Track:	C1. TB infection (LTBI)
Title:	**High treatment completion rates using a 3-month isoniazid-rifampicin regimen during a community-wide latent TB screening and treatment campaign on Cu Lao Cham island, Viet Nam**
Author(s):	Thuy TT DONG[1], Lan P NGUYEN[1], Luan NQ VO[1,2], Andew J CODLIN[1], Rachel J FORSE[1], Phap N TRAN[3], Hoa B NGUYEN[4], Hoi V LE[4], Nhung V NGUYEN[4]
Institute(s):	1 Friends for International TB Relief, Viet Nam 2 Interactive Research and Development, Viet Nam 3 Quang Nam Provincial TB Program, Viet Nam 4 National TB Control Program, Viet Nam
Text:	**Background and challenges to implementation:** Viet Nam's UNGA HLM commitment includes a target for treating 291,500 people for latent TB infection (LTBI) between 2018-2022. The current LTBI treatment regimen in Viet Nam is nine months of isoniazid for adults (≥15 years), posing a major challenge for LTBI treatment adherence and completion. **Intervention or response**: As part of the TB REACH-funded SWEEP-TB project, a population-level TB screening campaign was conducted on the island of Cu Lao Cham in January 2019. Over 90% of the island's 2,026 residents were screened for LTBI (tuberculin skin test ≥10mm). After ruling out TB disease by chest X-ray screening and Xpert testing, 435 adults had normal liver enzymes and were considered eligible for treatment with daily rifampicin and isoniazid for 3 months (3HR). 377 (86.7%) of these people started on the shorter regimen. Four local commune health officers and two community health workers supported the provision of LTBI treatment, which included weekly adverse event monitoring. **Results and lessons learnt**: Among the 377 adults started on 3HR, 337 (89.4%) have successfully completed treatment or are in the final month of treatment and are expected to complete the full regimen. 13 individuals (3.7%) experienced adverse events (AEs); no episodes of hepatotoxicity were recorded. The most common side effects were itching (61.5%), fatigue (38.4%), numbness (23.1%) and muscle pain (15.4%). Of the people who discontinued 3HR treatment early, 29 (7.7%) were elective discontinuations, 10 (2.7%) were due to side effects, and 1 (0.2%) person moved away from Cu Lao Cham island. **Conclusions and key recommendations:** People with LTBI who were treated with 3HR had high treatment completion rates and low rates of AEs. These data suggest that 3HR can be safely administered at the population-level and that follow-up care can be managed by the existing health system.
Option:	Option 2 (Public Health Practice)
Preferred Presentation Style:	Oral abstract

Outcome	Number	(%)
Initiating treatment with 3HR	377	
Treatment Completed	337	(89.4%)
Stopped early: adverse effect	10	(2.7%)
Stopped early: patient decision	29	(7.7%)
Stopped early: moved	1	(0.2%)