.**