Iowa Department of Public Health
Tuberculosis Control Program

Children's Patient Information Sheet
Treatment of Tuberculosis Disease (Pulmonary and Extrapulmonary)

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:** ☐ Male ☐ Female
Parent/Guardian Name(s):		
Street Address:	**City:**	**Zip:**
County of Residence:	**DOB (D/M/Y):**	
Phone (home or cell):	**Patient's Weight:**	

Diagnostic Information

Testing and Site of Disease	TST Date_____ ☐ Pos ☐ Neg ☐ Not Done IGRA Date_____ ☐ Pos ☐ Neg ☐ Indeterminate ☐ Not Done ☐ Pulmonary ☐ Extrapulmonary (specify)_____ Previous Diagnosis of TB Disease (not LTBI)? ☐No ☐Yes Year:_____
Chest X-Ray and CT Scan	Initial CXR Date:_____ ☐Normal ☐Abnormal ☐Not Done Evidence of cavity? ☐Yes ☐No Evidence of miliary TB? ☐Yes ☐No CT Scan Date:_____ ☐Normal ☐Abnormal ☐Not Done Evidence of cavity? ☐Yes ☐No Evidence of miliary TB? ☐Yes ☐No
Symptoms	☐Cough, Onset date: _____ ☐Chest pain ☐Hemoptysis ☐Fever/Chills ☐Night sweats ☐Weight loss ☐Fatigue
Primary Reason for TB Evaluation	☐TB Symptoms ☐Abnormal CXR ☐Contact Investigation ☐HCW ☐Immigrant Medical Exam ☐Incidental Lab
Risk Factors	☐Foreign Born Country of Origin:_____ Month/Year Arrived in US_____ ☐Close contact of case ☐HCW's ☐Non-IDU ☐IDU ☐Alcohol ☐Homeless ☐Missed Contact ☐Incomplete LTBI TX ☐Medical Risk Factors ☐ Resident LTCF or CF
HIV Status (Req. 18 –50yo)	Date(s) of Test:_____ Results: ☐Positive ☐Negative ☐Not Offered ☐Refused

Prescription Information

Submit prescriptions to the IDPH TB Program by fax: 515-281-4570.

For information on the Approved TX Regimens/Dosing see next page or contact the TB Program at 515-281-7504 or 515-281-8636

Clinician Contact Information

Clinician's Name:	**Clinic Name:**		
Street Address:	**City:**	**State:** Iowa	**Zip:**
Phone Number:	**Fax Number:**		

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Treatment of Tuberculosis in Children

State of TB	Skin test or IGRA	CXR	Symptoms	Treatment
Disease Pulmonary and extrapulmonary (except disseminated disease and meningitis, see below)	90% positive	Abnormal	Possible	**Meds**: INH, RIF, PZA (consider EMB or aminoglycoside)* **Duration**: 6 months total Stop PZA after 2 months; continue INH and RIF for drug susceptible disease. DOT is standard.
Disease Disseminated included miliary, bone, joint, and multi-site disease	TST may be negative early in disseminated TB. Most are positive by the end of TX	May be normal or abnormal	Yes	**Meds**: INH, RIF, PZA, and EMB or Aminoglycoside **Duration**: 9-12 months total Stop PZA and EMB or aminoglycoside after 2 months for drug susceptible disease. DOT standard
Disease Meningitis	Often negative early in meningitis and miliary disease. 90% positive by end of TX	May be normal or abnormal	Yes	**Meds**: INH, RIF, PZA and aminoglycoside or EMB or ethionamide daily for 2 months, followed by 7-10 months of INH and RIF daily or twice weekly. **Duration**: 9-12 months total for drug susceptible disease. DOT standard Steroids recommended for first 1-2 months for meningitis.

*Fourth drug (EMB or aminoglycoside) should be added for the first 2 months or until susceptibilities are known in communities with INH resistance greater than 4 % or in cases where there is a high-risk for drug resistance.
INH= Isoniazid, RIF = Rifampin, PZA = Pyrazinamide, EMB = Ethambutol

Daily Dose Range				
Childs weight (kg)	**Isoniazid (INH) 10-15 mg/kg/day Dose, mg**	**Rifampin (RIF) 10-20 mg/kg/day Dose, mg**	**Pyrazinamide (PZA) 15-30 mg/kg/day Dose, mg**	**Ethambutol (EMB) 15-25 mg/kg/day Dose, mg**
3-5	50	50	125	100
6-9	100	100	125-250	150
10-15	150	150	250-375	250
16-20	200	200	375	300
21-25	300	300	500	400
26-45	300	450	750	600-700
46-50	300	600	1000	800
51-66	300	600	1500	1000
67+	300	600	2000	1000
Twice Weekly Dose **Maximum doses**	20-30 mg/kg/dose Daily: 300 mg Twice weekly: 900 mg	10-20 mg/kg/dose Daily: 600 mg Twice weekly 600 mg	50 mg/kg/dose Daily: 2000 mg Twice weekly: 2000 mg	50 mg/kg/dose Daily: 1000 mg Twice weekly 2500 mg
Forms available	Scored tablets: 100 mg, 300 mg Syrup : 10 mg/ml*	Capsules: 150 mg, 300 mg Syrup: compounded	Scored tablets: 500 mg	Tablets: 100 mg, 400 mg

*many experts advise against using INH syrup because it is frequently associated with diarrhea.