

# LATENT TUBERCULOSIS INFECTION (LTBI) TREATMENT PLAN

LTBI means that I have been infected by the TB germ *M. tuberculosis*. My immune system has walled off the germs to keep them dormant (sleeping). I have no symptoms and cannot spread the germ to others.

Without treatment, I could get sick with active TB disease at some point and have symptoms such as cough, fever, night sweats, weight loss or extreme tiredness. If any of these symptoms appear, I agree to call the health department immediately.

## Things I'm Required to Do:

- Take my medication as prescribed. Depending on the treatment regimen, some or all doses will be done by Directly Observed Therapy (DOT).
  - DOT is when a trained health care worker or other designated individual (excluding a family member) provides the TB medication and watches the patient swallow every dose.
- Come to the health department for medical evaluations and/or medication refills as prescribed.
- Cooperate during my treatment.
- Take my TB medication as ordered for the entire length of treatment.
- Provide blood specimens at least monthly or as requested by the physician.
- Notify the health department if I am unable to take my medication for any reason.
- Call the health department if I develop any of the side effects from the medications.
- Tell the health department nurse of any changes in my health.
- Tell the health department if I move or change my phone number. I agree to tell the health department how to reach me in person and by telephone.
- Tell the health department nurse if I plan to travel during my treatment.

*Treatment plan to be reviewed with patient and copy provided prior to consent being signed.*

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## **WV Division of Tuberculosis Elimination**

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