

## Common Anti TB drug side effects and remedial action

Symptoms	Drugs	Remedial action
Drowsiness	Isoniazid (H)	Reassure patient
Red urine/ tears	Rifampicin®	Reassure patient
Gastrointestinal upset	Any oral drug	Reassure patient Give drugs with less water Give drugs over a long period of time (20 minutes) Give drugs after food if needed, give antiemetics
Burning feet and palms	Isoniazid (H)	Give Pyridoxine 100mg/day until symptoms subside
Joint pains	Pyrazinamide (Z)	If severe, refer patient for evaluation
Impaired vision	Ethambutol (E)	Stop drug and refer patient for evaluation
Dizziness Ringing in ears Loss of hearing	Streptomycin (S)	Stop drug and refer patient for evaluation
Jaundice	Isoniazid (H) Rifampicin (R) Pyrazinamide (Z)	Stop drug and refer patient for evaluation

## Cotrimoxazole prophylaxis treatment

All TB patients who are HIV positive should be given cotrimoxazole prophylaxis. Cotrimoxazole is highly effective in preventing pneumocystis and toxoplasmosis. It also acts against pneumococcus, Salmonella, and Nocardia thus it decreases hospitalization and mortality in HIV-infected patients.

**The recommended dosage for adult patients is one tablet (960mg) or 2 tablets (480mg) daily.**

## Treatment of MDR TB

Patients who constantly remain smear positive might have Multi Drug resistant Tuberculosis (MDR TB), therefore may need to be tested. MDR is defined as resistance to both isoniazid and rifampicin, with or without resistance to any other antituberculosis drugs.

Treatment of patients with MDR TB is complicated, expensive, and highly specialized. All patients identified as MDR TB should be referred for further management in a specialized MDR TB unit.

### For more information contact:

- Your local health department
- URC at [TBinfo@urc-sa.com](mailto:TBinfo@urc-sa.com)
- The National TB Control Programme at (012) 312 0106

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PROTECTING YOUR WORKFORCE FROM  
**TUBERCULOSIS (TB)**

HEALTH PROFESSIONALS  
**FACT SHEET 4**

**TREATMENT OF  
TUBERCULOSIS (TB)**

TB treatment is a standardized treatment for a period of six to eight months. There are two phases of treatment, namely, the intensive phase (two or three months) and the continuation phase (four to six months).

The intensive phase has high drug content that kills TB bacilli (bactericidal) rapidly resulting in marked reduction in or disappearance of symptoms. It is important that two sputum samples be collected for smear microscopy after the intensive phase to determine if all TB bacilli are completely killed, i.e. that a negative smear result is obtained.

The continuation phase has a sterilizing effect to destroy any lingering bacilli that could trigger a relapse, i.e. this phase removes persisters after the bulk of the tubercle bacilli have been killed. Sputum smear testing is again done at the end of treatment to monitor if the patient is completely cured of TB.

It is important that TB treatment be taken as prescribed by the health care workers so as to:

- Decrease TB transmission to others
- Cure the patient of TB
- Prevent death from TB
- Prevent TB relapse or recurrent disease
- Prevent drug resistance

TB treatment is standardized, meaning that every patient has the same drugs for the same period of time.

There are two standardized, treatment regimens :

1. A regimen for new patients who have not had TB treatment before or have had TB treatment for less than one month in the past.
2. A regimen for re-treatment patients who have had TB treatment in the past for more than one month.

## 1. Standardized Treatment for New Patients

Intensive Phase-first 2 months		Continuation phase-Next 4 months	
Rifampicin (R) Isoniazid (H) Pyrazinamide (Z) Ethambutol (E) Available as one combination pill (RHZE)		Rifampicin (R) Isoniazid (H)  Available as one pill (RH)	
Weight (kg)	Intensive phase RHZE (150,75,400,275) tablets	Continuation phase (RH)	
30-37	2 tabs	RH (150,75) 2 tabs	
38-54	3 tabs	RH (150,75) 3 tabs	
55-70	4 tabs	RH (300,150) 2 tabs	
71+	5 tabs	RH (300,150) 2 tabs	

\* For the latest treatment regimens refer to the latest National Tuberculosis Control Programme guidelines.

## 2. Standardized Treatment for Re-treatment patients

Intensive phase-first 2 months	Intensive phase-3rd month	Continuation phase- 5 months	
Rifampicin (R) Isoniazid (H) Pyrazinamide (Z) Ethambutol (E) Streptomycin (s) (RHZE) & Streptomycin	Rifampicin (R) Isoniazid (H) Pyrazinamide (Z) Ethambutol (E)  (RHZE)	Rifampicin (R) Isoniazid (H) Ethambutol (E)  (RH + E)	
Weight (kg)	First 2 months RHZE + Streptomycin injection	Third month RHZE	Five months Continuation Phase RH + E
30-37	2 tabs	2 tabs	RH (150,75) 2 tabs + E (400) 2 tabs
38-54	3 tabs	3 tabs	RH (150,75) 3 tabs + E (400) 2 tabs
55-70	4 tabs	4 tabs	RH (300,150) 2 tabs + E (400) 3 tabs
71+	5 tabs	5 tabs	RH (300,150) 2 tabs + E (400) 3 tabs

Note: These are drug regimens for adults only.