| **Author, Year****Trial Name****N** | **Drug, Dose x Duration (N)** | **Followup** | **Population** | **LTBI Confirmed?** | **Country;****TB Burdena** | **TB Risk Factors** | **Mean (Range) Age** | **% F** | **% Non-white** | **%****BCG** | **Quality** |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Menzies, 2004143116 | RIF 10 mg/kg of body weight, up to 600 mg/day x 4 months; up to 20 weeks, if needed, depending on missed doses (58). INH 5 mg/kg, up to 300 mg/day x 9 months; up to 43 weeks, if needed, depending on missed doses (58). | 16-20 weeks 36-43 weeksDuration of both arms depending on whether treatment was extended due to missed doses. | $\geq $18 yearsPositive TST following Canadian guidelines; physician recommend 9 INH for LTBI.<5% HIV positive | Yes (TST ≥5-, 10-, and 15-mm, based on risk status under Canadian guidelines).Abnormal CXR: 29 (50)31 (53) | Canada: low | Contact with active TB case: 10 (17)10 (17)COB high TBb:45 (78)48 (83)Randomizationstratified by TB risk (high if HIV- infected close contacts with active TBc, or fibronodular changes CXR; low to moderate for all others). | 32.9 (10.8 SD)34.8 (13.0 SD) | 38 50 | NR | Yes: 21Unknown:19Yes: 28Unknown:21 | Fair |
| Menzies, 2008133847 | RIF 10 mg/kg of body weight, up to 600 mg/day x 4 months (420).INH 5 mg/kg, up to 300 mg/day x 9 months (427). | 4 months9 months | 18 years or older with a documented positive TST and if physician recommend INH for LTBI following national or international guidelines; 9 university hospitals (7 were in Canada). | Yes | Canada; lowdSaudi Arabia; intermediate,Brazil; high | HIV infection: 6 (1)7 (2)Abnormal chest radiograph: 117 (28)105 (25)Contact with active TB case: 131 (31)135 (32)Recent immigrant: 29 (7)33 (8)Of the Canadian participants (who comprised 80% of the sample), born in high TB incidence country:227 (54)235 (55) | Age 18-34: 229 (55)242 (57)Age≥35: 191 (45)185 (43) | 4847 | NR | Yes:5447Unk:3325 | Good |
| Sterling, 2011134ePREVENT TB6,886 | RPT 900 mg + INH 900 mg/week x 12 weeks (3,556)INH 300 mg/day x 36 weeks (3,330) | 33 months | ≥18 years, TST or IGRA positive excluding HIV-positive patients; close contacts of patients with culture-confirmed TB, recent converters, and small percentage with fibrosis. | Yese | U.S., Canada, Brazil, and Spain; low to high | Close contact within the past 2 years with patient with culture-confirmed TB. | Median: 37e | 45.8e | 42.9e | NR | Fair |
| Thompson, 1982135IUAT27,830 | INH 300 mg x 12 weeks (6,956).INH 300 mg x 24 weeks (6,965).INH 300 mg x 52 weeks (6,919).Placebo (6,990). | 5 years | Age 20-64f with fibrotic pulmonary lesionsg not previously treated with anti-TB meds. | Yes (≥6 mm Mantoux test)h | 7 European countriesi low to intermediate | NR | Median: 50 years (NR); 38% were 55 to 65 years | 47 | NR | NR | Good(for KQ 3)Fair (for KQ 5) |
| White, 2012144364 | RIF 600 mg/day x 4 months; up to 6 months, if needed, depending on missed doses, for a total of 120 doses (180).INH 900 mg 2x week x 9 months; up to 12 months, if needed, depending on missed doses, for a total of 76 doses (184). | 16-18 weeks 36-40 weeksDuration of both arms depended on whether treatment was extended due to missed doses, unless necessary to restart (RIF, restart if missed doses >2 weeks); INH restart if missed doses >1 month | Inmates $\geq $18 years in the San Francisco City and County Jail diagnosed with LTBI at jail entry. | Yes, diagnosis method NR | U.S.: low | Foreign-born: 278 (76); p=0.5Jailed before: 255 (70); p=0.80Drug/alcohol problem: 186 (51); p=0.21 | <35: 258 (71)≥35: 106 (29) | 7 | 92 | NR | Fair |

a TB burden according to World Health Organization classification. Low <10 cases/100,000; intermediate 10–99 cases/100,000; high >100 cases/100,000.

b Countries classified as high TB according to TB incidence as suggested by the World Health Organization.

c Number of subjects who have been in close contact with an individual with active TB unspecified.

d Although TB burden in Canada is low, 54%–55% of the Canadian participants (a total of 462 participants) were born in countries with high TB incidence.

e Data extracted from supplemental data provided by personal communication source for eligible study subgroup (HIV-negative subjects with IGRA or TST confirmation).

f Inclusion criteria initially limited to ages 20–64 years, but a few persons are included outside these limits.

g Defined as well-delineated radiographic lesions of probable tuberculous origin, usually in the upper half of the lung, which had been stable during the year prior to entry. For participants, the lesions had been known to exist for a median of 8 years (range, 11 months to 58 years).

h Median induration of participants was 15 mm (range, 6–90 mm).

i Czechoslovakia (low), Finland (low), Germany (low), Hungary (intermediate), Poland (intermediate), Romania (intermediate), Yugoslavia (low-intermediate).

**Abbreviations:** BCG=bacille Calmette-Guérin; CXR=chest x-ray; F=female; HIV=human immunodeficiency virus; IGRA=interferon-gamma release assays; INH=isoniazid; IUAT=International Union Against Tuberculosis; LTBI=latent tuberculosis infection; N=sample size; NR=not reported; RIF=rifampin; SD=standard deviation; TB=tuberculosis; TST=tuberculin skin test; Unk=unknown.