

Table 4. Drug Regimen For Culture-positive Pulmonary Tuberculosis

INITIAL PHASE			CONTINUATION PHASE		
<i>Regimen</i>	<i>Drugs</i>	<i>Interval and Doses[‡]</i>	<i>Regimen</i>	<i>Drugs</i>	<i>Interval and Doses^{‡#}</i>
1	INH RIF PZA EMB	Seven days per week for 56 doses (8 weeks)	1A 1B	INH /RIF INH/RIF	Seven days per week for 126 doses (18 weeks) Twice-weekly for 36 doses (18 weeks)
2	INH RIF PZA EMB	Seven days per week for 14 doses (2 weeks) then twice-weekly for 12 doses (6 weeks)	2	INH/RIF	Twice-weekly for 36 doses (18 weeks)
3	INH RIF PZA EMB	Thrice-weekly for 24 doses (8 weeks)	3	INH/RIF/ PZA/EMB*	Thrice-weekly for 54 doses (18 weeks)
4+	INH RIF EMB	Seven days per week for 56 doses (8 weeks)	4 A 4 B	INH/RIF INH/RIF	Seven days per week for 196 doses (28 weeks) Twice-weekly for 56 doses (28 weeks)

INH = isoniazid, RIF = rifampin, RPT = rifapentine, PZA = pyrazinamide, EMB = ethambutol

[‡]When DOT is used drugs may be given 5 days per week and the necessary number of doses adjusted accordingly.

[#]Patients with cavitation on initial chest radiograph and positive cultures at completion of 2 months of therapy should receive a 7-month continuation phase.

* Options 1 C and 2B should only be used in HIV-negative patients who have negative sputum smears at the time of completion of 2 months of therapy and who do not have cavitation on initial the chest radiograph (see text).

Source: Adapted from reference 7.

*Same experts believe that INH and RIF can be confirmed without PZA and EMB in the continuation phase.

+This regimen should be used only in special circumstances (see text)