Policies Regarding Treatment for Active/Suspected Tuberculosis Whose Regimen Did Not Contain a Full Course of a Rifamycin

Purpose: To clarify notification requirements for when a treatment plan for an active or suspected case of tuberculosis does not contain a rifamycin. To clarify the procedures and approval needed when treatment is discontinued for active tuberculosis (TB) TB cases whose final treatment regimen did not contain a rifamycin due to resistance or toxicity.

Notification Requirements:

1. Local health districts (LHD) should notify the Division of Disease Prevention, Tuberculosis Control Program (DDP-tb) as soon as susceptibility results (either molecular or traditional) demonstrate resistance to one of the rifamycins used in the treatment of tuberculosis.

2. LHDs should notify DDP-tb as soon as rifamycin is permanently stopped for an individual undergoing treatment for active or suspected TB due to toxicity or side effects.

3. Consultation with one of the DDP-tb expert clinical consultants is required for all individuals undergoing treatment for active or suspected TB whose regimen does not contact a rifamycin.

Approval of Treatment Completion Requirements:

1. The treatment course and all records, including Directly Observed Therapy (DOT) records, for all active TB cases who are diagnosed with multi-drug resistant TB (MDRTB), extremely drug resistant TB (XDRTB) or completely drug resistant TB (CDRTB) are required to be reviewed and approved by one of the Virginia Department of Health (VDH) TB Clinical Consultants and by the Director of TB Control **prior to the discontinuance of treatment as completed treatment**.

2. The requirement for review **prior to stoppage** of all treatment as completed treatment also applies to individuals for whom treatment with a rifamycin is not an option due to severe side effects, toxicity, or other reasons.

3. This policy applies to all TB cases whose treatment course did not contain a full course of a rifamycin including those managed by private providers; those managed by local health departments; or those co-managed by private providers and local health departments.

4. Although an individualized treatment plan will be developed for each individual without a rifamycin in the regimen, in general, those with MDRTB and XDRTB or any case without Isoniazid and a rifamycin in the regimen shall be treated a minimum 18 months after culture conversion from positive to negative.

5. Treatment can only be stopped once the case has received the appropriate review and written approval has been provided by the Director of TB Control to the local health district.

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