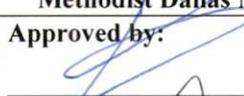
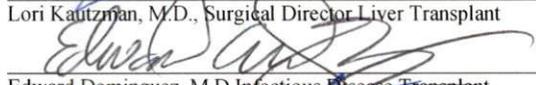


 <b>Methodist Dallas Medical Center</b>	<b>Title:</b> PPD Protocol	<b>Effective Date:</b> 02/19/2003
	<b>Section:</b> Liver	
<b>Approved by:</b>  Lori Kautzman, M.D., Surgical Director Liver Transplant  Edward Dominguez, M.D. Infectious Disease Transplant  Jeffrey Weinstein, MD, Medical Director Liver Transplant  Melody Holder, Director of Transplant Clinical Operations		<b>Revision Date(s):</b> 01/22/2009; 10/22/2015; 07/23/2019; 09/2022; 11/2025
		<b>Next review Date:</b> 11/2028

**Purpose:** To ensure uniform evaluation and treatment of pre and post-liver transplant patients

**Policy:**

Pre-Transplant

1) Evaluation:

- PPD with controls or TB Interferon gamma release assay
  - A positive PPD is defined as >10 mm induration
- Assess history of risk factors
- CXR or Chest CT

2) Positive Screening Test

- Referral to Transplant Infectious Disease Clinic
- Isoniazid (INH) 300 mg with Pyridoxine 50 mg PO daily for 9 months
- Or:
- Rifampin 600 mg PO daily x 4 months
- Alternative treatment to be prescribed by Infectious Disease Specialist
- Check LFTs every 2 weeks for 8 weeks if on INH
- Check LFTs monthly if on Rifampin

Post-Transplant

3) Evaluation:

- PPD with controls or TB Interferon gamma release assay
  - A positive PPD is defined as >10 mm induration
- Assess history of risk factors
- CXR or Chest CT

4) Positive Screening Test

- Referral to Transplant Infectious Disease Clinic
- Isoniazid (INH) 300 mg with Pyridoxine 50 mg PO daily for 9 months
- Alternative treatment to be prescribed by Infectious Disease Specialist
- Check LFTs every 2 weeks for 8 weeks if on INH