

**Table 2: Choosing the Most Effective LTBI Treatment Regimen**

Drug(s)	Duration	Dose	Frequency	Total Doses
Isoniazid (INH)	9 months	Adult: 5 mg/kg Children: 10-20 mg/kg** Maximum dose: 300 mg	Daily	270
		Adult: 15 mg/kg Children: 20-40 mg/kg** Maximum dose: 900 mg	Twice weekly†	76
	6 months	Adult: 5 mg/kg Children: Not recommended Maximum dose: 300 mg	Daily	180
		Adult: 15 mg/kg Children: Not recommended Maximum dose: 900 mg	Twice weekly†	52
Isoniazid (INH) and Rifapentine (RPT)	3 months	Adults and Children 12 and over: <b>INH*</b> : 15 mg/kg rounded up to the nearest 50 or 100 mg; 900 mg maximum <b>RPT*</b> : 10.0–14.0 kg 300 mg 14.1–25.0 kg 450 mg 25.1–32.0 kg 600 mg 32.1–49.9 kg 750 mg ≥50.0 kg 900 mg maximum	Once weekly†	12
Rifampin (RIF)	4 months	Adult: 10 mg/kg*** Maximum dose: 600 mg	Daily	120

†Intermittent regimens must be provided via directly observed therapy (DOT), i.e., health care worker observes the ingestion of medication.

\*Isoniazid (INH) is formulated as 100 mg and 300 mg tablets. Rifapentine (RPT) is formulated as 150 mg tablets in blister packs that should be kept sealed until usage.

\*\* The American Academy of Pediatrics recommends an INH dosage of 10-15 mg/kg for the daily regimen and 20-30 mg/kg for the twice weekly regimen.

\*\*\*In the United States, the recommended regimen for treatment of LTBI in children is a 9-month course of INH. For the treatment of LTBI in infants, children, and adolescents when INH could not be tolerated or the child has had contact with a case patient infected with an isoniazid-resistant but rifamycin-susceptible organism the American Academy of Pediatrics recommends 6 months of daily rifampin (RIF) (180 doses) at a dosage of 10-20 mg/kg.