



Iowa Department of Public Health Tuberculosis Control Program

Window Period Prophylaxis (WPP) Patient Information Sheet For children under 5 years of age

Report all Suspected/Confirmed cases of TB Disease by phone: Nurse Consultant 515/281-8636 or Program Manager 515/281-7504

Patient Information	
Name (Last, First, Middle):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian Name(s):	
Street Address:	City: Zip:
County of Residence:	DOB (MM/DD/YYYY):
Phone (home or cell):	Patient's Weight:
Clinical Visit Information	
Clinical Exam	<p>A thorough clinical exam is needed to rule out extrapulmonary TB. If the response to any of the following questions is "Yes", contact IDPH immediately at 515-281-8636 or 515-281-7504.</p> <p>Child is lethargic <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child has lymphadenopathy <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Child has fever <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
Chest X-Ray	<p>At this visit, the child must have a CXR (PA/LAT). Fax CXR report to IDPH at 515-281-4570</p> <p>CXR Date: _____</p> <p><input type="checkbox"/> Normal <input type="checkbox"/> Abnormal (if abnormal contact IDPH immediately)</p>
TST/IGRA	<p>TST Date: _____ <input type="checkbox"/> Positive* mm induration: _____ <input type="checkbox"/> Negative mm induration: _____</p> <p>* TST \geq 5mm of induration are considered positive</p> <p>IGRA Date: _____ <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Indeterminate</p> <p>If TB disease is ruled out for the child, initiate WPP immediately. If the first TST/IGRA result is negative, continue WPP until the second round of testing. Children with an initial negative test require a second TST/IGRA administered at least 8 -10 weeks post-exposure to infectious TB. If the first or second TST or IGRA is positive, complete the full course of LTBI TX.</p>
Treatment/Prescription Information	
<p style="text-align: center;">Rifampin (preferred regimen)</p> <p>Daily Dosing: 10-20 mg/kg (600 mg max)</p> <p>Duration: 4 months full LTBI treatment</p> <p>Presentation: Tablets (150 mg, 300 mg), compounded syrup</p>	<p style="text-align: center;">Isoniazid</p> <p>Daily Dosing: 10-15 mg/kg (300 mg max)</p> <p>Twice Weekly Dosing: (DOT only) 15-20 mg (900 mg max)</p> <p>Duration: 9 months full LTBI treatment</p> <p>Presentation: Tablets (100 mg, 300 mg), compounded syrup</p>
Clinician Contact Information	
Clinician's Name:	Clinic Name:
Phone Number:	Fax Number:

Recommendation for Window Period Prophylaxis (WPP)

1. Children < 5 years of Age with Exposure to Infectious Tuberculosis (TB)

Children younger than 5 years of age with exposure to infectious TB disease are susceptible to becoming infected with TB and progressing to invasive, fatal forms of TB disease, including TB meningitis. The CDC deems children < 5 years of age with exposure to infectious TB a high priority contact. CDC recommends this group receive a full diagnostic medical evaluation including chest x-ray, physical exam and a TST or IGRA, followed by placement on WPP.

2. Chest X-ray

- a. Perform a CXR at the initial exam. Do not wait for the TST or IGRA result.
- b. Hilar lymphadenopathy is the hallmark of pediatric tuberculosis and is often the only radiographic finding.
- c. Medical consultation on abnormal CXR is available by contacting the TB Control Program.

3. Physical Exam

- a. Children do not usually present with adult like signs/symptoms of TB disease.
- b. Children with TB disease most often present with lethargy. Lymphatic TB is the most common site of extrapulmonary disease.

4. TST vs. IGRA

- a. For children younger than 2 years, TST is the preferred testing method for LTBI.
- b. For children 2 years and older, either TST or IGRA can be used.
- c. For children 2 years and older **and** previously vaccinated with BCG, IGRA is the test of preference.
- d. Children with an initial negative test require a second TST or IGRA administered 8-10 weeks post exposure to infectious TB.
- e. If the first or second TST or IGRA is positive, complete the full course of LTBI TX.

5. Treatment

- Rifampin 10-20 mg/kg (600mg max) daily, is the preferred* drug regimen.
- Isoniazid 10-15 mg/kg (300 mg max) is the second drug of choice.
- Obtain medications from the TB Control Program/directly observed therapy (DOT) by the local public health agency.

*Most confirmed TB cases in Iowa have the benefit of GeneXpert testing (a type of TB NAAT, aka PCR). This test simultaneously detects Mycobacterium tuberculosis complex and resistance to Rifampin. Children placed on Rifampin during WPP are receiving a known drug sensitive regimen. In comparison, detection to Isoniazid resistance is often not identified until 5-9 weeks after a TB case is diagnosed.

6. Discontinuation of WPP

Discontinue WPP when all of the following conditions are met:

- The child is at least 6 months of age
- The second TST/IGRA result is negative
- The second TST/IGRA was performed at least 8 weeks after the child was last exposed to infectious TB disease