

Title	Adverse reactions of the main TB treatments
TB toolbox CODE	DSPu-TB TB ACT-ITL-EFFETS-INDESIRABLES_EN
Date modified	2025-06-01

Medication	Common adverse reactions	Rare but important adverse reactions	Likelihood of hepatitis*	Likelihood of a rash*
Isoniazid (INH)	▪ Rash ▪ Hepatitis ▪ Peripheral neuropathy	▪ Neurotoxicity ▪ Anemia ▪ Hepatic necrosis	+++	++
Rifampicin (RMP)	▪ Drug interactions ▪ Rash ▪ Orange urine, tears or sweat ▪ Anemia	▪ Hepatitis ▪ Influenza-like illness ▪ Neutropenia ▪ Thrombocytopenia	++	++++
Pyrazinamide (PZA)	▪ Hepatitis ▪ Rash ▪ Hyperuricemia ▪ Arthralgia	▪ Gout	++++	+++
Ethambutol (EMB)	▪ Ocular toxicity (visual acuity, red-green discrimination)	▪ Rash ▪ Neurotoxicity ▪ GI disorders	+	+
Fluroquinolone (FQN)	▪ Rash	▪ Tendinitis ▪ Ruptured tendon ▪ Prolonged QT interval		
Amikacin (AM)	▪ Nephrotoxicity ▪ Ototoxicity			
Rifapentine (RPT)	▪ Drug interactions ▪ Rash ▪ Orange urine, tears or sweat ▪ Anemia ▪ Hypersensitivity reaction	▪ Influenza-like illness ▪ Hepatitis ▪ Neutropenia ▪ Thrombocytopenia	++	++++
<i>Drawn from: Gestion par les intervenants de santé publique des cas et de leurs contacts dans la communauté, Guide de pratique professionnelle (INSPQ, 2025).</i>			* ++++ = more likely/ + = less likely	

- INH, RIF and PZA can trigger hepatic conditions, ranging from a slight asymptomatic increase of transaminases to a fulminant hepatitis.
- 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.