**Background**
- Treatment of latent tuberculosis infection (LTBI) is important for tuberculosis elimination in low-incidence countries.
- VAPORHCS offers both 3HP (12-dose rifapentine plus isoniazid directly observed therapy) and 9H (9-month daily isoniazid) for treatment of LTBI.
- Most veterans are treated with 9H despite increasing evidence showing higher rates of completion with 3HP.

**Objective**
**Evaluate rates of completion and adverse events (AE) between veterans treated with 3HP and 9H.**

**Methods**
- Retrospective chart review of all VAPORHCS patients who initiated LTBI treatment with 9H or 3HP between 01/2011-12/2016.
- LTBI defined as asymptomatic patients with positive tuberculin skin testing or interferon-gamma release assay.
- Treatment completion determined through chart documentation.
- Data of interest included demographics, co-morbid conditions, immunosuppression, treatment completion, and adverse events.

**Results**
- 93 patients were treated for LTBI.
- Most patients were white (70.9%) and male (86.0%). Median age was 57 years old.
- 72 patients (77.4%) were treated with 9H, and 21 (22.5%) were treated with 3HP.
- Overall completion rate was 86% in all treated patients.
- Completion rates between 9H (86.1%) and 3HP (85.7%) were not significantly different (p = 0.96).
- 23 patients (31.9%) on 9H and 6 patients (26.6%) on 3HP were on chronic immunosuppression with TNF inhibitors and/or corticosteroids (p = 0.78) with an overall completion rate of 86%.
- There were no significant differences in treatment completion rates in sub-groups analysis.
- 9 patients (13%) on 9H and 2 patients (10%) on 3HP had HIV (p = 0.95).
- Rates of AE were similar (4.4%, 14.3%, p = 0.1), including hepatotoxicity and neurotoxicity.

**Conclusions**
- Overall treatment completion rates were high and statistically similar between 9H and 3HP groups, even with immunosuppressive therapy.
- There were no significant differences in rates of adverse events.
- CDC now recommends 3HP for LTBI treatment by DOT or self-administered therapy in patients ≥ 2 years, including those with HIV/AIDS.

While the majority of patients in this study were treated with 9H, these results identified an opportunity for more use of 3HP, likely without need for DOT going forward.