An analysis of 2204 tuberculosis contacts using QuantiFERON® TB Gold In-Tube and TST

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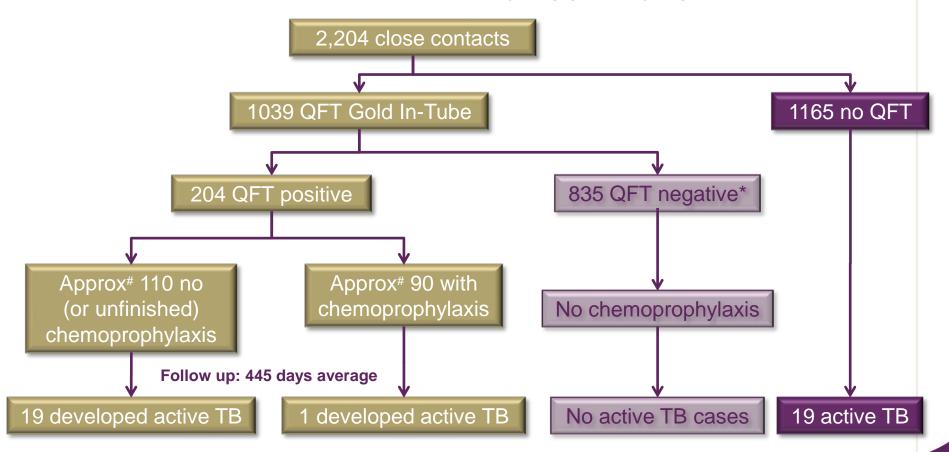
Haldar et al. Thorax, 2009; 64 (Suppl. IV), pA10

- Contacts of TB cases in Leicester since Jan 1, 2007
- All contacts initially screened with TST*
- A subset of contacts tested by QFT
- > 12 week prophylaxis offered to those who tested QFT positive
- All contacts followed for the development of active TB

^{*} It is unclear from the abstract if all contacts were screened with TST and only those positive received QFT – in line with the current UK guidelines – or if those receiving QFT testing was not based on TST result



Haldar et al. Thorax, 2009; 64 (Suppl. IV), pA10



^{*} Indeterminates not reported



[#] Approximate estimates only, as actual number are not reported

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Progression to active TB

- > For those tested with QFT, 20 progressed to active TB
- All 20 came from those QFT positive
- 2-year progression rates to TB (as stated by authors):

 Untreated QFT positive 	17.2%
 Treated QFT positive 	4.7%
 Untreated QFT negative 	0.0%
 Untested by QFT 	1.6%



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Comparison to other studies:

Diel et al (AJRCCM 2008) studied 601 contacts in Hamburg

- 66 were QFT positive and 41 were not treated
 - 6/41 (14.6%) developed active TB
- Similar rate of progression for QFT positive contacts to Haldar et al.
- 243 were TST positive and 219 not treated
 - 5/216 (2.3%) developed active TB



Use of QFT for Contact Investigations

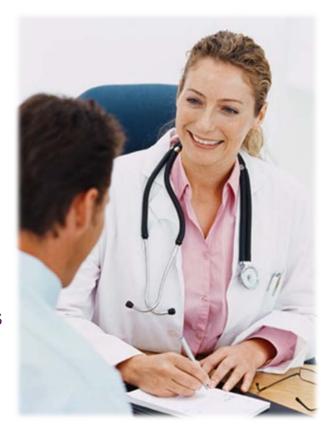
- based on findings by Haldar, et al

100% Negative Predictive Value

- No contacts testing "QFT Negative" progressed to active TB (n = 835)
- QFT negative / TST positive people did not develop TB

QFT is highly predictive of active TB

- 1 in 6 "QFT Positive" contacts (17.2%), left untreated, progress to active TB within 2 yrs
- Compares favourably with 1 in 50-100 TB progression rates observed with TST



TB screening with QFT is cost effective and provides more accurate results than TST





Measuring the other side of immunity

