NWT Clinical Practice Information Notice

Upon receipt, please file this notice in
Section C, Clinical Practice Information Binder for future reference.

The following clinical practice has been approved for use in the Northwest Territories Health and Social Services system, and has been distributed to:

X	Hospitals	X	Community Health Centres	X	Homecare	X	LTC	X	Pharmacists
X	Doctor's Offices		Social Services Offices	X	Public Health Units		Please list other(s):		

The information contained in this document is a Departmental:

X	Policy	**X**	Clinical Standard	X	Protocol		Procedure		Clinical Practice Guideline

Title: TB Prevention 3HP Regimen Record for the Treatment of TB Infection (TBI)

Effective Date: July 24, 2026

Important: This CPI #193 supplements CPI #179 NWT Tuberculosis (TB) Program

Statement of approved Clinical Practice:
Historically, treatment of TBI required lengthy antimicrobial therapy with daily or twice weekly treatment for up to 9 months. A shorter, two drug, medication regimen of once weekly (Isoniazid and Rifapentine), known as 3HP, has made treatment of TBI preferable and successful for many individuals.

- This regimen must be administered by a health care worker through a method known as Direct Observed Preventative Therapy (DOPT).

The Canadian TB Standards, 8th ed recommends short-course rifamycin-based regimens, such as 3HP, as first-line treatment options for eligible individuals with TBI.

- 3HP treatment consists of once-weekly isoniazid and rifapentine with pyridoxine (vitamin B6) administered DOPT over 12 weeks.
- This regimen, if clinically indicated, is preferrable for both patient and public health due in part to the short duration, once weekly dosing, tolerance and adherence a 12-week regimen offers.

Serious adverse effects, although rare, can occur. **The CPHO is therefore recommending a treatment and monitoring protocol be implemented for all patients prescribed 3HP regimen.**

- The 3HP Regimen Record is a standardized tool for treatment monitoring, progress documentation, and adherence tracking to be utilized by practitioners when providing DOPT for TBI.

Clinical decision-making regarding eligibility, contraindications, regimen selection, and treatment monitoring must continue to follow established TB program standards and clinical resources.

Attachments:

- 3HP Regimen Record
- NWT Communicable Disease Manual – Tuberculosis Chapter (TB Manual)
- NWT Tuberculosis Program Standards
- Canadian Tuberculosis Standards (8th Edition)

Minister ☐ **Deputy Minister** ☐ **Assistant Deputy Minister** ☐ **Chief Public Health Officer** ☒

The 3HP regimen is intended to support the operational implementation of an approved TBI treatment option and does not replace broader clinical guidance contained within these standards.

An electronic copy of this notice is also available on the Department of Health and Social Services public website at: https://www.hss.gov.nt.ca/professionals/en/cpi.

This clinical practice is approved.  July 24, 2026 .

Minister ☐ **Deputy Minister** ☐ **Assistant Deputy Minister** ☐ **Chief Public Health Officer** ☒