

Appendix C

National Surveillance for Severe Adverse Events Associated with Treatment for Latent Tuberculosis Infection - Reporting Information

This information is included to alert our public health partners of the importance of reporting severe (i.e., hospitalization or death) adverse events associated with treatment for latent TB infection (LTBI). Data on severe adverse events (SAEs) among persons receiving treatment for LTBI are needed to serve as a basis for periodic evaluation of guidelines for treatment of LTBI.

In April 2000, after the publication of updated *Guidelines for Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection*¹, DTBE began receiving reports of SAEs related to the use of a 2-month course of rifampin and pyrazinamide (RZ) for treatment of LTBI. In response, DTBE requested and received reports and conducted on-site investigations of liver injury in persons on treatment for LTBI, and treatment guidelines were revised to recommend against the general use of rifampin and pyrazinamide to treat LTBI.^{2,3} In January 2004, DTBE implemented the National Surveillance System for Severe Adverse Events Associated with Treatment for LTBI, which collects reports about SAEs associated with any treatment regimen for LTBI, to quantify the frequency of SAEs and to characterize the clinical features of affected patients.⁴

Local medical providers should report possible LTBI-treatment associated SAEs to their respective local/state health departments. State health departments should report SAEs that occurred on or after January 1, 2004 to DTBE (e-mail: LTBIdrugevents@cdc.gov).

References

1. ATS/CDC. Targeted tuberculin testing and treatment of latent tuberculosis infection. *Am J Respir Crit Care Med* 2000;161:S221-S247.
2. American Thoracic Society/CDC. Update: Adverse event data and revised American Thoracic Society/CDC recommendations against the use of rifampin and pyrazinamide for treatment of latent tuberculosis infection—United States, 2003. *MMWR* 2003;52(31):735-9.
3. ATS. An official ATS statement: hepatotoxicity of antituberculosis therapy. *Am J Respir Crit Care Med* 2006;174:935–52.
4. CDC. Severe isoniazid-associated liver injuries among persons being treated for latent tuberculosis infection — United States, 2004–2008. *MMWR* 2010;59(8):224–9.