

# TB Drug Dosing Chart for Children <8 years of age (2013)

	Uncomplicated TB disease			Complicated TB disease (excluding TB meningitis)			TB meningitis / miliary TB				
	Intensive phase 2 months Once daily 7 days a week		Continuation phase 4 months Once daily 7 days a week	Intensive phase 2 months Once daily 7 days a week		Continuation phase 4 months Once daily 7 days a week	Single phase of treatment 6-9 months Once daily 7 days a week				
Target dose or dose range (mg/kg/dose)	RH R: 10-20 H: 10-15	Z 30-40	RH R: 10-20 H: 10-15	RH R: 10-20 H: 10-15	Z 30-40	E 15-25	RH R: 10-20 H: 10-15	RH R: 20 H: 20	Z 40	Eto 15-25	Target dose or dose range (mg/kg/dose)
Formulation Body weight (kg)	RH 60/60mg dissolvable tablet (scored)	Z 500mg tablet (scored)	RH 60/60mg dissolvable tablet (scored)	RH 60/60mg dissolvable tablet (scored)	Z 500mg tablet (scored)	E 400mg tablet (un-scored) OR 400mg/8ml* solution	RH 60/60mg dissolvable tablet (scored)	RH 60/60mg dissolvable tablet (scored)	Z 500mg tablet (scored)	Eto 250mg tablet (scored)	Formulation Body weight (kg)
<2	Expert advice recommended										<2
2-2.9	½	75mg (1/2 x 150mg tab)*	½	½	75mg (1/2 x 150mg tab)*	1ml	½	¾	75mg (1/2 x 150mg tab)*	¼	2-2.9
3-3.9	¾	¼	¾	¾	¼	1.5ml	¾	1	¼	¼	3-3.9
4-5.9	1	¼	1	1	¼	2ml	1	1 ½	¼	½	4-5.9
6-7.9	1 ½	½	1 ½	1 ½	½	3ml	1 ½	2 ¼	½	½	6-7.9
8-11.9	2	½	2	2	½	½ tab	2	3	½	1	8-11.9
12-14.9	3	1	3	3	1	¾ tab	3	4	1	1	12-14.9
15-19.9	3 ½	1	3 ½	3 ½	1	1 tab	3 ½	5	1	1 ½	15-19.9
20-24.9	4 ½	1 ½	4 ½	4 ½	1 ½	1 tab	4 ½	6	1 ½	2	20-24.9
25-29.9	5	2	5	5	2	1 ½ tab	5	6	2	2	25-29.9

- # For each dose, crush Ethambutol 400mg (1 tablet) to a fine powder and dissolve in 8ml of water to prepare a concentration of 400mg/8ml. Administer required dose, discard unused solution.
- \* Pyrazinamide 150mg tab is unregistered in SA & requires MCC Sec 21 approval.

H = Isoniazid, R = Rifampicin, Z = Pyrazinamide, E = Ethambutol, Eto = Ethionamide

Uncomplicated TB disease in children = new HIV-uninfected TB cases with uncomplicated intra-thoracic TB, and/or lymphadenopathy, or pleural effusions

Complicated TB disease in children (excluding TB meningitis) = drug-susceptible or presumed drug-susceptible TB who are smear-positive, cavitary TB, extensive or severe TB, all HIV/TB co-infected cases

## TB Drug Dosing Chart for Children ≥8 years of age

Body weight (kg)	All forms of TB disease (excl. drug resistant-TB)			Body weight (kg)
	Intensive phase 2 months	Continuation phase 4 months		
	RHZE tablets 150/75/400/275mg	RH tablets 150/75mg	RH tablets 300/150mg	
30 - 37	2	2		30 - 37
38 - 54	3	3		38 - 54
55 - 70	4		2	55 - 70
≥71	5			≥71

## Dosing for Isoniazid Preventive Therapy (IPT) in Children

Once daily for 6 months

Target dose range	10-15mg/kg/dose
Formulation	100mg tablet
Body weight (kg)	Dose
<2	Expert advice
2 - 2.4	¼
2.5 – 5	½
5.1 – 9.9	1
10 – 13.9	1 ½
14 – 19.9	2
20 – 24.9	2 ½
≥25	3

Adapted from SA NDOH Updated TB Treatment Protocols for Children, 2012

## Important notes on TB treatment:

- All children with suspected or proven TB should have an HIV test: if HIV-infected should be commenced on TB treatment and referred to the nearest HIV clinic for assessment for antiretroviral therapy
- Drug dosages should be adjusted on a monthly basis according to the current weight of the patient
- All children with severe forms of TB (TB meningitis, miliary TB, TB peritonitis, spinal or skeletal TB) and those suspected of having multi-drug resistant (MDR) TB (in contact with MDR TB case or not responding to first-line therapy) should be referred for expert opinion and management
- Prednisone 2-4mg/kg/dose (maximum dose 60mg) orally daily x 4 weeks then tapered over 2 weeks is added to the treatment regimen for patients with TB meningitis, pericardial TB, airway obstruction due to mediastinal lymphadenopathy and miliary TB
- For children who experience persistent vomiting associated with taking TB medication consider dividing the dose and administering twice daily (particularly ethionamide)
- Supplemental pyridoxine (usually 12.5mg (1/2 tablet) in children & 25mg (1 tablet) in adults once daily) is recommended particularly in malnourished patients and patients receiving antiretroviral therapy



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