

# MY SUMMARY ON A PAPER



"You can't always get what you want, but if you try sometimes (with two tests—TST and IGRA—for tuberculosis) you get what you need"



1 every 3 people in the world is infected with TB

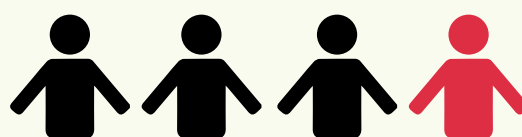


Agents (TNF inhibitors) like infliximab, etanercept and

adalimumab increase the risk for TB reactivation

Within low prevalence countries, rates of anti-TNF associated TB are ~ 5-10 X higher than general population

## LOWER FALSE POSITIVES



IGRAs vs. TST

IGRAs have **better sensitivity** in LTBI detection.

They also **do not cross react** with most clinically relevant non-tuberculous mycobacteria except these; *Mycobacterium marinum*, *Mycobacterium kansasii* and *Mycobacterium szulgai*.

## 3 STUDIES WERE REVIEWED

### 1) Mariette et al.

Triple tests (TST, T-SPOT.TB and QFT-IT)

TST only + : NOT treated for LTBI and none developed TB.

ALL who had either IGRA + (T-SPOT.TB or QFT-IT) were treated for LTBI and **HIGH proportion of discordant results!!!** (if only one test was relied upon, 33 subjects would not be diagnosed as LTBI)

### 2) Kleinert et. al.

Dual tests (TST, plus T-SPOT.TB or QFT-IT)

A large no. of subjects (**n= 27**) **was missed by IGRA** test and had + TST of > 15 mm and none of them had had BCG in the past !!!

### 3) Hsia et. al.

Dual tests (TST, plus QFT-IT)

Again a large proportion of subjects had discordant results with **only 24 (18%) had concordant (both were positive) results.**

## DUAL STRATEGY MAY NEED TO BE CONSIDERED