Table 6.2 Reintroduction of TPT drugs while managing AE

Adverse event	Stop and consider reintroduction with caution	Stop and do not reintroduce
Flu-like syndrome (attacks of fever, chills and malaise, sometimes with headache, dizziness or bone pain)	If mild and not increasing, continue treatment and observe closely	If moderate to severe symptoms, consider alternative TPT options without a rifamycin (such as 6H)
Drug-associated fever only	Consider reintroduction if fever settles below 39°C, but stop permanently if fever recurs	If fever > 39°C after previous episode of drug-associated fever
Persistent nausea, frequent vomiting and/or persistent episodes of unformed watery stools	Administer antiemetic or anti diarrhoeal medication Consider reintroducing 3HP with caution once the symptoms have resolved	If there is nausea, vomiting or diarrhoea which requires aggressive rehydration
Cutaneous reactions	Diffuse rash (no vesicles) Diffuse rash with limited vesicles	If there are extensive bullous lesions/ulceration of mucous membranes/Stevens Johnson or toxic epidermal necrolysis, contact a specialist and use steroids
Other hypersensitivity reactions (hypotension, acute bronchospasm, conjunctivitis, thrombocytopenia)	Assess the clinical severity of the symptoms and if severe consider alternative TPT options without a rifamycin (6H)	
Hepatitis (early symptoms weakness, fatigue, loss of appetite, persistent nausea)	Alanine aminotransferase (ALT)/ aspartate aminotransferase (AST) < 5 times the upper limits of normal and absence of symptoms	ALT/AST >5 times (Upper limit of normal in the absence of symptoms) ALT/AST is ≥ 3 times (the upper limit of normal in the presence of symptoms)
Psychosis	Psychiatric evaluation, antipsychotic therapy, pyridoxine	Attributable to isoniazid
Seizures	Withhold isoniazid pending resolution of seizures, evaluate possible causes of seizures	Attributable to isoniazid

Note-

- Rifamycins are potent enzyme inducers and any side-effects should be assessed and managed together with potential drug–drug interactions
- LFTs prior to initiating TPT are not routinely indicated. Baseline and follow-up LFTs are only needed when there is a defined risk, such as pre-existing liver dysfunction, liver cirrhosis or other indications.