|  |
| --- |
| **Determinants and barriers to latent tuberculosis treatment in a tertiary centre** |
| Robert Qiu1, Titus Auyeung*1*, Milind Brahmbhatt*1*, Soo Wei Foo*1*, Lydia Makarie-Rofail*1* |
| *1Department of Respiratory and Sleep Medicine, Concord Repatriation General Hospital, NSW, Australia* |
| **Introduction/Aim:** Tuberculosis is a globally-prevalent condition affecting 25% of the global population1. Untreated, tuberculosis has a mortality of approximately 50%2. 85% of tuberculosis can be cured with available treatments1. The majority of tuberculosis is latent tuberculosis (LTBI). As the WHO’s aims to eradicate tuberculosis by 20351, understanding determinants and barriers to LTBI treatment is critical. A retrospective analysis was performed at our tertiary centre to investigate the determinants and barriers to LTBI treatment. **Methods:** Patients diagnosed with LTBI presenting to Concord Hospital Chest Clinic between January and June 2023 were identified. Diagnosis was confirmed by presence of a positive QuantiFERON Gold or Mantoux test, with absence of active tuberculosis on imaging and/or sputum sampling. Data on age, gender, treatment status, ethnicity, comorbidities, imaging abnormalities, mode of referral to clinic, and rationale for management approach were collected via review of clinical notes.**Results:** With 84 patients included, the average age of participants was 40, 48% male and 52% female. 30% underwent prophylactic treatment where 84% received rifampicin and 16% received isoniazid. Treatment completion rate was 96%. Planned immunosuppression was the most common reason for treatment at 40%. The most common reason for surveillance was being asymptomatic with concern for side-effects from treatment. Rationale for treatment could be identified in 96% of those who underwent treatment, compared to 47% in the surveillance group. The most common reason for referral was occupational health assessment at 44%. 98% of patients were from non-English-speaking backgrounds. **Conclusion:** To improve uptake of LTBI treatment, there needs to be greater education on treatment rationale and associated side-effects, or lack of, especially as treatment is generally well-tolerated when commenced. Communication of this is likely limited by LTBI largely affecting a population from non-English-speaking backgrounds. **Grant Support:** Nil **References:** 1 World Health Organisation. Global tuberculosis report 2022. <https://www.who.int/publications/i/item/9789240061729> (Accessed September 26, 2023).2 Tiemersma EW, van der Werf MJ, Borgdorff MW, Williams BG, Nagelkerke NJ. Natural history of tuberculosis: duration and fatality of untreated pulmonary tuberculosis in HIV negative patients: a systematic review. PLOS One. 2011;6(4):e17601. doi: 10.1371/journal.pone.0017601. |