

Shorter Combination treatment as effective as monotherapy for TB prevention in kids

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To prevent tuberculosis (TB) in children with latent tuberculosis infection (which is not active but can become active), combination treatment with the medications rifapentine and isoniazid was as effective as longer treatment with only isoniazid, according to a study published online by *JAMA Pediatrics*.

Children account for a substantial portion of the global burden of active and [latent tuberculosis](#). Treating latent tuberculosis infection (LTBI) in children is beneficial because it can prevent TB from developing and limits transmission of *Mycobacterium tuberculosis*, according to background information in the study.

M. Elsa Villarino, M.D., M.P.H., of the U.S. Centers for Disease Control and Prevention (CDC), Atlanta, and coauthors compared the safety and effectiveness of [combination therapy](#) with rifapentine and isoniazid to treatment only with isoniazid. The [randomized clinical trial](#) compared 12, once-weekly doses of the combination drugs given with supervision by a healthcare professional with nine months of daily isoniazid treatment without supervision by a health care professional in children (ages 2 to 17 years) with latent tuberculosis infection from 29 study sites in the United States, Canada, Brazil, China and Spain. Of the 1,058 children enrolled, 905 were eligible for the evaluation of treatment effectiveness (471 in the combination-therapy group and 434 in the isoniazid-only group).

The cumulative proportion of children in whom TB was diagnosed was zero of 471 in the combination-therapy group vs. 3 of 434 in the isoniazid-only group, according to the study results. Neither group had any treatment-attributed hepatotoxicity (liver damage), serious adverse events or deaths.

"We found that combination therapy with rifapentine and isoniazid was well tolerated and safe in [children](#) aged 2 to 17 years who were

treated for LTBI," the study concludes.

More information: *JAMA Pediatr.* Published online January 12, 2015. DOI: [10.1001/jamapediatrics.2014.3158](https://doi.org/10.1001/jamapediatrics.2014.3158)

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