



Centre de Santé et Services Sociaux Inuulitsivik Inuulitsivik Health & Social Services Centre Puvirnituq, Québec JOM 1P0 T 819 988-2957 / E 819 988-2704



Title	Adverse reactions of the main TB treatments	
TB toolbox CODE	DSPu-TB TB ACT-ITL-EFFETS-INDESIRABLES_EN	
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Medication	Common adverse reactions	Rare but important adverse reactions	Likelihood of hepatitis*	Likelihood of a rash*
Isoniazid (INH)	 Rash Hepatitis Peripheral neuropathy Nausea/vomiting Diarrhea Fatigue/drowsiness 	NeurotoxicityAnemiaAcneHeadachesAlopecia	+++	++
Rifampicin (RIF)	 Drug interactions Rash Nausea/vomiting Diarrhea Dizziness Orange urine, tears or sweat 	HepatitisInfluenza-like illnessNeutropeniaThrombocytopenia	++	++++
Pyrazinamide (PZA)	 Hepatitis Rash Hyperuricemia Arthralgia Nausea/vomiting Diarrhea 	GoutPhotosensitivity	++++	+++
Ethambutol (EMB)	Ocular toxicityNausea/vomitingDiarrhea	Rash	+	+
Fluroquinolone (FLU)	Rash	TendinitisRuptured tendonProlonged QT interval		
Amikacin	NephrotoxicityOtotoxicity			
Drawn from the Guide d'intervention - La Tuberculose (MSSS, Québec, 2017), Table 9, p.35 AND Communicable disease control manual, Chapter 4, Section 5, BCCDC, July, 2018.			* ++++ = more likely/ + = less likely	

- <u>INH, RIF and PZA</u> can trigger hepatic conditions, ranging from a slight asymptomatic increase of transaminases to a fulminant hepatitis.
- <u>Hepatitis</u> presents mostly in adults and primarily in persons who drink on a daily basis or have chronic liver disease.
- Check whether there is concomitant use of acetaminophen or another hepatotoxic drug.
- If a medication provokes hepatic conditions, a clear note in this regard should be entered in the record and the treating physician quickly notified.
- These drugs should be removed from the therapeutic protocol following a medical opinion and if:
 - · an icterus appears;
 - the serum concentration of transaminases (AST or ALT) is 3 times higher than the upper limit of the normal range AND the person is symptomatic;
 - the serum concentration of transaminases (AST or ALT) is 5 times higher than the upper limit of the normal range.
- In all cases where adverse reactions raise doubts with regard to continuing the treatment, the treating physician should consult a pneumologist/pneumology expert.