

P0966 Prevention of tuberculosis in kidney transplant recipients: evaluation of a programme for screening and treatment of latent tuberculosis infectionMaria Grijota¹, Lucia Gonzalez-Luquero¹, Laura Muñoz², Nuria Sabe¹, Miguel Santin*¹¹ Bellvitge University Hospital, L'Hospitalet de Llobregat, Barcelona, Spain, ² Parc Sanitari Sant Joan de Déu, Hospital, Sant Boi, Spain

Background: Despite the consensus on the necessity of detecting and treating latent tuberculosis infection (LTBI) to prevent active tuberculosis (TB) in kidney transplant (KT) recipients, little is known about the safety and completion rates of the preventive therapy (PT) in these patients. We assessed the usefulness of a programme for diagnosis and treatment of LTBI in patients preparing for KT in terms of completion of PT and the contribution of the nursing management in this particular population.

Materials/methods: A 5-year (2013-2017) prospective study evaluating a programme for screening and treatment of LTBI in adult patients requiring KT, at the TB Unit of a teaching hospital. All patients referred to the Unit underwent an initial nursing assessment (risk factors for TB infection and previous TST or treatment, and current and past medical history), chest X-ray and QuantiFERON-TB Gold (QFT) In-tube or Plus. An ID physician assessed the patients with QFT positive results or other signs of LTBI. After ruling out active disease, patients with LTBI were offered PT. The nurse gave counselling and information about PT, and a contact phone number to all the patients. Treated patients were followed for toxicity and adherence to treatment. Ethics clearance was obtained from the local REC.

Results: During the study period, 308 (80% men), mean age 63.7, started PT (214 Rifampin plus Isoniazid (RH), 79 Isoniazid (INH), and 7 RMP and 8 others). Eighty-five patients (27%) experienced adverse events (30%, 20% and 43% for RH, INH and RMP respectively; $p=0.35$). Two hundred and seventy-two patients (88%) completed a course of PT (90% with RH, 87% with INH and 43% with RMP; $p< 0.001$), 240 (88%) with the initial treatment and 32 (12%) after modification of the initial regimen. One hundred and twelve patients (36%) had at least one unplanned nurse visit, 163 (53%) had at least one phone call nurse visit, and 203 (66%) had either.

Conclusions: In patients undergoing KT, high rates of pre-KT PT completion for TB infection can be accomplished with a nurse-based comprehensive programme, despite the frequent adverse events, concomitant medications and weakened condition of this particular population.