

Tuberculosis treatment in Kenya. Colour lithograph by Ministry of Health, 2008.

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Republic of Korea
Ministry of Health

TUBERCULOSIS TREATMENT ALGORITHM

ADULTS (> 15 YEARS)

CHILDREN (≤15 YEARS)

DISEASE CATEGORY

ALL FORMS OF TB

I & III

New adult TB patient with
Sputum Smear Positive

New adult TB patient with
Sputum Smear negative
and extra pulmonary disease

2RHZE/4RH

Rifampicin (R)
Isoniazid (H)
Pyrazinamid (Z)
Ethambutol (E)

INTENSIVE PHASE
for
2 months

followed by
Rifampicin (R)
Isoniazid (H)

CONTINUATION PHASE
for
4 months

II

Retreatment

TB patient who has relapsed,
failed or defaulted from initial treatment

2SRHZE/1RHZE/5RHE

Streptomycin Inj (S)
Rifampicin (R)
Isoniazid (H)
Pyrazinamid (Z)
Ethambutol (E)

INTENSIVE PHASE
for
2 months

followed by
Rifampicin (R)
Isoniazid (H)
Pyrazinamid (Z)
Ethambutol (E)

INTENSIVE PHASE
for
1 month

followed by
Rifampicin (R)
Isoniazid (H)
Ethambutol (E)

CONTINUATION PHASE
for
5 months

2RHZ/4RH

Rifampicin (R)
Isoniazid (H)
Pyrazinamid (Z)

INTENSIVE PHASE
for
2 months

followed by
Rifampicin (R)
Isoniazid (H)

CONTINUATION PHASE
for
4 months

Patient Weight	Number of Tablets to give	
	RHZE(150/75/400/275)	RH (150/75)
30-39 Kg	2	2
40-55 Kg	3	3
> 55 Kg	4	4

Use DOTS weekly for intensive phase
Use DOTS monthly for continuation phase

DOTS : Directly Observed Therapy Short Course

Patient Weight	Number of Tablets to give		Streptomycin IM injection
	RHZE(150/75/400/275)	RHE(150/75/400/275)	
30-39 Kg	2	2	0.5 grams
40-55 Kg	3	3	0.75 grams
> 55 Kg	4	4	1.0 grams

Do not exceed 0.75 grams of Streptomycin for patients over 64 yrs

Use DOTS daily for first 2 months
Use DOTS weekly for third month of intensive phase
Use DOTS monthly for continuation phase

Adult Packets

Patient Weight	Number of Tablets to give	
	RHZ (150/75/400)	RH (150/75)
< 10Kg	1/4	1/4
10-14 Kg	1/2	1/2
15-19 Kg	1	1
20-24 Kg	1 1/2	1 1/2
25-29 Kg	2	2

Dispersible Formulation

Patient Weight	Number of DISPERSIBLE Tablets to give	
	RHZ(60/30/150)	RH (60/30)
< 10Kg	1	1
10-14 Kg	2	2
15-19 Kg	3	3
20-24 Kg	4	4
25-29 Kg	5	5

OR

For additional copies, contact your District TB/ Leprosy Coordinator (DTLC)

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