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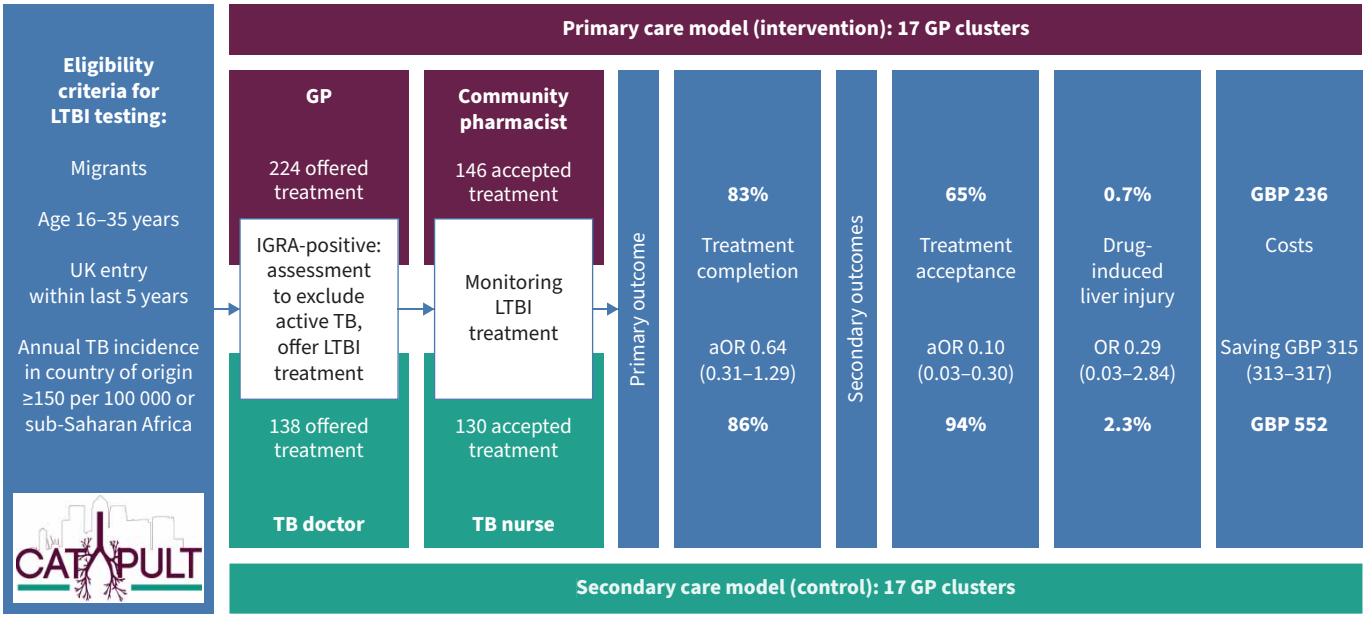

GRAPHICAL ABSTRACT CATAPuLT (Completion and Acceptability of Treatment Across Primary care and the commUnity for Latent Tuberculosis) trial showing the eligibility criteria, trial design and results. 95% confidence intervals are indicated in brackets. LTBI: latent tuberculosis infection; TB: tuberculosis; GP: general practitioner; IGRA: interferon-γ release assay.

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Treatment of latent tuberculosis infection in migrants in primary care *versus* secondary care

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Shareable abstract (@ERSpublications)
This cluster-randomised control trial found that the treatment of latent tuberculosis infection in recent arrivals to the UK can be safely and effectively managed within primary care when compared to specialist secondary care services at lower cost. https://bit.ly/4cmKzKm

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Abstract

Background Control of latent tuberculosis infection (LTBI) is a priority in the World Health Organization strategy to eliminate TB. Many high-income, low TB incidence countries have prioritised LTBI screening and treatment in recent migrants. We tested whether a novel model of care, based entirely within primary care, was effective and safe compared to secondary care.

Methods This was a pragmatic cluster-randomised, parallel group, superiority trial (ClinicalTrials.gov: NCT03069807) conducted in 34 general practices in London, UK, comparing LTBI treatment in recent migrants in primary care to secondary care. The primary outcome was treatment completion, defined as taking ⩾90% of antibiotic doses. Secondary outcomes included treatment acceptance, adherence, adverse effects, patient satisfaction, TB incidence and a cost-effectiveness analysis. Analyses were performed on an intention-to-treat basis.

Results Between September 2016 and May 2019, 362 recent migrants with LTBI were offered treatment and 276 accepted. Treatment completion was similar in primary and secondary care (82.6% *versus* 86.0%; adjusted OR (aOR) 0.64, 95% CI 0.31–1.29). There was no difference in drug-induced liver injury between primary and secondary care (0.7% *versus* 2.3%; aOR 0.29, 95% CI 0.03–2.84). Treatment acceptance was lower in primary care (65.2% (146/224) *versus* 94.2% (130/138); aOR 0.10, 95% CI 0.03–0.30). The estimated cost per patient completing treatment was lower in primary care, with an incremental saving of GBP 315.27 (95% CI 313.47–317.07).

Conclusions The treatment of LTBI in recent migrants within primary care does not result in higher rates of treatment completion but is safe and costs less when compared to secondary care.