To the Editor:

For treating latent tuberculosis infection (LTBI), we agree with Dr. Medinger’s advice (May 2002) to select treatment candidates conservatively and to monitor them closely for liver injury and other potential adverse effects. In August 2001, the American Thoracic Society and the Centers for Disease Control and Prevention (CDC) published revised guidelines that were based on investigations of cases, including the case reported by Dr. Medinger, of severe liver injury subsequent to the administration of rifampin and pyrazinamide for the treatment of LTBI. Included in the revisions are restrictive treatment-candidate selection criteria and an admonition for more frequent observations with which to detect adverse effects.

In order to estimate the incidence rate of liver injury in patients receiving rifampin and pyrazinamide therapy for the treatment of LTBI and to assess potential risk factors (e.g., patient age, as suggested by Dr. Medinger), the CDC currently is investigating cohorts of patients who received this regimen and associated cases of liver injury. The CDC encourages providers to report severe liver injury (i.e., that leading to hospital admission or death) associated with rifampin and pyrazinamide therapy for the treatment of LTBI by notifying their local or state tuberculosis control program or by calling the Division of Tuberculosis Elimination, CDC, at 404-639-8442.

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REFERENCES