

# Isoniazid and rifampicin combination for latent tuberculosis

This leaflet is about the use of isoniazid and rifampicin for latent (hidden or dormant) tuberculosis (TB for short) infection. Your child will have to take these medicines for at least 3 months to cure their TB.



This leaflet is for parents and carers about how to use this medicine in children. Our information sometimes differs from that provided by the manufacturers, because their information is usually aimed at adults. Please read this leaflet carefully. Keep it somewhere safe so that you can read it again.


It is essential that your child takes all their medicines daily, as explained by the doctor, and continues until the doctor tells you to stop.


## Name of drug

**Isoniazid** (EYE-soe-NYE-a-zid) and **rifampicin** (rif-AMP-i-cin)  
Brand names for rifampicin: Rifadin, Rimactane  
If isoniazid and rifampicin are used in one combined tablet, the brand name is Rifinah.

## Why is it important for my child to take this medicine?

Your child is likely to be infected with the bacteria that can cause TB, but at the moment this is not making them ill (i.e. it is latent or hidden or dormant). It is important that your child takes isoniazid and rifampicin to stop them becoming ill from the active form of TB (TB disease). The bacteria that cause TB are hard to kill, and infected children are more likely to develop TB disease than infected adults, and are also more likely to become seriously unwell. Your child will have to take isoniazid and rifampicin for **at least** 3 months.

 If your child has a problem with their liver, it is important to talk about this with your doctor before they prescribe the medicine.

 You **must** continue to give the medicine until your doctor tells you to stop. If you stop too soon, or your child does not take the medicine as your doctor has told you to, the bacteria may not be killed and TB disease may develop. It is also possible that the bacteria will become resistant to isoniazid and rifampicin, which means that they will no longer work. This may mean that other stronger drugs will have to be used, or that if TB disease does develop, it will be much harder to treat.

## What are isoniazid and rifampicin available as?

### Combination Rifinah® tablets:

- Rifinah 150 or 100/150: isoniazid 100 mg, rifampicin 150 mg
- Rifinah 300 or 150/300: isoniazid 150 mg, rifampicin 300 mg

**Isoniazid tablets:** 50 mg, 100 mg; these contain lactose

**Isoniazid liquid medicine** can be ordered specially from your pharmacist

**Rifampicin capsules:** 150 mg and 300 mg


**Rifampicin liquid medicine:** 100 mg per 5 mL

## When should I give isoniazid and rifampicin?


Isoniazid and rifampicin are usually given **once each day**, this is usually in the morning. Give the medicines at about the same time each day so that this becomes part of your child's daily routine, which will help you to remember.

## How much should I give?

Your doctor will work out the amount of isoniazid and rifampicin (the dose) that is right for *your* child. The dose will be shown on the medicine label.

 **It is important that you follow your doctor's instructions about how much to give.**

## How should I give it?

 You need to give rifampicin and isoniazid to your child when their stomach is empty. Give it 30 minutes before a meal or 2 hours after a meal.



**Tablets** should be swallowed with a glass of water, milk or juice. Your child should not chew the tablets. You can crush the tablet and mix it with a small amount of soft food such as yogurt, honey or jam. Make sure your child swallows it straight away, without chewing.



**Capsules** should be swallowed with a glass of water, milk or juice. Your child should not chew the capsule.



**Liquid medicine:** Measure out the right amount using an oral syringe or medicine spoon. You can get these from your pharmacist. Do not use a kitchen teaspoon as it will not give the right amount.

## When should the medicine start working?

The medicine will start working straight away, although you will not see any difference in your child because isoniazid and rifampicin are being given to *prevent* them becoming seriously unwell with TB disease.

However, they **must** continue to take the medicine every day until the doctor tells you to stop treatment. This will be for at least 3 months.

## What if my child is sick (vomits)?

- If your child is sick less than 30 minutes after having a dose of isoniazid or rifampicin, give them the same dose again.
- If your child is sick more than 30 minutes after having a dose of isoniazid or rifampicin, you **do not** need to give them another dose. Wait until the next normal dose.

If your child is sick again, seek advice from your GP, pharmacist, TB nurse or hospital. They will decide what to do based on your child's condition and the specific medicine involved.

## What if I forget to give it?

Give the missed dose when you remember during the day, as long as this is at least 12 hours before the next dose is due.

 **Never give a double dose of isoniazid or rifampicin.**

## What if I give too much?


If you think you may have given your child too much isoniazid or rifampicin, contact your doctor, TB nurse or local NHS services (details at end of leaflet) or take your child to hospital.


Have the medicine or packaging with you if you telephone for advice.

## Are there any possible side-effects?


We use medicines to make our children better, but sometimes they have other effects that we don't want (side-effects).


### Side-effects you must do something about


 If your child has swelling of the face, lips or tongue, difficulty breathing, or gets a rash, blisters in the mouth, itching or fever **take them to your doctor or hospital straight away**, as they may be allergic to isoniazid or rifampicin.

 If your child develops any of the following, take them to your doctor or hospital straight away:

- severe dizziness or faints
- swollen face, stomach, arms or legs, which may mean they have water build up (fluid retention)
- passing only small amounts of urine (wee) or none at all
- bleeding from the nose, gums or throat, or blood in the urine.


 If your child feels sick (nausea) or is sick (vomits) for more than 24 hours, or gets a yellowish tinge to the skin or whites of the eyes, contact your doctor straight away, as there may be a problem with your child's liver. Do not give any more isoniazid or rifampicin.

 If your child seems to be getting more infections than usual (e.g. bad colds, chest or skin infections, stomach upsets), or they seem to bruise more easily or bleeding doesn't stop as quickly as you would expect, contact your a doctor straight away, as there may be a problem with your child's blood.

 If your child has problems with their sight (vision), has difficulty telling colours apart or develops eye pain, contact your doctor **straight away**.

## Other side-effects you need to know about

- Rifampicin will make your child's urine (wee), faeces (poo), saliva (spit), mucus (phlegm), sweat and tears turn an orange-red colour. This is not harmful. The red colour in tears may last for some time after your child has stopped taking rifampicin.
- Your child may get the following symptoms when they first start taking isoniazid and rifampicin. They should wear off as your child's body gets used to the medicine. If they are still a problem after a week or so, contact your doctor or nurse for advice:
  - they may get stomach cramps, feel sick (nausea) or be sick (vomit) or get diarrhoea or constipation (difficulty doing a poo)
  - they may have a dry mouth. Eating citrus fruits (e.g. oranges) and taking sips of water may help
  - they may get headaches, feel drowsy (sleepy) or seem confused
  - they may get pains in the bones or muscles, or tingling and numbness in the hands and feet
  - they may sweat more than normal or flush (the skin goes red)
  - their heart beat may feel stronger and less regular than normal (they may say it feels fluttery) and they may feel dizzy, light-headed or may even faint. Encourage them to stand up slowly and to sit or lie down if they feel dizzy or light-headed
  - they may get watery eyes and the edges of the eye lids may get red and sore. If your child has any pain in their eyes, or they cannot see properly, contact your doctor straight away.

 Your child should not wear soft contact lenses whilst taking isoniazid and rifampicin, as they are likely to become stained.

- Some girls have problems with their periods when they start taking rifampicin. Their periods may become irregular, and they may get some light bleeding (spotting) between periods. Their cycle should return to normal after 2-4 months. If it doesn't, contact your doctor or nurse.
- Your child may have some breast swelling. If this happens, contact your doctor. These changes will reverse when they stop taking the medicine.
- If your child feels thirsty all the time and needs to pass urine (wee) very often, contact your doctor, as they may have high blood sugar.

There may, sometimes, be other side-effects that are not listed above. If you notice anything unusual and are concerned, contact your doctor. You can report any suspected side-effects to a UK safety scheme at <http://yellowcard.mhra.gov.uk>.

## Can other medicines be given at the same time as isoniazid and rifampicin?


- You can give your child medicines that contain paracetamol or ibuprofen, unless your doctor has told you not to.
- Isoniazid and rifampicin should not be taken with many common medicines that you get on prescription. Tell your doctor about all medicines your child is taking **before** starting isoniazid and rifampicin.





- Check with your doctor or pharmacist **before** giving any other medicines to your child. This includes herbal or complementary medicines.

### Is there anything else I need to know about this medicine?

- Your doctor or TB nurse will take blood samples before your child starts isoniazid and rifampicin, and regularly while they are taking it. This is to make sure that their liver is working properly, and that the medicines have not affected it.


 Keep all your clinic appointments, as your doctor or TB nurse needs to check how your child is doing.

 It is important that your child has their TB medicines every day.

 The oral contraceptive pill does not work properly during treatment with rifampicin and isoniazid, so your daughter should use other forms of contraception if she is sexually active, and for 4-8 weeks after finishing the course.

### General advice about medicines

- Give medicines at about the same times each day, to help you remember.
- If you are not sure a medicine is working, contact your doctor but continue to give the medicine as usual in the meantime. Do not give extra doses, as you may do harm.
- Only give this medicine to *your* child. Never give it to anyone else, even if their condition appears to be the same, as this could do harm.

 If you think someone else may have taken the medicine by accident, contact a doctor straight away.

- Make sure that you always have enough medicine. Order a new prescription at least 2 weeks before you will run out.
- Make sure that the medicine you have at home has not reached the 'best before' or 'use by' date on the packaging. Give old medicines to your pharmacist to dispose of.

### Where should I keep this medicine?

- Keep the medicines in a cupboard, away from heat and direct sunlight. It does not need to be kept in the fridge.
- Make sure that children cannot see or reach it.
- Keep the medicine in the container it came in.

### Who to contact for more information

Your child's doctor, pharmacist or TB nurse will be able to give you more information about isoniazid, rifampicin and other medicines used to treat TB.

You can also get useful information from:

**England: NHS 111**

Tel 111 - [www.nhs.uk](http://www.nhs.uk)

**Scotland: NHS 24**

Tel 111 - [www.nhs24.scot](http://www.nhs24.scot)

**Wales: NHS 111 Wales**

Tel 111 - [www.111.wales.nhs.uk](http://www.111.wales.nhs.uk)

**Northern Ireland: NI Direct**

[www.nidirect.gov.uk](http://www.nidirect.gov.uk)

**British Lung Foundation**

Helpline: 0845 850 5020 - [www.lunguk.org](http://www.lunguk.org)

[www.medicinesforchildren.org.uk](http://www.medicinesforchildren.org.uk)



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The primary source for the information in this leaflet is the British National Formulary for Children. For details on any other sources used for this leaflet, please contact us through our website, [www.medicinesforchildren.org.uk](http://www.medicinesforchildren.org.uk)

We take great care to make sure that the information in this leaflet is correct and up-to-date. However, medicines can be used in different ways for different patients. It is important that you ask the advice of your doctor or pharmacist if you are not sure about something. This leaflet is about the use of these medicines in the UK, and may not apply to other countries. The Royal College of Paediatrics and Child Health (RCPCH), the Neonatal and Paediatric Pharmacists Group (NPPG), WellChild and the contributors and editors cannot be held responsible for the accuracy of information, omissions of information, or any actions that may be taken as a consequence of reading this leaflet.