

ΛΑΝΘΑΝΟΥΣΑ ΦΥΜΑΤΙΩΣΗ

ΔΙΑΓΝΩΣΗ

**CRITERIA FOR TUBERCULIN POSITIVITY**  
**BY RISK GROUP**

- **Reaction > 5 mm of Induration**
- **Reaction > 10 mm of Induration**
- **Reaction > 15 mm of Induration**

# Reaction > 5 mm of Induration

- HIV infected persons
- Recent contact of tuberculosis case patient
- Fibrotic changes on chest radiograph consistent with prior TB
- Patients with organ transplants and other immunosuppressed patients  
(ie prednisolone > 15mg / d for more than a month)

# Reaction > 10 mm of Induration

- Recent immigrants from high prevalence countries (within the last 5 years)
- Injection drug users
- Residents and employees of high risk congregate settings
- Mycobacteriology laboratory personnel
- Persons with the following clinical conditions that place them at risk:  
Silicosis, diabetes mellitus, chronic renal failure, hematologic malignancies, other specific malignancies, weight loss >10% of ideal body weight, gastrectomy and gastrojejunoleal bypass
- Children younger than 4 years of age or infants, children, and adolescents exposed to adults at high-risk

# **Reaction > 15 mm of Induration**

- NO risk factors

# ΦΥΜΑΤΙΝΟΑΝΤΙΔΡΑΣΗ

- Mantoux test
- Heaf test
- ΜΕΙΟΝΕΚΤΗΜΑΤΑ
- 200 αντιγόνα πολλά είναι κοινά με τα άτυπα
- Αναμνηστική εξέταση
- Δεν διαχωρίζει την λοίμωξη από το BCG

# MANTOUX TEST

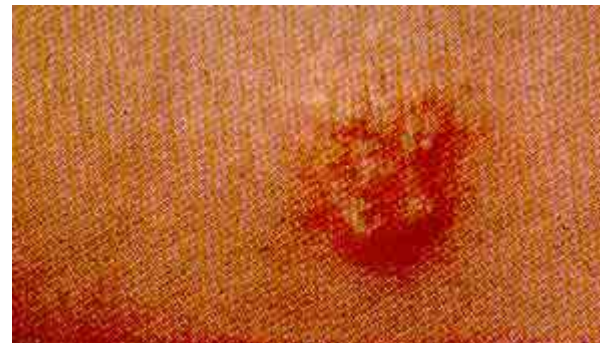
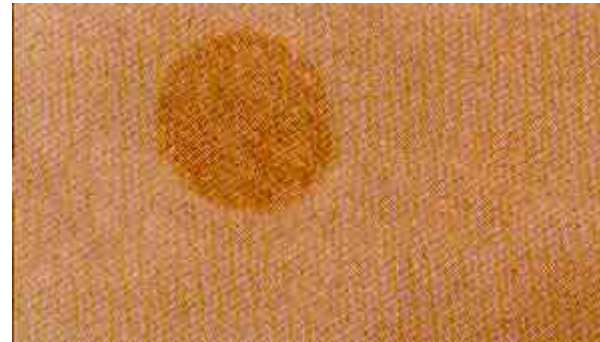


*Figure 3.1 Giving the Mantoux tuberculin skin test.*



# HEAF TEST

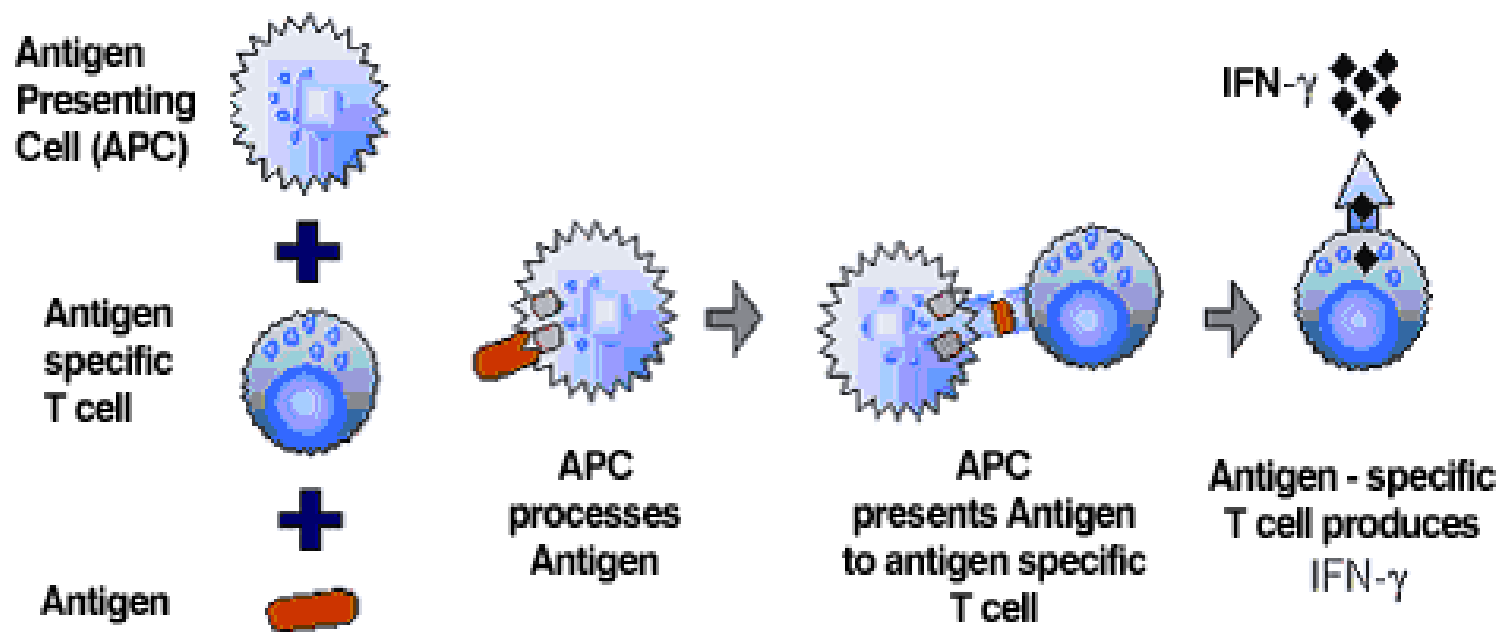
- ΑΡΝΗΤΙΚΟ HEAF TEST
- ΘΕΤΙΚΟ HEAF TEST

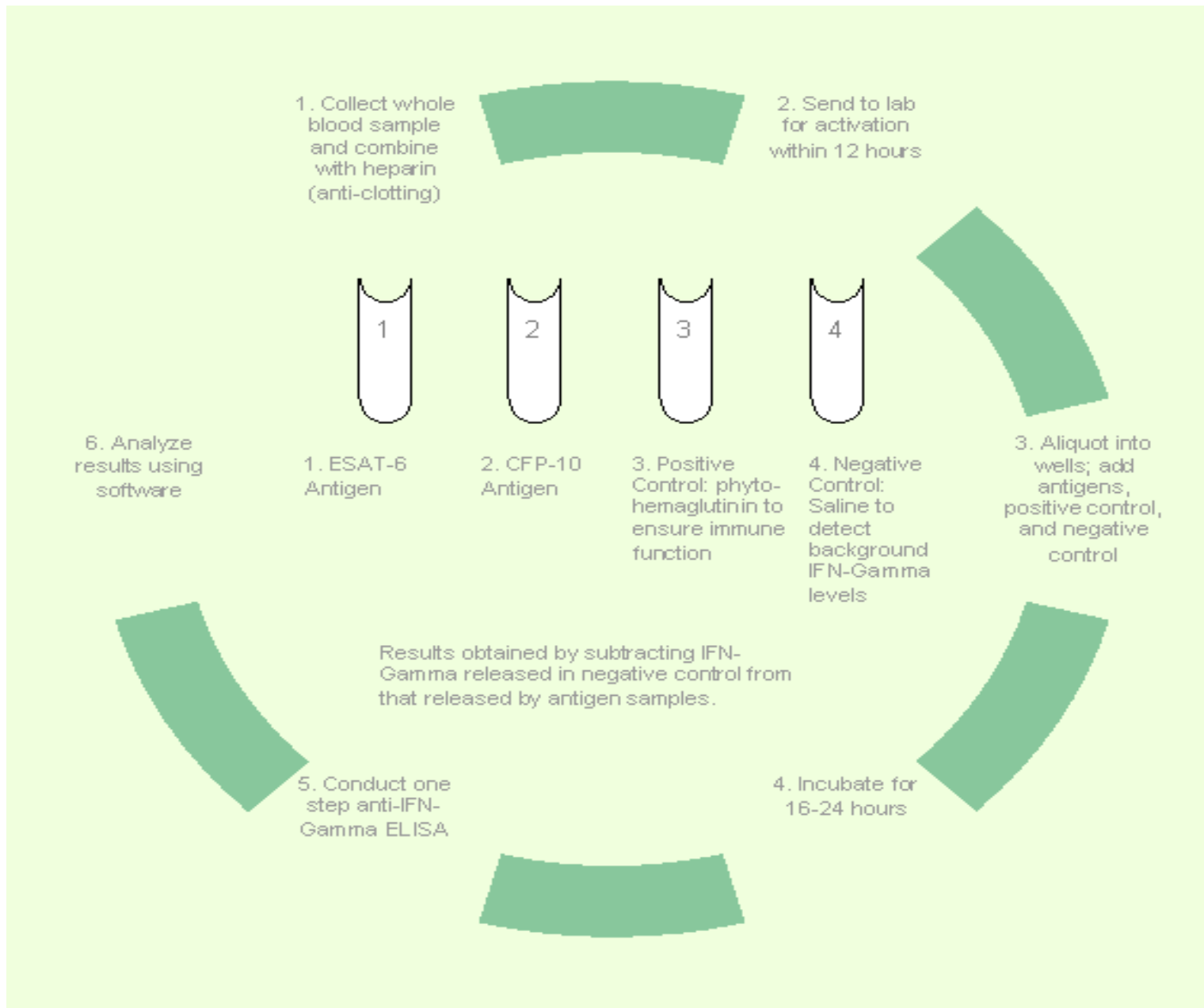




# IFN- $\gamma$ Assays

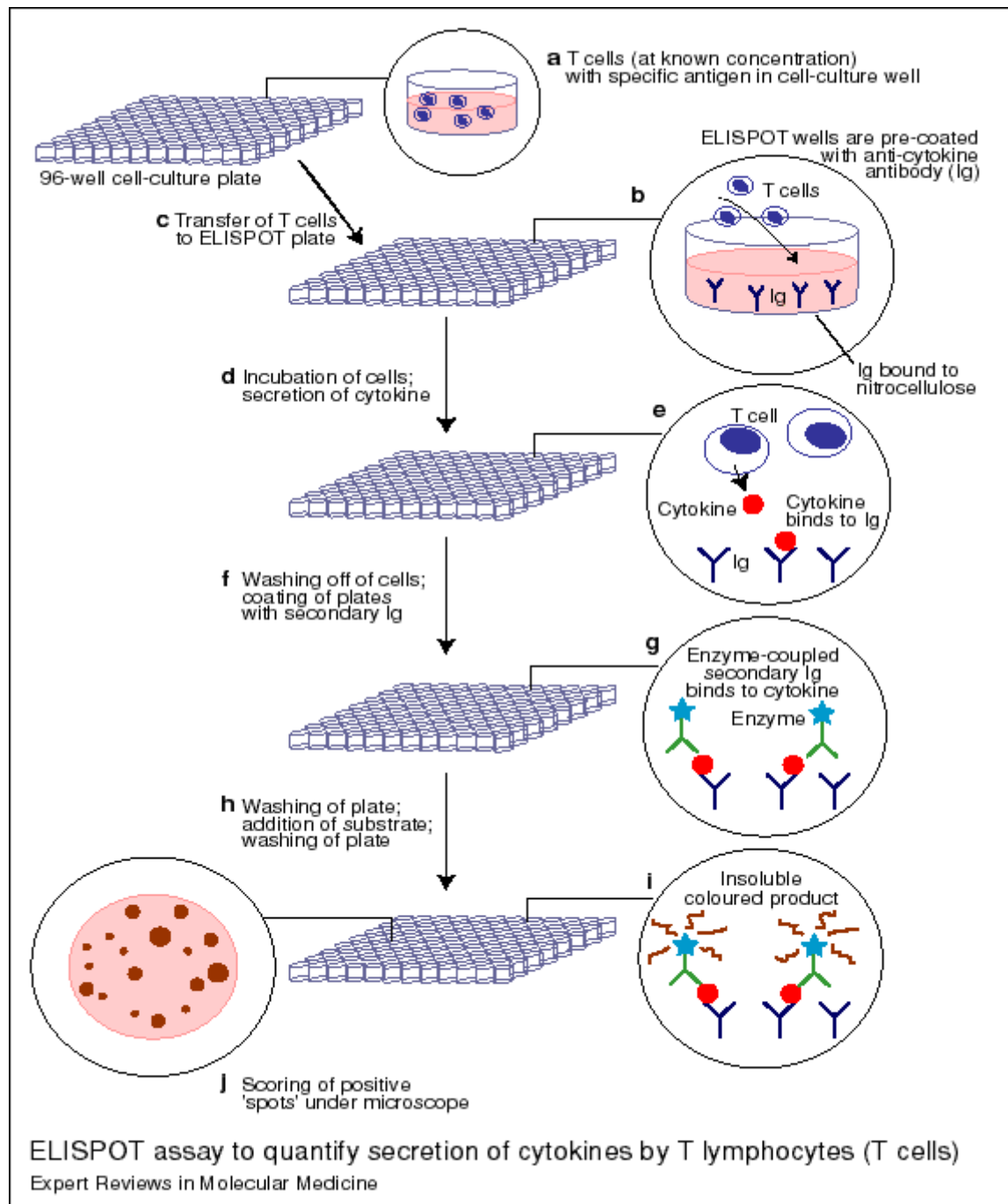
- **Quantiferon-TB Gold**
- **Elisspot assay**

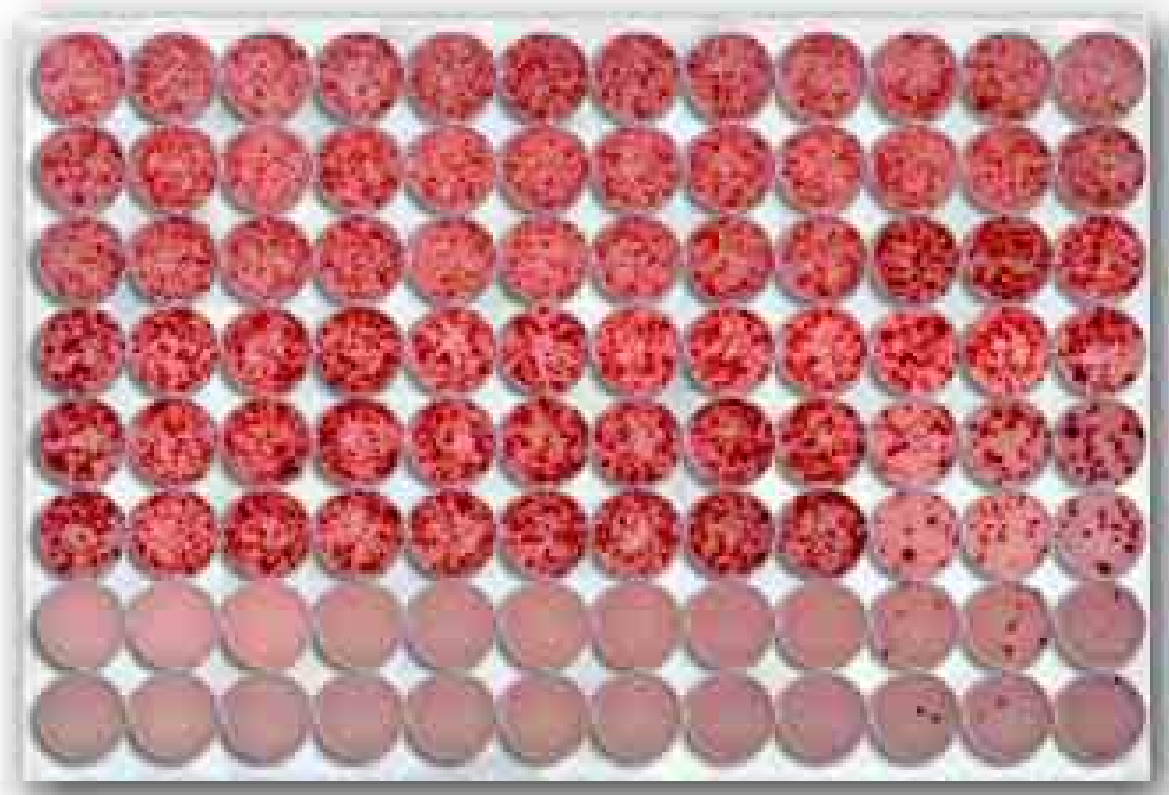




**TABLE 4. QuantiFERON<sup>®</sup>-TB Gold (QFT-G) test results and interpretation**

<b>Laboratory interpretation</b>	<b>Clinical interpretation</b>
Positive QFT-G test	<i>Mycobacterium tuberculosis</i> infection likely; medical evaluation indicated
Negative QFT-G test	<i>M. tuberculosis</i> infection unlikely but cannot be excluded, especially when illness is consistent with tuberculosis (TB) disease and likelihood of progression to TB disease is increased
Indeterminate QFT-G test	Not possible to determine likelihood of <i>M. tuberculosis</i> infection from blood sample supplied





**TABLE 1. Characteristics of the index patient and behaviors associated with increased risk for tuberculosis (TB) transmission**

Characteristic	Behavior
Pulmonary, laryngeal, or pleural TB	Frequent coughing
AFB* positive sputum smear	Sneezing
Cavitation on chest radiograph	Singing
Adolescent or adult patient	Close social network
No or ineffective treatment of TB disease	

\* Acid-fast bacilli.

**TABLE 2. Guidelines for estimating the beginning of the period of infectiousness of persons with tuberculosis (TB), by index case characteristic**

TB symptoms	Characteristic		Recommended minimum beginning of likely period of infectiousness
	AFB* sputum smear positive	Cavitary chest radiograph	
Yes	No	No	3 months before symptom onset or first positive finding (e.g., abnormal chest radiograph) consistent with TB disease, whichever is longer
Yes	Yes	Yes	3 months before symptom onset or first positive finding consistent with TB disease, whichever is longer
No	No	No	4 weeks before date of suspected diagnosis
No	Yes	Yes	3 months before first positive finding consistent with TB

**SOURCE:** California Department of Health Services Tuberculosis Control Branch; California Tuberculosis Controllers Association. Contact investigation guidelines. Berkeley, CA: California Department of Health Services; 1998.

\* Acid-fast bacilli.



FIGURE 1. Decision to initiate a tuberculosis (TB) contact investigation

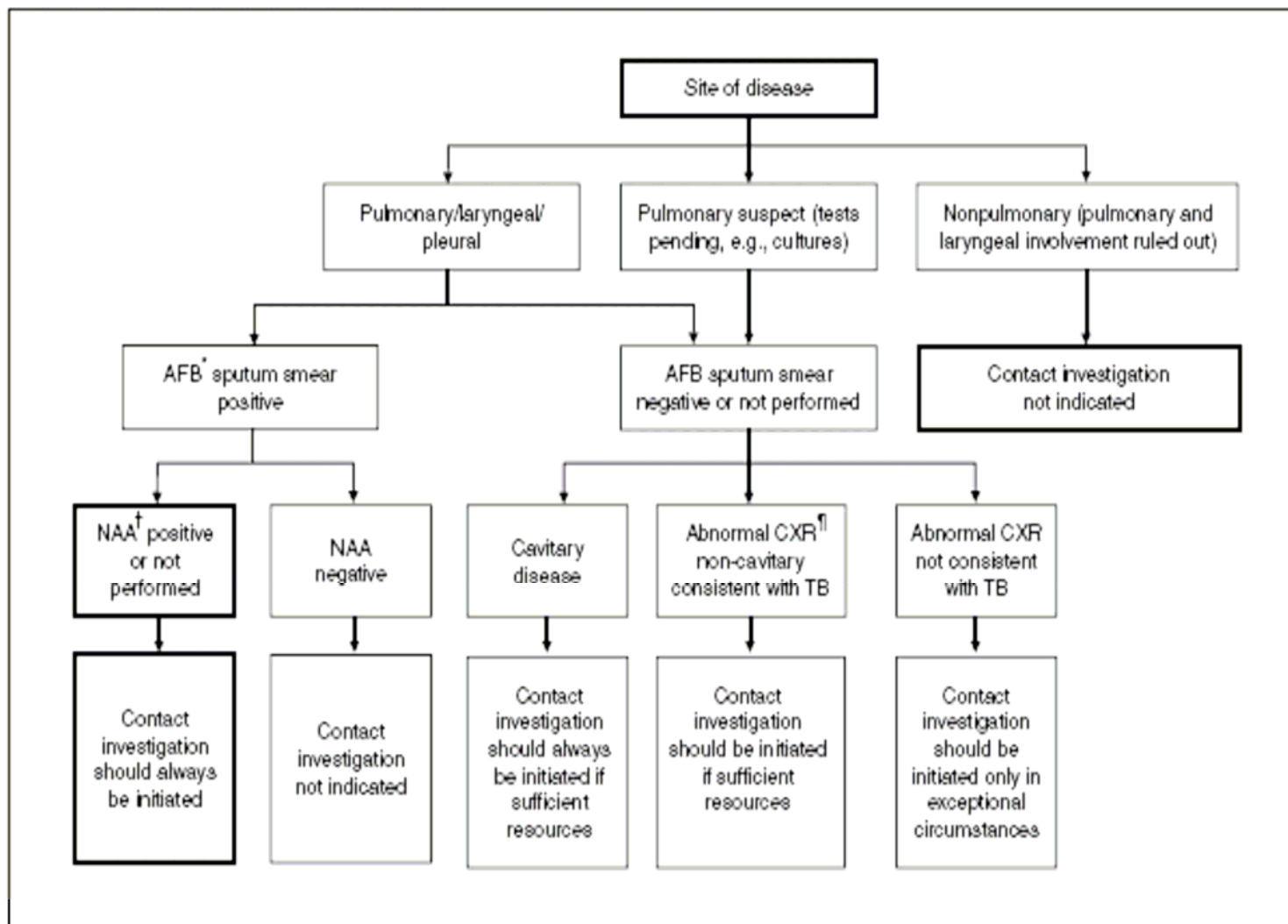
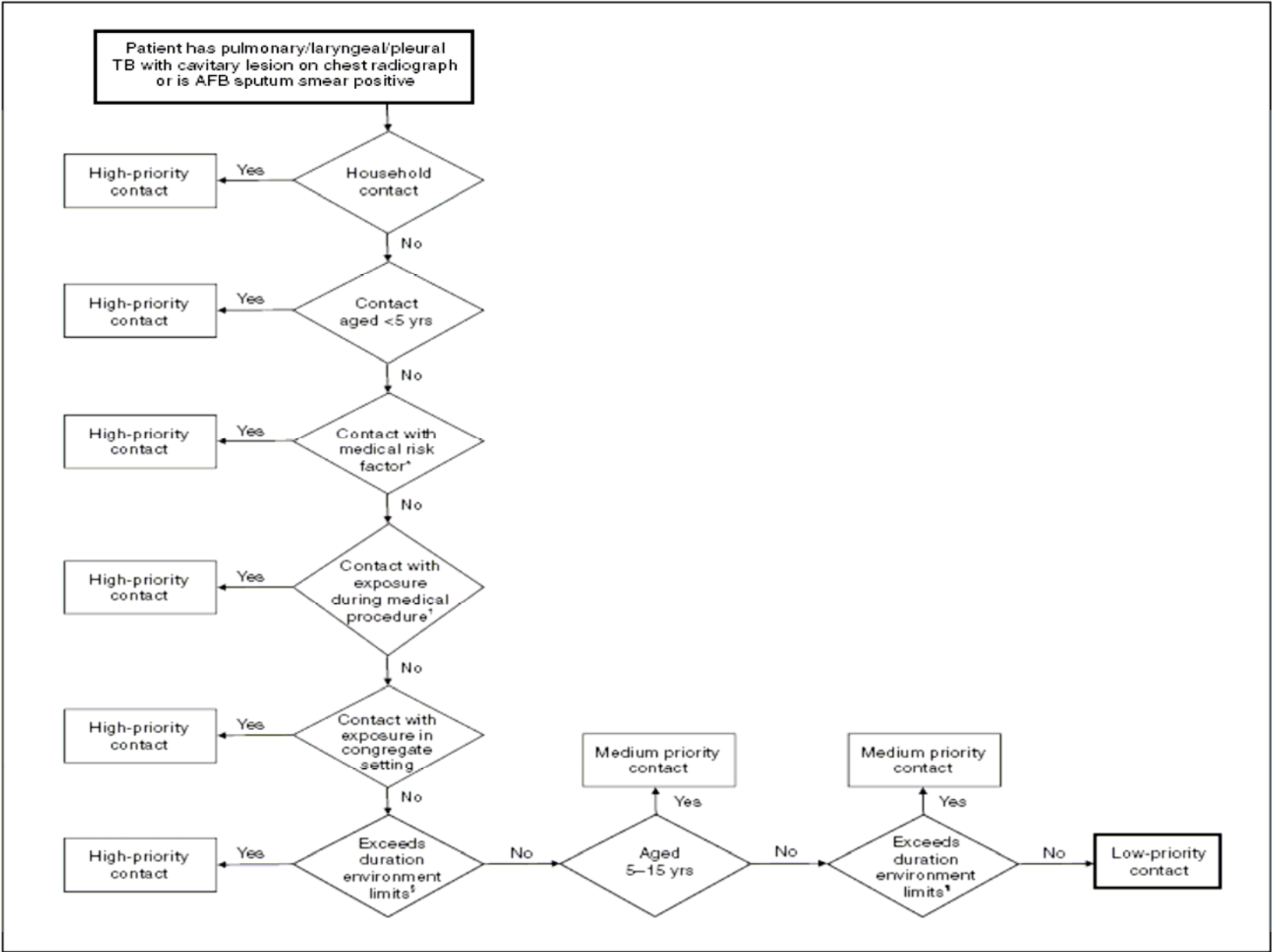
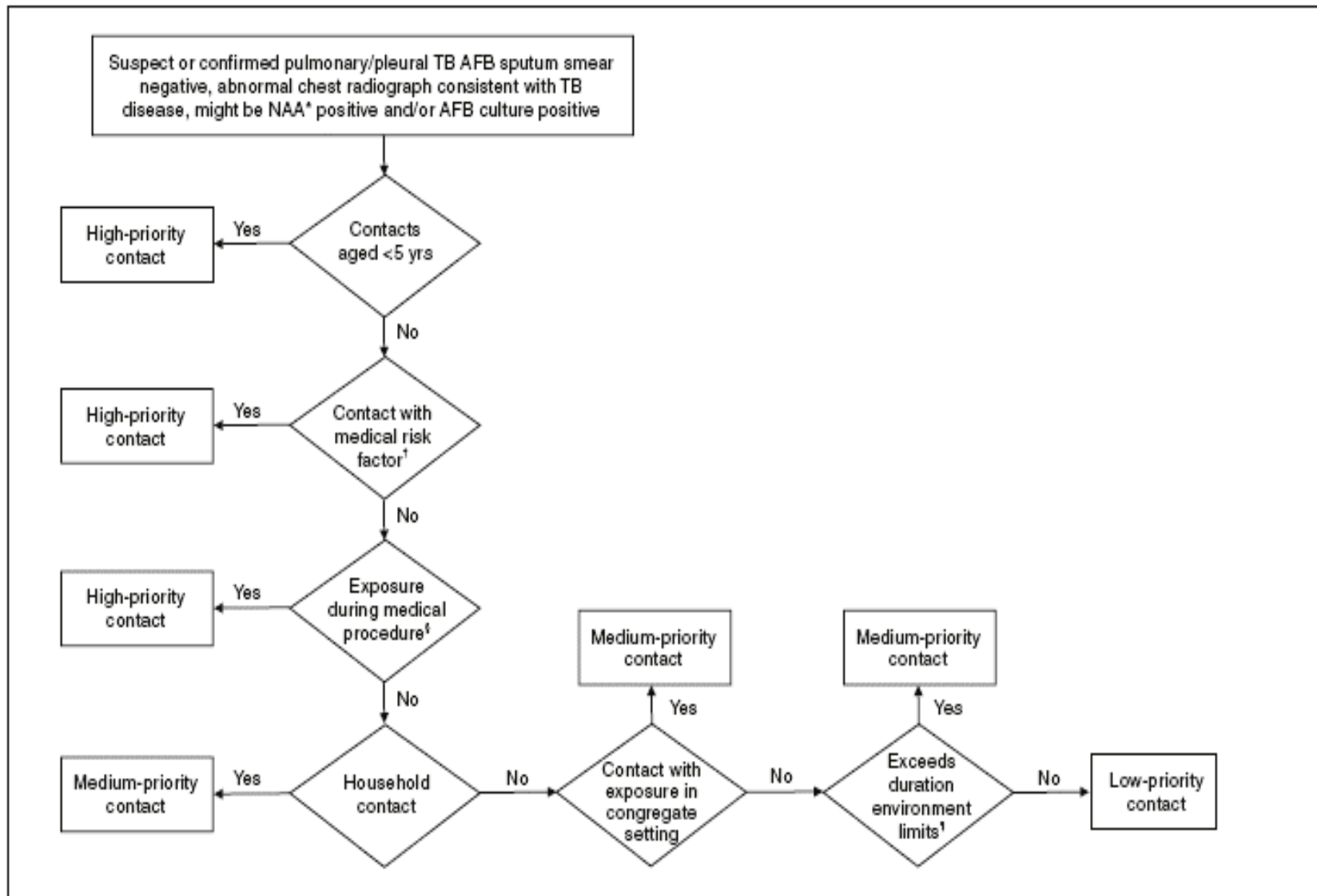


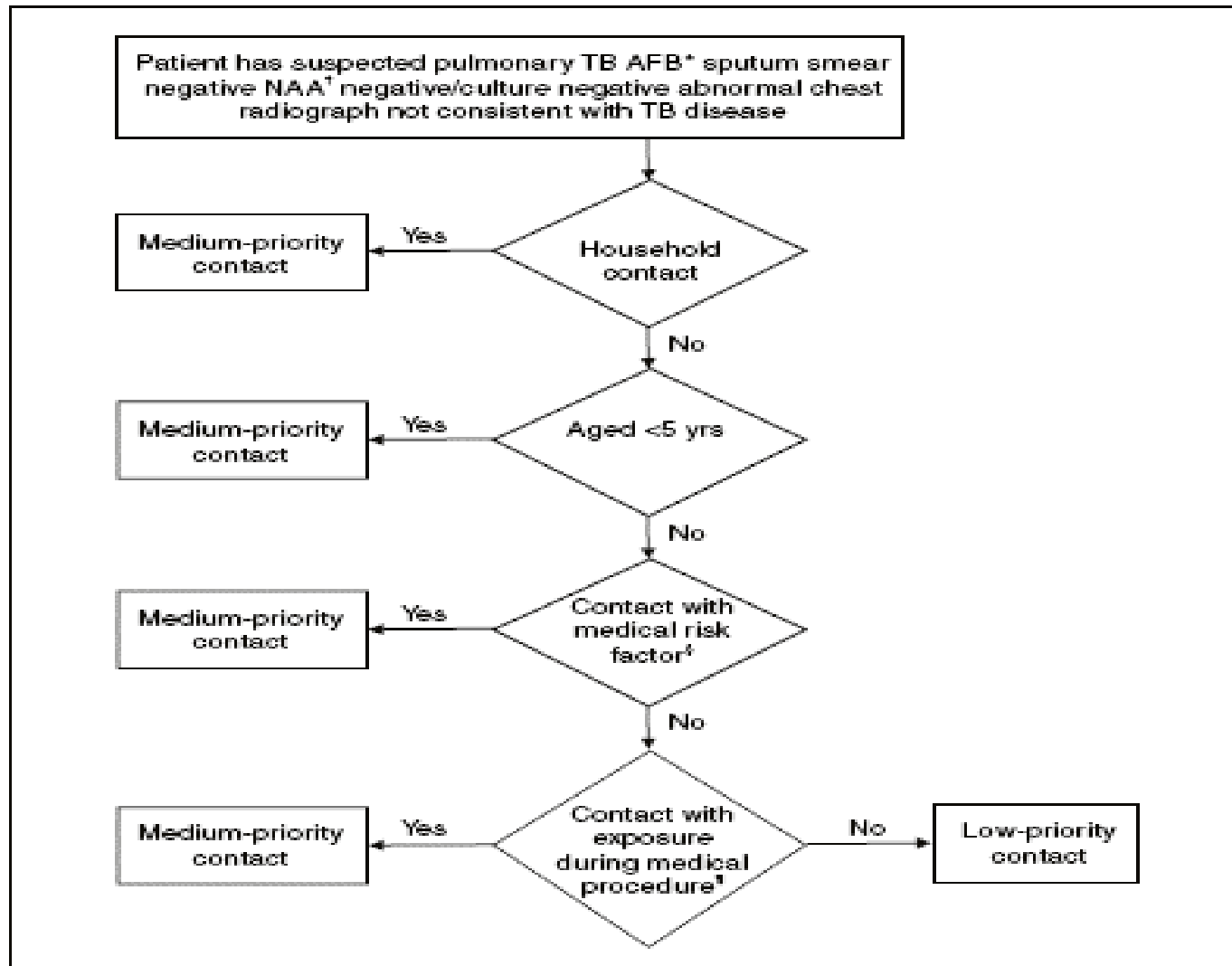
FIGURE 2. Prioritization of contacts exposed to persons with acid-fast bacilli (AFB) sputum smear-positive or cavitary tuberculosis (TB) cases



**FIGURE 3. Priority assignments for contacts exposed to persons with acid-fast bacilli (AFB) sputum smear-negative tuberculosis (TB) cases**



**FIGURE 4. Prioritization of contacts exposed to persons with suspected tuberculosis (TB) cases with abnormal chest radiographs not consistent with TB disease**



**FIGURE 5. Evaluation, treatment, and follow-up of tuberculosis (TB) contacts aged <5 years**

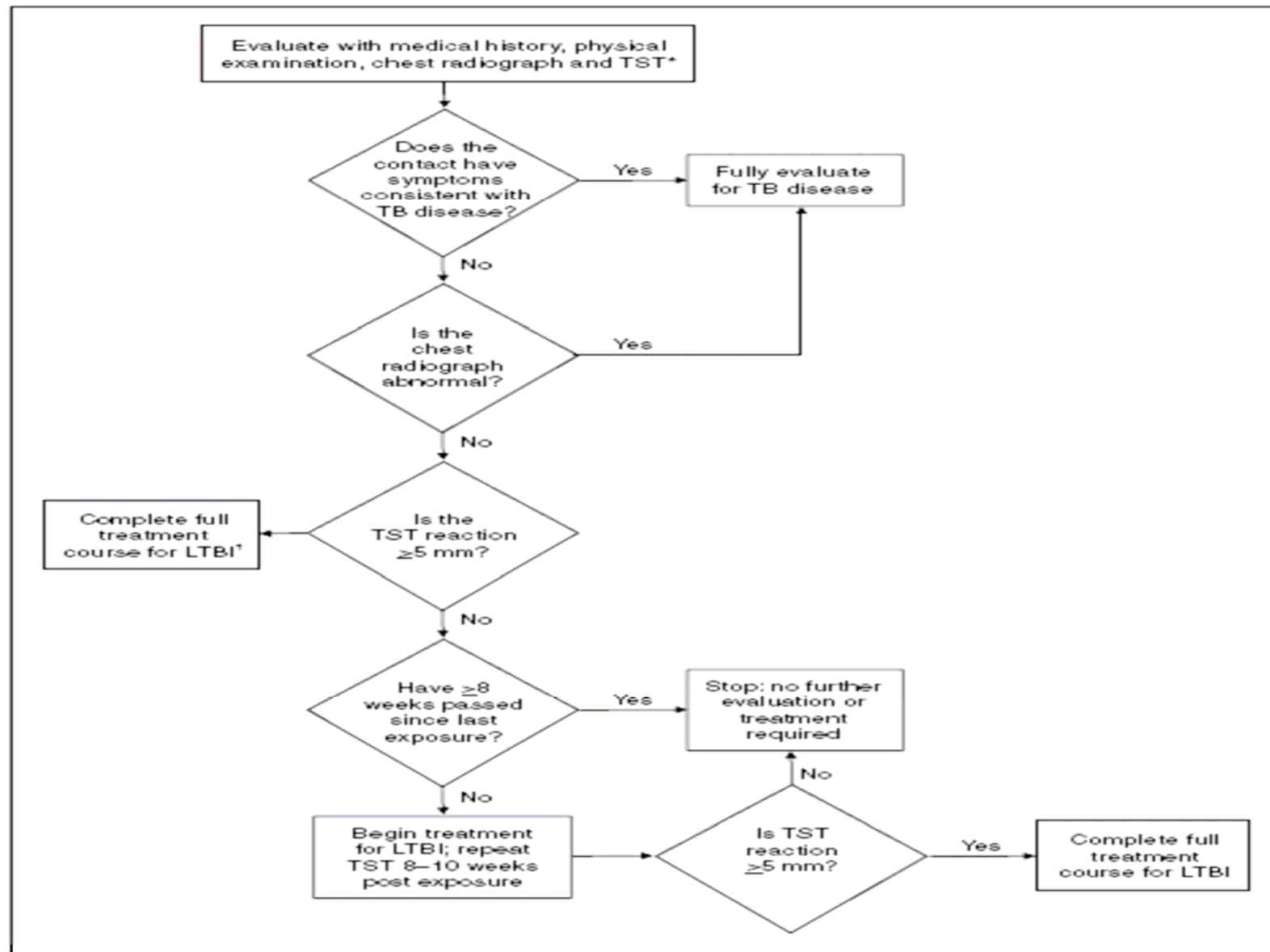


FIGURE 6. Evaluation, treatment, and follow-up of immunocompromised contacts

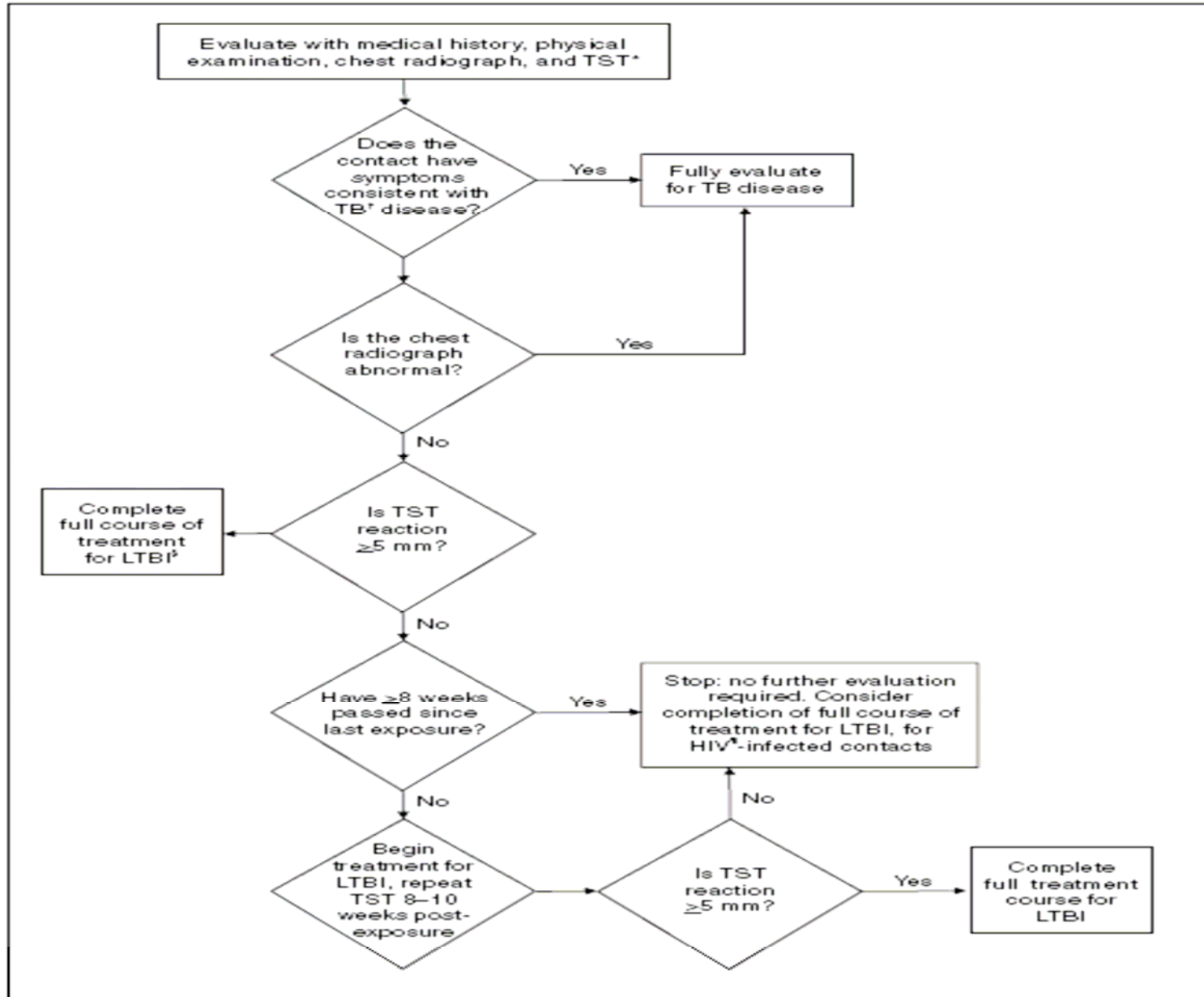


FIGURE 7. Evaluation, treatment, and follow-up of immunocompetent adults and children aged  $\geq 5$  years (high- and medium-priority contacts)

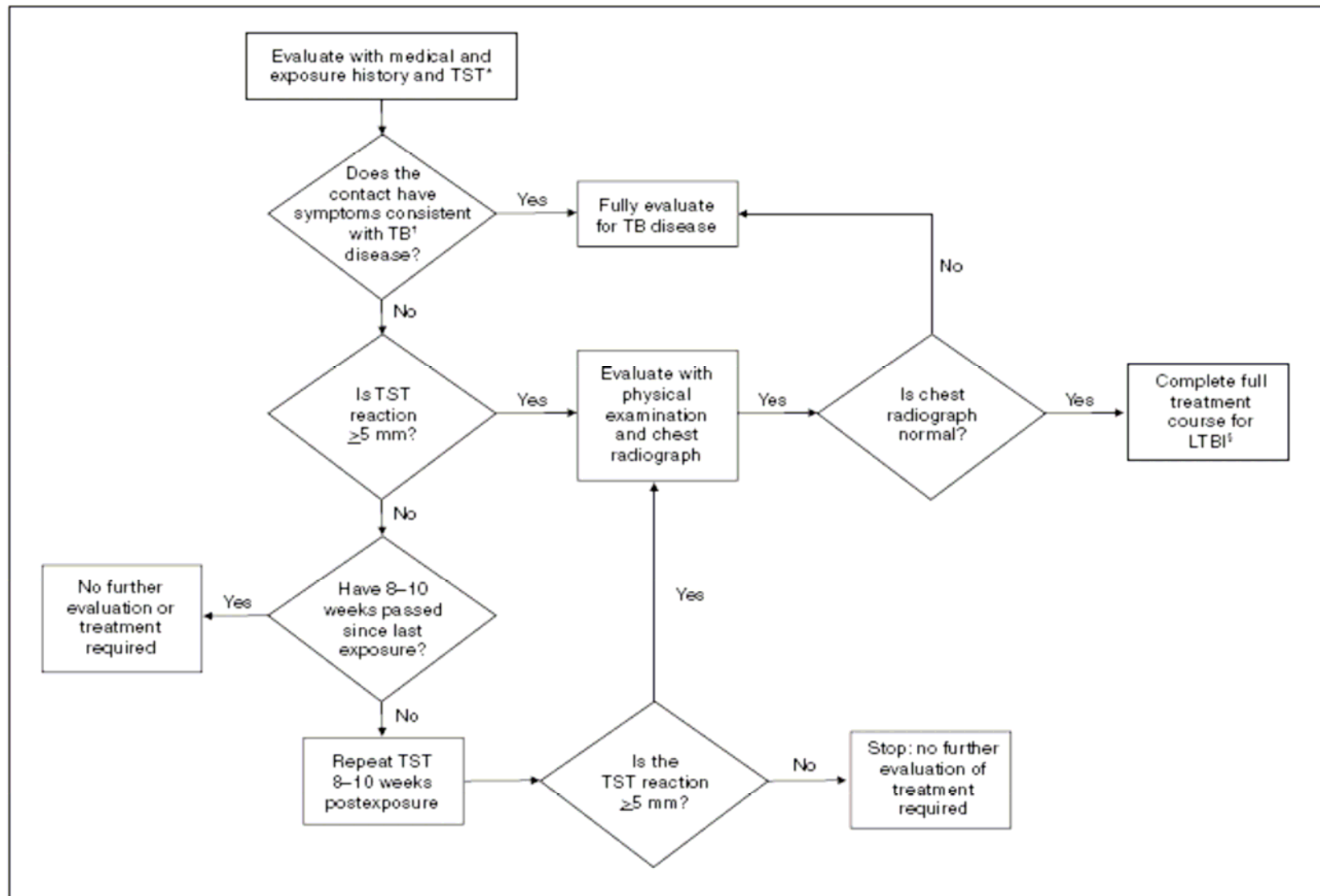
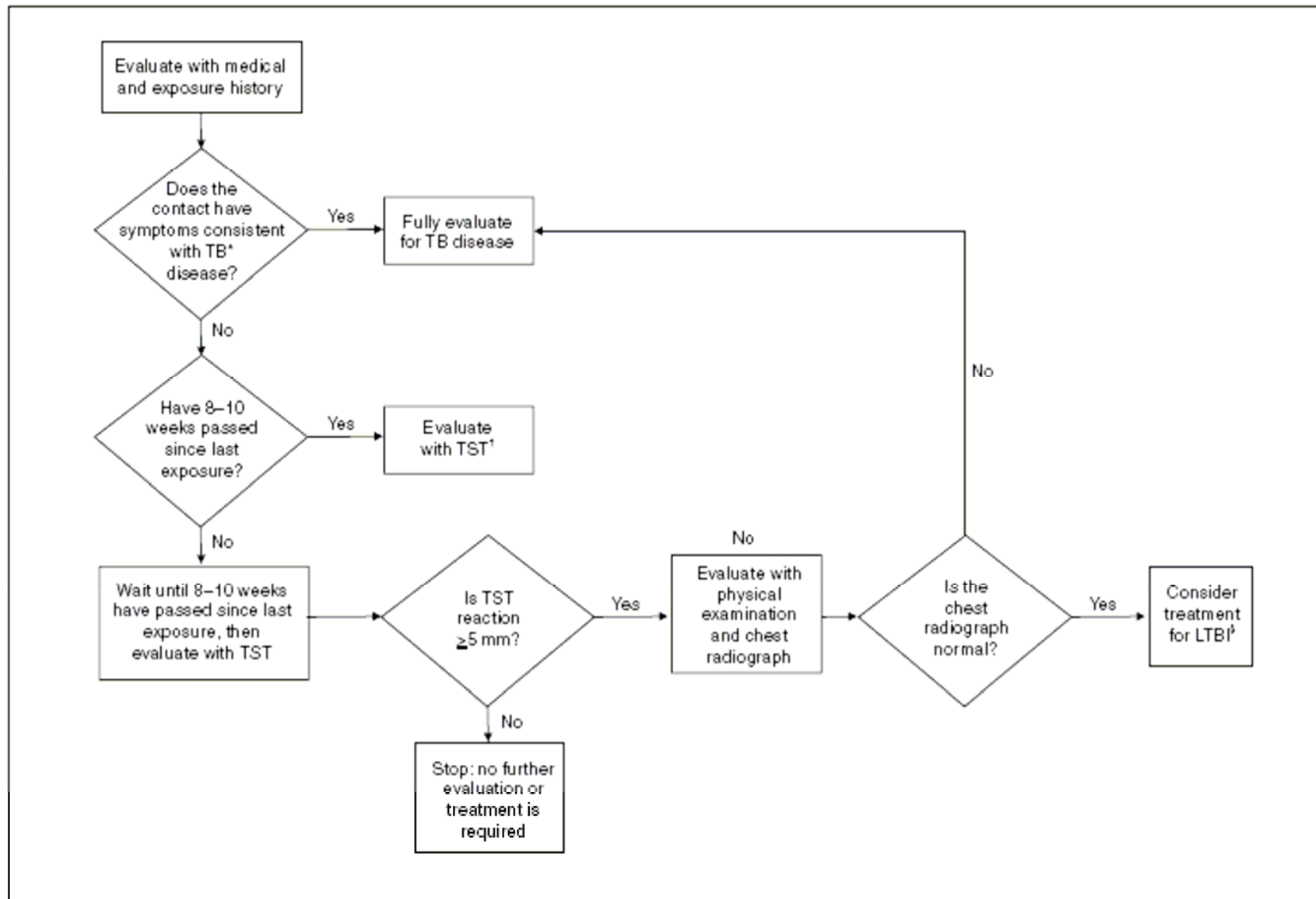


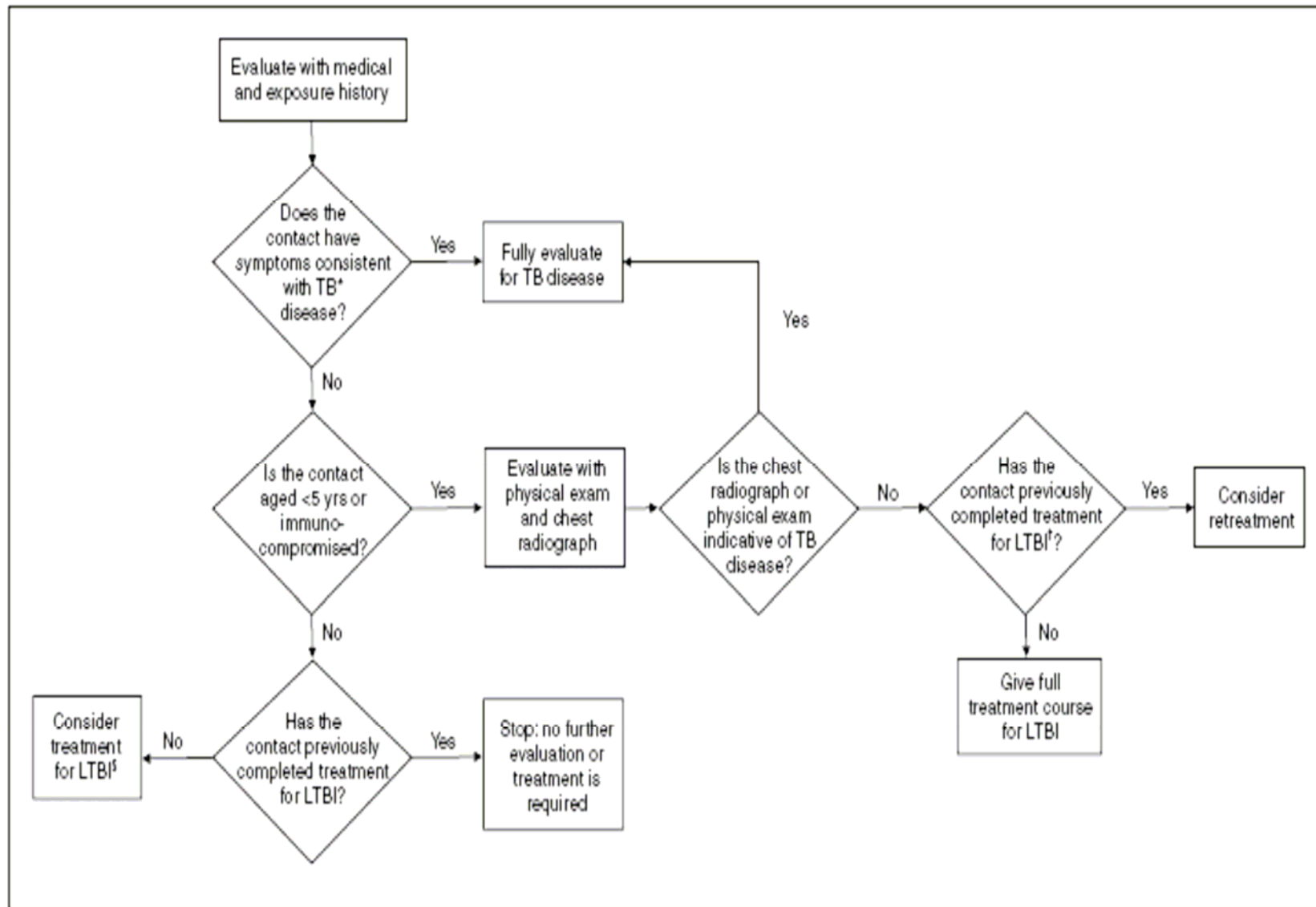
FIGURE 8. Evaluation, treatment, and follow-up of low-priority contacts



\* Tuberculosis



FIGURE 9. Evaluation, treatment, and follow-up of contacts with a documented previously positive tuberculin skin test



# Treatment for LTBI

Drugs	Duration (mo)	Interval	Rating* (Evidence)†	
			HIV <sup>-</sup>	HIV <sup>+</sup>
Isoniazid	9	Daily	A (II)	A (II)
		Twice weekly	B (II)	B (II)
Isoniazid	6	Daily	B (I)	C (I)
		Twice weekly	B (II)	C (I)
Rifampin-pyrazinamide	2	Daily	B (II)	A (I)
	2-3	Twice weekly	C (II)	C (I)
Rifampin	4	Daily	B (II)	B (III)

\* A = preferred; B = acceptable alternative; C = offer when A and B cannot be given.

† I = randomized clinical trial data; II = data from clinical trials that are not randomized or were conducted in other populations; III = expert opinion.

TABLE 5. Common drug regimens for treatment of latent tuberculosis infection (LTBI)\*

Drugs	Duration (mos)	Interval	No. of doses	Rating (evidence) <sup>†</sup>	
				HIV <sup>-§</sup>	HIV <sup>+¶</sup>
Isoniazid	9	Daily	270	A (II)	A (II)
		Twice wkly	78	B (II)	B (II)
Isoniazid	6	Daily	180	B (I)	C (I)
		Twice wkly	52	B (II)	C (I)
Rifampin**	4	Daily	120	B (II)	B (III)

# Treatment for LTBI

## NON-MDR-TB:

- ISONIAZIDE
- RIFAMPICIN
- RIFAMPICIN+ISONIAZIDE
- RIFAMPICIN+PYRAZINAMIDE

## MDR-TB:

- ETHAMBUTOL+PYRAZINAMIDE
- ETHAMBUTOL + QUINOLONE ??

# Treatment for LTBI

## WINDOW-PERIOD PROPHYLAXIS:

### CHILDREN AGE <5 YEARS

- 1) HIV seropositive patients#
- 2) Medically immunocompromised patients#
- 3) Patients taking immunosuppressive treatment (anti-TNF-a ) #

# Full course treatment beyond the window period treatment in TST negative patients can be considered