These results suggest that the completion of either rifampin or R/I for 9357 Menzies HCWs LTBI The Comparison Jensen PA, Lambert LA, Recently while there acceptance treatment facilities in is estimated to be higher than the US-born non-HCW population. However, HCW acceptance and compliance with available LTBI treatment regimens has been problematic. Recently, regimens have become available that might improve HCW acceptance and compliance with the treatment of LTBI.

Methods A retrospective review of the records of all MSK HCWs diagnosed with LTBI between January 1, 2005 and December 31, 2014 was conducted. LTBI was diagnosed in HCWs using the TST, and, starting in 2007, IGRA testing was used exclusively among TST-positive HCWs with a history of having received BCG vaccine. HCWs diagnosed with LTBI were offered the choice of 4 regimens as these options became available over the years of the study: 9 months of daily INH alone; 4 months of daily rifampin alone; 3 months of once weekly rifapentine/INH (R/I); or no treatment.

Comparison of the different regimens was evaluated using the Fisher’s exact test.

Results 930 HCWs were diagnosed with LTBI (Graph #1). 357 (38.4%) accepted treatment for LTBI, and 273 (76.5%) completed the regimen they started (Graphs #2 & #3). Of these 357: 202 (56.6%) chose INH and 141 (69.8%) completed 104 (29.1%) chose rifampin and 87 (83.6%) completed 51 (14.3%) choose R/I and 45 (88.2%) completed. HCWs were significantly more likely to have completed treatment with either rifampin or R/I than INH (p = 0.0086; p = 0.0074, respectively) while there was no statistically significant difference between completion of rifapentine and R/I (p = 0.6312). (Graph #3)

Conclusions These results suggest that the completion of either rifampin or R/I for treatment of LTBI in a HCW population is more likely than INH. Consideration should be given to no longer routinely recommending INH for the treatment of LTBI among HCWs. Additional awareness and usage of these two alternative regimens to INH may also improve the likelihood of increased HCW acceptance of treatment of LTBI.

References