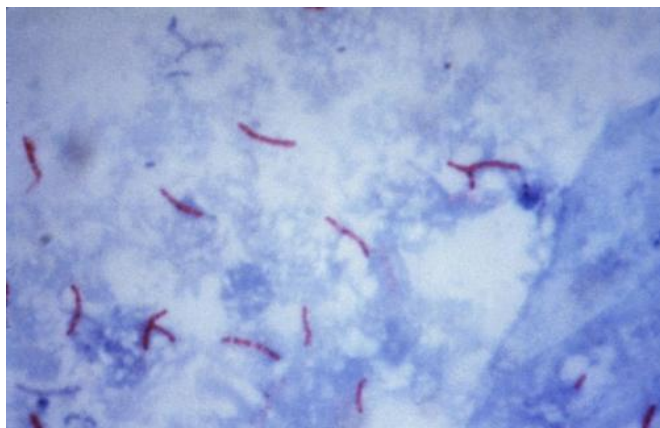


Updated review confirms efficacy and safety of most standard treatments for latent tuberculosis infection

31 July 2017



This photomicrograph reveals *Mycobacterium tuberculosis* bacteria using acid-fast Ziehl-Neelsen stain; Magnified 1000 X. The acid-fast stains depend on the ability of mycobacteria to retain dye when treated with mineral acid or an acid-alcohol solution such as the Ziehl-Neelsen, or the Kinyoun stains that are carbolfuchsin methods specific for *M. tuberculosis*. Credit: public domain

Robust evidence confirms that most standard treatment regimens currently recommended by the World Health Organization and the Centers for Disease Control and Prevention for latent tuberculosis infection (LTBI), including rifampicin-isoniazid for 3 months, are safe and effective for preventing active TB. The evidence for rifapentine-isoniazid for 3 months with a reduced pill burden is improving, but more evidence is still needed.

The results of an updated network meta-analysis are published in *Annals of Internal Medicine* and will inform the European Centre for Disease Prevention and Control's (ECDC) new guidance on programmatic LTBI control in the European Union/European Economic Area and candidate

countries.

TB is a global priority infectious disease that caused an estimated 1.4 million deaths in 2015. Tackling LTBI, including providing preventive treatment to persons at high risk for TB, is a key action in achieving both the Sustainable Development Goal and the targets of the World Health Organization's End TB Strategy.

Researchers at Public Health England, University College London, and the ECDC reviewed 8 new studies in addition to 53 studies included in their 2014 report to compare the efficacy and harms of LTBI treatment regimens aimed at preventing active TB among adults and children. The data showed that standard antibiotic regimens of 6-month isoniazid monotherapy, rifampicin monotherapy, or combination therapies with 3 to 4 months of isoniazid and rifampicin and 3 months rifapentine-isoniazid are effective for preventing active TB. While the quality and reporting standards of the underlying studies was limited, the evidence for safety and efficacy of most standard [treatment](#) regimens was considered robust and reaffirms the strengthening [evidence](#) for shorter rifamycin regimens.

More information: *Annals of Internal Medicine* (2017). annals.org/aim/article/doi/10.7326/M17-0609

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