Abstract S39 Table 1 Latent tuberculosis infection (LTBI) treatment completion, adherence, acceptance, patient satisfaction and adverse events in the CATAPuLT trial (n=362)

Outcome	Intervention % (N)	Control % (N)	OR (CI)	p	Adjusted OR (CI)	p
Treatment completion						
Treatment completion (missing data imputed)	82.6	86.0	0.70 (0.35-1.38)	0.29	0.64 (0.31-1.29)	0.21
Adherence (Prescription collection and INH urine tests)						
Did not collect prescription	15.6 (19/122)	7.9 (10/127)				
Two or more urine tests negative	0.8 (1/122)	2.4 (3/127)	0.61 (0.31-1.19)	0.15	0.64 (0.32-1.28)	0.21
One negative urine test	7.4 (9/122)	6.3 (8/127)				
All urine tests positive	76.2 (93/122)	83.5 (106/127)				
Treatment acceptance	65.2 (146/224)	94.2 (130/138)	0.10 (0.03-0.31)	<0.001	0.10 (0.03-0.30)	<0.001
Patient satisfaction (score /10)						
7 or lower	3.1 (3/98)	2.5 (3/121)				
8	5.1 (5/98)	8.3 (10/121)	1.84 (0.88-3.87)	0.11	1.80 (0.84-3.86)	0.13
9	14.3 (14/98)	27.3 (33/121)				
10	77.6 (76/98)	62.0 (75/121)				
Serious Adverse Events leading to hospitalisation*	0	0	n/a	n/a	n/a	n/a
Adverse events*						
Drug-induced liver injury (ATS criteria)	0.7 (1/146)	2.3 (3/130)	0.29 (0.03-2.84)	0.29	n/a	n/a

OR: odds ratio, CI: 95% confidence interval *adjusted analyses could not be performed due to the low number of events in each arm

S40

REDUCING NUMBERS, INCREASING COMPLEXITY: AN EVALUATION OF ENHANCED CASE MANAGEMENT IN THE NORTH CENTRAL LONDON TUBERCULOSIS SERVICE 2013 TO 2020

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Background North Central London Tuberculosis (TB) service provides care to patients diagnosed with TB across a large, high-prevalence urban area with complex socio-economic demography. In 2013, a system of categorising patients as requiring Standard or Enhanced Case Management (SCM, ECM) was implemented to identify early those who require additional care, including medication support and social care input. From 01/04/2019 patients were further sub-categorised as ECM 1–3 to better align service support with patient care needs. Here we present an analysis of patients' ECM status and clinical outcome from 2013–2020.

Methods A retrospective service evaluation was conducted by extracting all data from the TB database for patients notified between 01/01/2013 and 31/01/2021. Patients were categorised by ECM status (requiring ECM or not, or ECM category after 01/04/2019) and treatment outcome. Differences in proportions of patients by outcome were analysed using Chi-2 testing.

Results 2,587 patients were included. Numbers of notifications have decreased consistently since 2016 (figure 1), while the proportion requiring ECM has increased. Of 2,422 patients with an outcome registered between 2013 and 2020, 87.4% completed treatment 1.7% died with TB contributing, 2.1% died of other causes, and 8.8% transferred or were lost to follow-up. 2,317 had an ECM status recorded and those requiring ECM were less likely to complete treatment (83.2% vs 91.9%, p=0.03) and more likely to die of TB (2.5% vs 1.5%, p=0.01) or be lost to follow-up (11.8% vs 5.7%, p<0.01).

Of 487 patients notified after 01/04/2019, 248 had been sub-categorised: 22.2% as SCM, and 24.6%, 21.2%, 31.9% as ECM1, ECM2 and ECM3 respectively. Of 237 with an outcome, there was no significant difference in treatment completion or loss to follow-up by SCM or ECM category. Number of deaths was too small to evaluate.

Abstract S40 Figure 1

Discussion ECM can be used to identify TB patients with increased clinical and social care needs. However differential outcomes remain. A wide range of socio-economic factors likely contribute to this. Preliminary evidence suggests that providing additional, tailored support to patients categorised as having greater needs (by ECM 1 - 3) may improve treatment completion, and direct resource more appropriately.

S41 THE DIAGNOSTIC WORK UP OF PLEURAL TUBERCULOSIS AND THE UTILITY OF GENEXPERT: 5 YEAR EXPERIENCE FROM A TERTIARY CENTRE

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Background The paucibacillary nature of *Mycobacterium tuberculosis* (MTB) in pleural fluid poses challenges in the diagnosis of pleural TB. GeneXpert (GX) is a molecular test which detects the presence of MTB DNA and is validated in sputum specimens. However, its role in pleural TB is unclear. We sought to analyse how a diagnosis of pleural TB may be achieved that also incorporated use of GX in pleural specimens.

Method Retrospective analysis of pleural TB cases on our institutional TB registry between 2015–2019 was performed. Patients underwent either diagnostic thoracentesis (DT), DT and local anaesthetic thoracoscopy (LAT) or direct to LAT. Pleural fluid and biopsy specimens were sent for culture/cytology and culture/histology, respectively. In a proportion of cases GX was performed [Xpert MTB/RIF pre-2018 and Xpert MTB/RIF Ultra 2018 onwards].

Abstract S41 Figure 1 Summary of outcomes from pleural sample analysis