


Timeline for the Management of TB Disease*

| | MONTH | | | | | | If extended treatment needed** | | |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------|---|---|-----------------------|-------------------------------------------------------------------------------------|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6** | 7 | 8 | 9 |
| Drugs 6 month regimen** | ISONIAZID (INH) | | | | | | INH | | |
| | RIFAMPIN (RIF) | | | | | | RIF | | |
| | PYRAZINAMIDE (PZA) | | | | | | | | |
| | ETHAMBUTOL (EMB)*** | | | | | | | | |
| | B6 25mg | | | | | | B6 25 mg | | |
| Treatment | DAILY DOT | | DAILY DOT or 3X WEEK DOT | | | |  | | |
| | Directly Observed Therapy | | Directly Observed Therapy | | | | | | |
| RN Visit (minimum) | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Home Isolation | 5 days DOT with exceptions▽ | | | | | | | | |
| Sputum Specimens | x3 ^α | x1 ^α | x1 [❖] | | | | | | |
| Chest X-Rays | ✓ | | optional | | | ✓ at end of treatment | | | |
| Baseline tests | CMP, CBC, visual acuity/color, HIV, Hepatitis B and C | | | | | | | | |
| Follow-up Tests | Monthly visual acuity and color vision testing required when patient is on EMB. Other follow-up tests are only needed if baseline value is abnormal, adverse reactions develop or other clinical indication. | | | | | | | | |

*Report suspected or confirmed TB cases within one working day of diagnosis.

**For patients requiring treatment longer than six months (e.g., those with cavitary disease whose culture has not converted to negative after 2 months treatment, those with drug resistance, etc.) follow [Official American Thoracic Society/Centers for Disease Control and Prevention/Infectious Diseases Society of America Clinical Practice Guidelines: Treatment of Drug-Susceptible Tuberculosis](#).

***All patients should start on 4 drug therapy. Discontinue EMB when drug susceptibilities indicate patient is susceptible to all first line drugs.

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▽ Consult or extend home isolation when:

- there are significant risk factors for drug resistant TB and GeneXpert or CDC MDDR or culture based drug susceptibility test results are unavailable to rule out drug resistant TB or
- patient works or lives in a high-risk setting (healthcare, nursing home, correctional facility, daycare, other congregate setting) or will have new exposure to persons at high risk for TB (children under age 5, HIV+, other immunocompromised) or
- patient was sputum smear+4 with a cavitory CXR at diagnosis or is currently highly symptomatic with a cough.

α Follow these general guidelines regarding frequency of sputum collection:

- 1- Collect 3 sputum at least 8 hours apart upon return from hospital to community setting.
 - 2- If sputum smear+, collect 1 sputum weekly. Most Infectious patients in home isolation may be released after 5 days DOT. Collection is to assess for clinical improvement and clear from need for airborne isolation in healthcare setting.
 - 3- When smear negative, collect sputum once a month until there is a negative culture.
- ❖ Consult with experts if smear/culture are still positive after two months treatment.

You can get this document in other languages, large print, braille or a format you prefer free of charge. Contact the TB Program at TB@odhsoha.oregon.gov or (503)358-8516 (voice/text). We accept all relay calls.