



Alaska Division of Public Health

Prevention Promotion Protection

Dear Public Health Nurse Colleagues and Health Care Providers:

On June 29, 2018 CDC released an [Update of Recommendations for Use of Once-Weekly Isoniazid-Rifapentine Regimen to Treat Latent *Mycobacterium tuberculosis* Infection](#).

The CDC and Alaska TB Program now support self-administered therapy (SAT), (or parent-administered therapy for children), for the 12-week isoniazid-rifapentine (3HP) regimen in patients ≥ 2 years of age.

While directly-observed therapy (DOT) may still be the best option for some patients and is still recommended by some experts for children aged 2-5 years, the majority of patients can self-administer this regimen. Self-administration, when appropriate, decreases burden and cost to the health care system, as well as burden to the patient. The healthcare provider should choose the mode of administration, i.e., DOT or SAT, based on an assessment of the individual patient. The clinician and Public Health Nurse (PHN) should assess the patient's ability to adhere to the regimen and understand risks associated with treatment and procedures to follow if a side effect is suspected, as well as the patient's risk for progression to TB disease.

Guidance for patients self-administering 3HP provided by the State of Alaska TB program:

- Patients should be provided with a copy of the [CDC LTBI Patient Education Brochure](#) and the [12-dose Medication Tracker and Symptom Checklist](#).
- PHNs should conduct a monthly follow-up in person. For patients in villages, monthly monitoring may be done by phone in conjunction with the Community Health Aide/Practitioners (CHA/Ps), the PHN, or may be done by the patients' provider.
- PHNs may consider setting up weekly phone reminders with the patient.

Please consult the Alaska TB program (269-8000) with any questions.

Sincerely,

The Alaska TB Program