



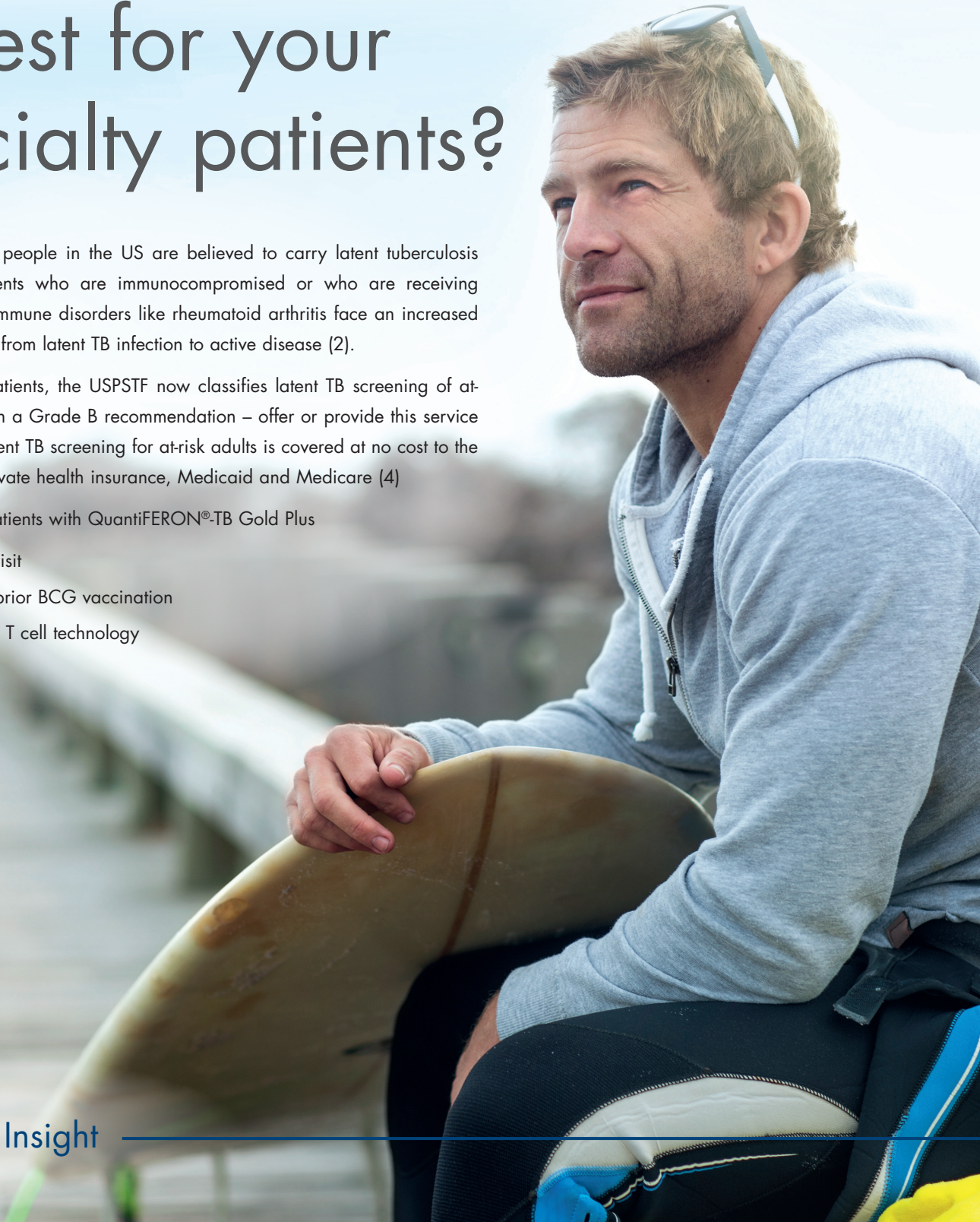
Are you choosing the right TB test for your specialty patients?

Nearly 13 million people in the US are believed to carry latent tuberculosis infection (1). Patients who are immunocompromised or who are receiving treatment for autoimmune disorders like rheumatoid arthritis face an increased risk of progression from latent TB infection to active disease (2).

To protect these patients, the USPSTF now classifies latent TB screening of at-risk individuals with a Grade B recommendation – offer or provide this service (3). As a result, latent TB screening for at-risk adults is covered at no cost to the patient by most private health insurance, Medicaid and Medicare (4)

Protect specialty patients with QuantiFERON®-TB Gold Plus

- Single patient visit
- Unaffected by prior BCG vaccination
- Innovative CD8 T cell technology



Tuberculosis screening guidelines for specialty physicians

The CDC now prefers TB blood tests (IGRAs), like QuantiFERON-TB Gold Plus, for the majority of the US testing population, and strongly recommends IGRAs for patients who are BCG-vaccinated or unlikely to return for a TST reading (5).

2016 ATS/IDSA/CDC clinical practice guidelines preferentially recommend IGRAs for most US patients (5):

- IGRA testing is preferred for individuals ≥ 5 years of age with low to intermediate risk of progression, regardless of BCG status
- IGRA or TST can be used without preference in individuals ≥ 5 years of age with high risk of progression
- TST is preferred for children < 5 years old but IGRA is acceptable

2010 CDC guidelines provide IGRA testing recommendations for the diagnosis of TB infection (2):

- IGRA may be substituted for TST in all situations as an aid in the diagnosis of *M. tuberculosis* infection
- IGRA is preferred over TST in patients who have received the BCG vaccination
- IGRA is preferred over TST in patient groups with historically low rates of returning to have TSTs read
- Two-step testing is not required for IGRAs, because IGRA testing does not boost subsequent test results

IDSA guidelines recommend that HIV-infected patients be tested for TB infection (6):

- IGRA or TST should be used at initiation of care and repeated when recent TB exposure is suspected
- Annual TB test should be considered for those who test negative but have ongoing risk for TB infection

QFT-Plus is an in vitro diagnostic aid for detection of *Mycobacterium tuberculosis* infection. QFT-Plus is an indirect test for *M. tuberculosis* infection (including disease) and is intended for use in conjunction with risk assessment, radiography, and other medical and diagnostic evaluations. QFT-Plus package inserts, up-to-date licensing information and product-specific disclaimers can be found at www.QuantiFERON.com. The performance of the USA format of the QFT-Plus test has not been extensively evaluated with specimens from pregnant women or from individuals who have impaired or altered immune functions, such as those who have HIV infection or AIDS, those who have transplantation managed with immunosuppressive treatment or others who receive immunosuppressive drugs (e.g., corticosteroids, methotrexate, azathioprine, cancer chemotherapy).

References

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