

Effect of community-wide isoniazid preventive therapy on tuberculosis among South African gold miners (Thibela TB)

Submission date
25/04/2006

Recruitment status
No longer recruiting

☒ Prospectively registered

☐ Protocol

Registration date
01/06/2006

Overall study status
Completed

☐ Statistical analysis plan

☒ Results

Last Edited
24/01/2014

Condition category
Infections and Infestations

☐ Individual participant data

Plain English summary of protocol

Not provided at time of registration

Study website

<http://www.tbhiv-create.org>

Contact information

Type(s)

Scientific

Contact name

Prof Gavin Churchyard

Contact details

PO Box 61587
Marshalltown
Johannesburg
South Africa
Gauteng 2107

Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

Secondary identifying numbers

#19790.02

Study information

Scientific Title

Study objectives

Community-wide tuberculosis (TB) case-finding, treatment of active TB and TB preventive therapy are effective ways of rapidly reducing the burden of TB infection and disease, and can improve TB control in high human immunodeficiency virus (HIV) prevalence areas.

Ethics approval required

Old ethics approval format

Ethics approval(s)

University of KwaZulu Natal ref AHR-1-200, approved 31/03/2006; London School of Hygiene and Tropical Medicine reference number: 3064, approved 02/12/2005

Study design

Cluster, randomized, non-blinded controlled trial

Primary study design

Interventional

Secondary study design

Randomised controlled trial

Study setting(s)

Not specified

Study type(s)

Prevention

Participant information sheet

Health condition(s) or problem(s) studied

Tuberculosis

Interventions

Community-wide isoniazid preventive therapy. Individuals in the control clusters will receive a normal standard of TB care as per standards set down by the local TB control programme (an expanded directly observed treatments [DOTS] package, including TB preventive therapy targeted to high risk individuals, according to local policy).

Intervention Type

Drug

Phase

Not Specified

Drug/device/biological/vaccine name(s)

Isoniazid

Primary outcome measure

Overall TB incidence in the final 12 months of follow up

Secondary outcome measures

1. TB case notification rates during months 0 to 24 after enrolment
2. Trends in TB case notification rates
3. TB prevalence at the end of the follow-up period (as measured by sputum culture positivity)
4. All-cause mortality during months 0-24 of the follow-up period
5. Case notification rate of isoniazid-resistant TB
6. Safety of community-wide isoniazid preventive therapy (IPT)

Overall study start date

19/06/2006

Completion date

19/06/2010

Eligibility**Key inclusion criteria**

All employees working within the study clusters are eligible for participation in the study as a whole, there are no specific exclusion criteria. Employees at clusters allocated to the intervention will be eligible for isoniazid preventive therapy.

Participant type(s)

Patient

Age group

Adult

Sex

Both

Target number of participants

Around 70,000 overall

Key exclusion criteria

1. Active TB (confirmed or suspected)
2. Weight less than 40 kg
3. Known or suspected hypersensitivity to isoniazid (INH)
4. Self-reported chronic liver disease or symptoms suggesting active hepatitis (jaundice, nausea, vomiting, right upper quadrant pain, dark urine, pale stools)
5. Alcohol use exceeding 28 units per week (men) or 21 units per week (women)
6. History of convulsions
7. History of psychosis
8. Peripheral neuropathy grade 2 or greater, as defined by the acquired immune deficiency syndrome (AIDS) clinical trials group classification of adverse events

- 9. Pregnancy and up to three months post-partum, or breastfeeding
- 10. Women of child bearing potential who decline to use contraception
- 11. Receipt of another investigational drug or product within the previous 30 days
- 12. Concomitant medication with phenytoin, carbamazepine, warfarin, theophylline, disulfiram, selective serotonin re-uptake inhibitor antidepressants (e.g. citalopram, fluoxetine, paroxetine, sertraline), oral ketoconazole or itraconazole

Date of first enrolment

19/06/2006

Date of final enrolment

19/06/2010

Locations

Countries of recruitment

South Africa

Study participating centre

PO Box 61587

Johannesburg

South Africa

Gauteng 2107

Sponsor information

Organisation

Consortium to Respond Effectively to the AIDS-Tuberculosis Epidemic (CREATE) (USA)

Sponsor details

Johns Hopkins Center for Tuberculosis Research

1820 Lancaster Street/Suite 300

Baltimore, MD

United States of America

21231

Sponsor type

Charity

Website

<http://www.tbhiv-create.org>

ROR

<https://ror.org/00za53h95>

Funder(s)

Funder type

Charity

Funder Name

Bill and Melinda Gates Foundation - Consortium to Respond Effectively to the AIDS-Tuberculosis Epidemic (CREATE), reference number: 19790.02

Results and Publications

Publication and dissemination plan

Not provided at time of registration

Intention to publish date

Individual participant data (IPD) sharing plan

IPD sharing plan summary

Not provided at time of registration

Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
Results article	results	23/01/2014		Yes	No