

# LAAJRAK IN AM IDRAAK UNO

Melele ko non idraak uno in latent TB ak TB eo ejjab kabobo

## Laajrak in am boki uno ko

(Takto ro: Kalikar jete joñan eo ekkar uno batin im raan eo)

Uno	Jete uno batin kajojo wiik	Joñan ikut	Raan
Isoniazid: ____ mg Rifapentine: ____ mg	AOLEBEN JOÑAN: ____ (Isoniazid: ____, Rifapentine: ____)	Juon alen ilo juon wiik ñan 12 wiik (3 allon)	Mande Tuje Wenje Tajje Bolaide Jadede Jabot

Takto eo am emaron kobaiki Vitamin B6 ñan uno ko am.

## Likit juon am Laajrak kin am ebök uno

Ilo tabol eo ijin lal, kōkkaaleiki bok eo im je raan eo ñan kwalok ien eo kwar bök uno eo am.

WIİK	Mande	Tuje	Wenje	Tajje	Bolaide	Jadede	Jabot
WAANJONOK 5/7 - 5/13	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> 5/8	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wiik 1	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wiik 2	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wiik 3	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wiik 4	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wiik 5	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wiik 6	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wiik 7	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wiik 8	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wiik 9	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wiik 10	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wiik 11	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Wiik 12	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____	<input type="checkbox"/> _____



Centers for Disease  
Control and Prevention  
National Center for HIV/AIDS,  
Viral Hepatitis, STD, and  
TB Prevention

[www.cdc.gov/tb](http://www.cdc.gov/tb)

# ELAAJRAK IN KAKOLKOL KO AN RINANNINMIJ EO

Melele ko non idraak uno in latent TB ak TB eo ejjab kabobo

Etan rinanninmij eo: \_\_\_\_\_



## Jekjek ko ekka aer nej walok

Elõñ armij remaron bõki uno in TB ko aer ilo an ejellok oktak ak jorren. Uno eo rifapentine emaron komman an oran-biroro kolor in raut, kabilo, dren in mejem, ak menokadu. Ekka an walok mennin im kolor eo emaron jako lok ilo an aitoklok ien.



## Kabojrak am idraak uno im jibadrokklok takto im nooj eo am ien eo emokaj tata elañe:

- |   |  |
|---|--|
| <input type="checkbox"/> Addeboulul ilo ien jijjet ak jutak                         | <input type="checkbox"/> Raut ekolor bŭrawŭn, kolor in ti, ak kola                                 |
| <input type="checkbox"/> Driklok am kōnaan mona ak kwojab kōnaan mona               | <input type="checkbox"/> Kolor ialo mooj eo ilo iju in mejam                                       |
| <input type="checkbox"/> Metak lojeem, maloñloñ, ak mōmōj                           | <input type="checkbox"/> Lennab ak ebōnōjnōj   |
| <input type="checkbox"/> Metak lojeem   | <input type="checkbox"/> mao, ak kolor bŭrōrō ak biolet ilo kilim kwoban kōmelele rej walok jen ia |
| <input type="checkbox"/> Metak ob ak bwilmeleeñ                                     | <input type="checkbox"/> Bōtōktōk boti, ak ñad ko iturin neem                                      |
| <input type="checkbox"/> Kakōlkōl ko an nanninmij in molo ilo an wor ak ejelok biba | <input type="checkbox"/> Ikijeekklok   |
| <input type="checkbox"/> Elab mōk ak mōjno  | <input type="checkbox"/> Metak ak enjaak ikūnalnal lobiden beim, beim, ak neem                     |
| <input type="checkbox"/> Biba im bio  | <input type="checkbox"/> Ewor lōmnak in buromoj ak nanninmij in buromoj                            |
| <input type="checkbox"/> Elab bidodo ak emera kolor in kibwe                        |  |



Joj im bok melele ippen takto im nooj eo am elañe ewor am kajitok non melele ko rellap lak

## Jikin takto eo am takto eo am

Etan armej eo ej lala eok/jibañ eok: \_\_\_\_\_

Talebon Nomba: \_\_\_\_\_

Atorej: \_\_\_\_\_

Awa ko: \_\_\_\_\_



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