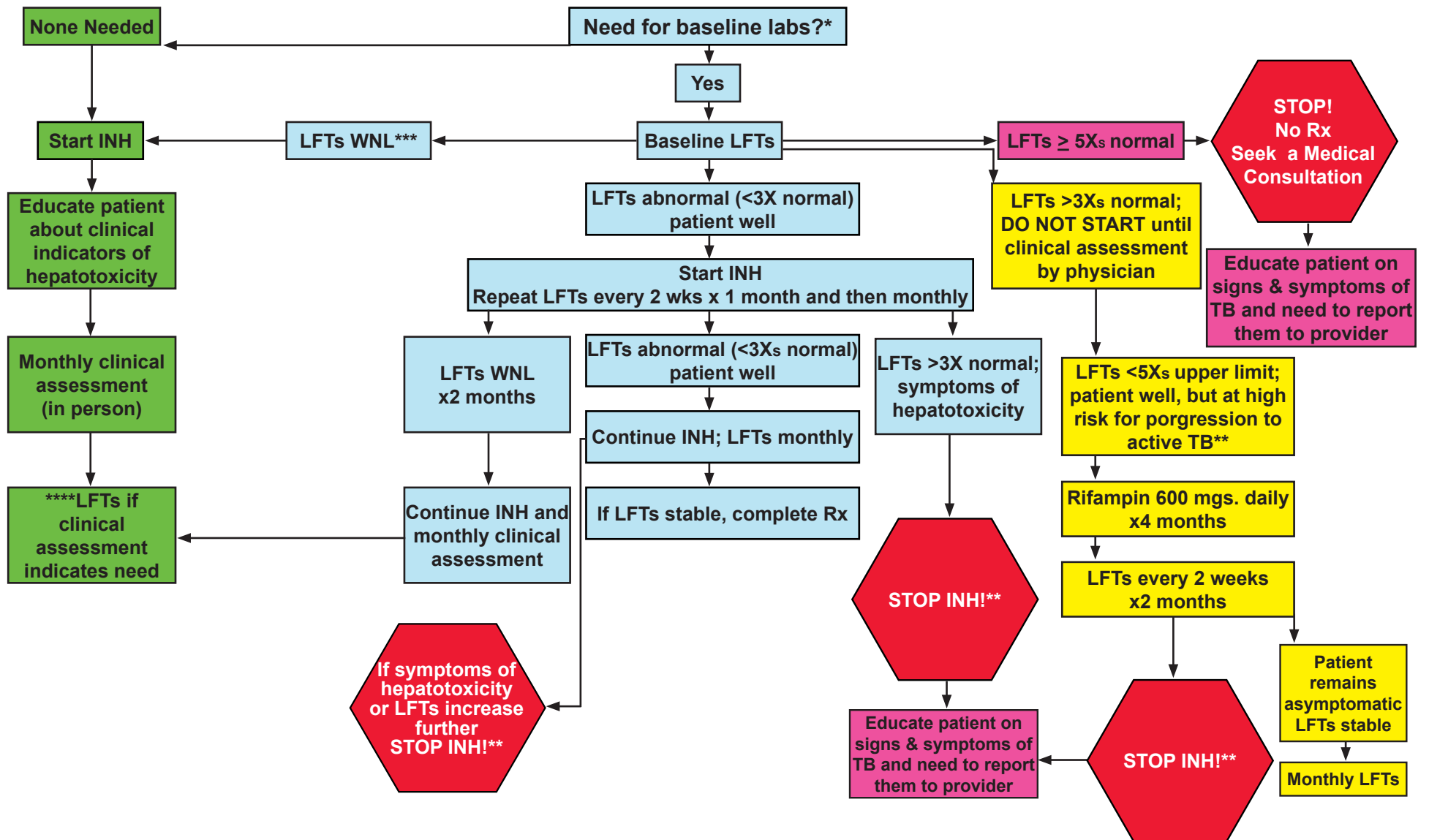


ASSESSING AND MANAGING THE RISK OF LIVER DISEASE IN THE TREATMENT OF LTBI



*Baseline labs should be drawn if patients are HIV infected, pregnant or post-partum (with 3 months of delivery), has a history of liver disease, regular alcohol use or taking hepatotoxic medications. LFTs should include serum ALT, AST, and total bilirubin.

**Consider treatment with daily rifampin x4 month especially if at high risk for progression to active disease. Draw a CBC with platelet count prior to initiation of rifampin. Adverse effects of treating LTBI serious enough to require hospital admission or death should be reported to the CDC through local public health authorities or by calling 404-639-8401.

***If significant risk of underlying liver disease continue monthly monitoring of LFTs.

****Clinical indicators of hepatotoxicity: flu-like symptoms, abdominal pain, N/V, jaundice, anorexia, dyspepsia, and fatigue.