

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

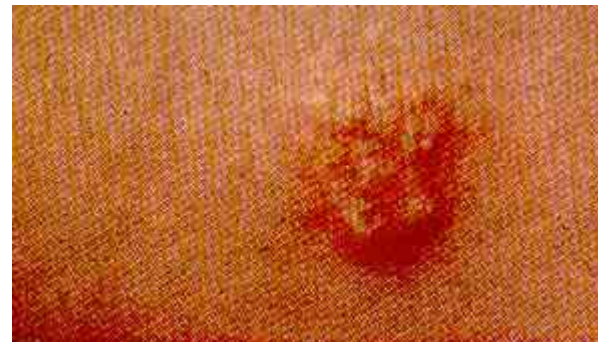


Figure 3.1 Giving the Mantoux tuberculin skin test.



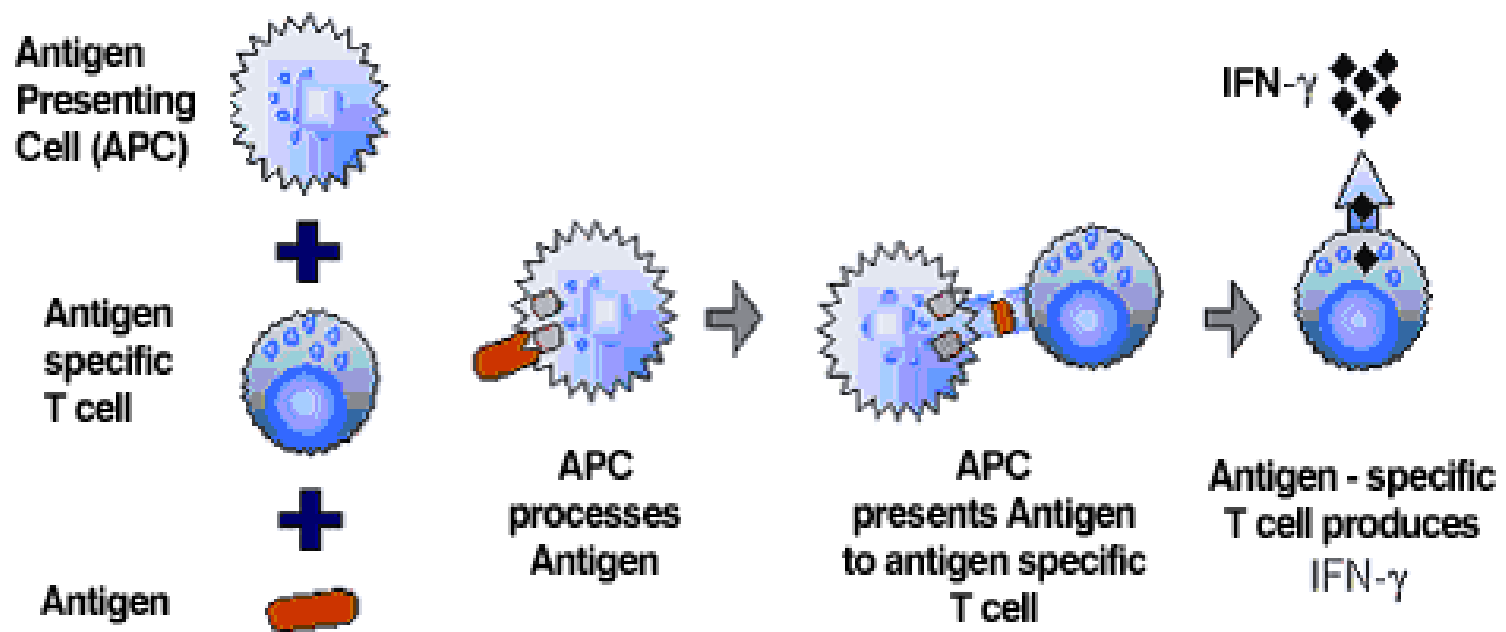
HEAF TEST

- ΑΡΝΗΤΙΚΟ HEAF TEST
- ΘΕΤΙΚΟ HEAF TEST



IFN- γ Assays

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



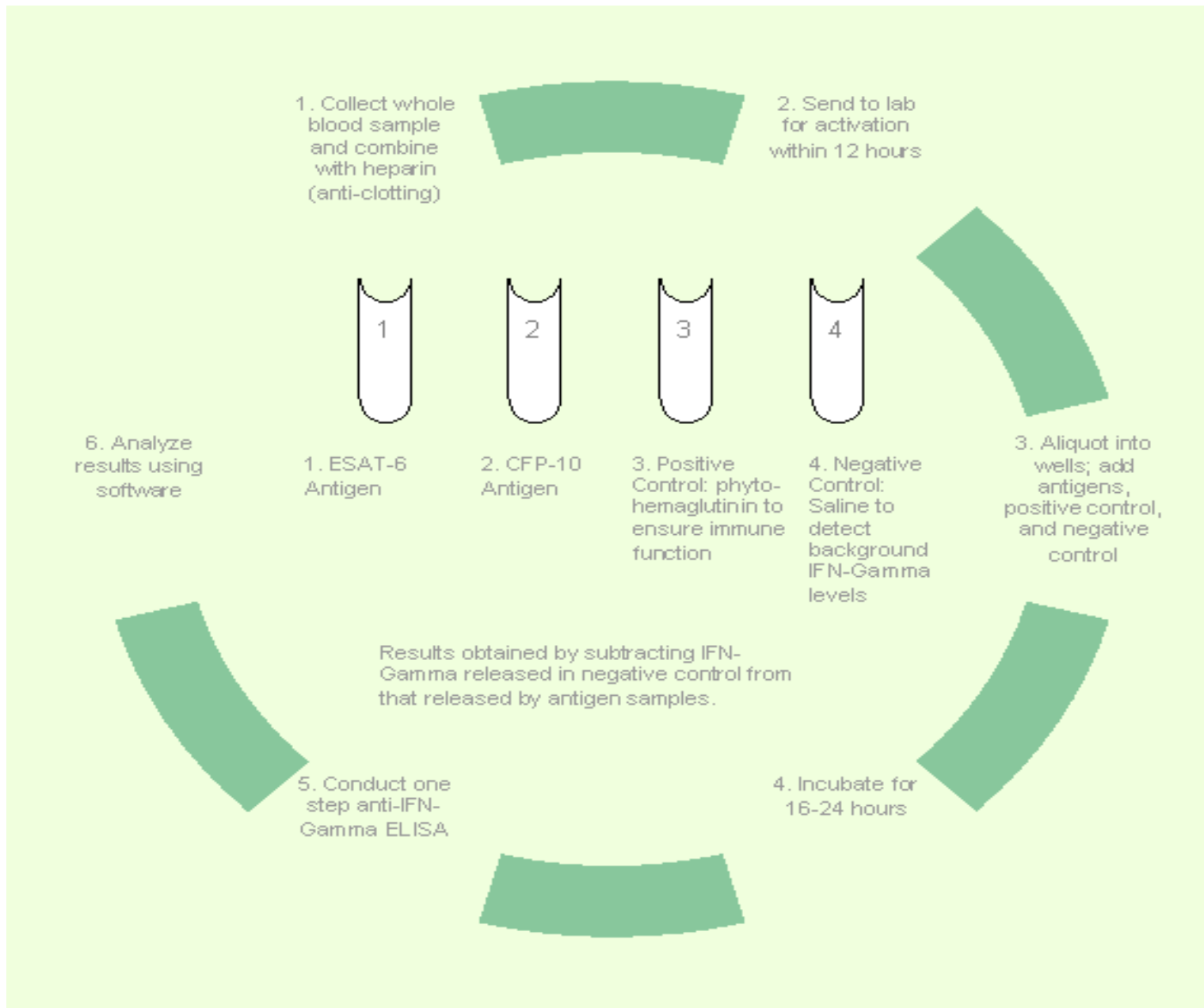
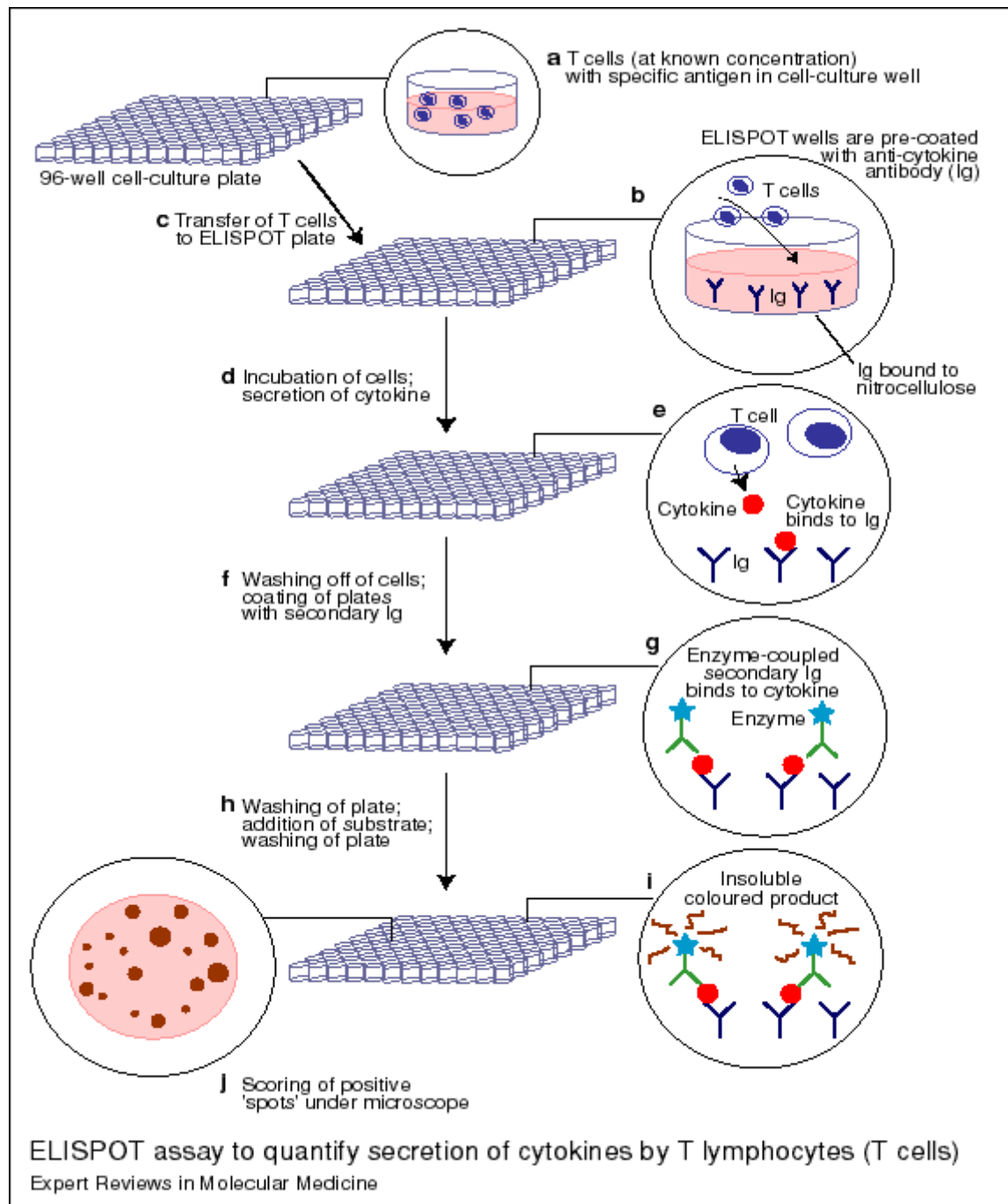


TABLE 4. QuantiFERON[®]-TB Gold (QFT-G) test results and interpretation

Laboratory interpretation	Clinical interpretation
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



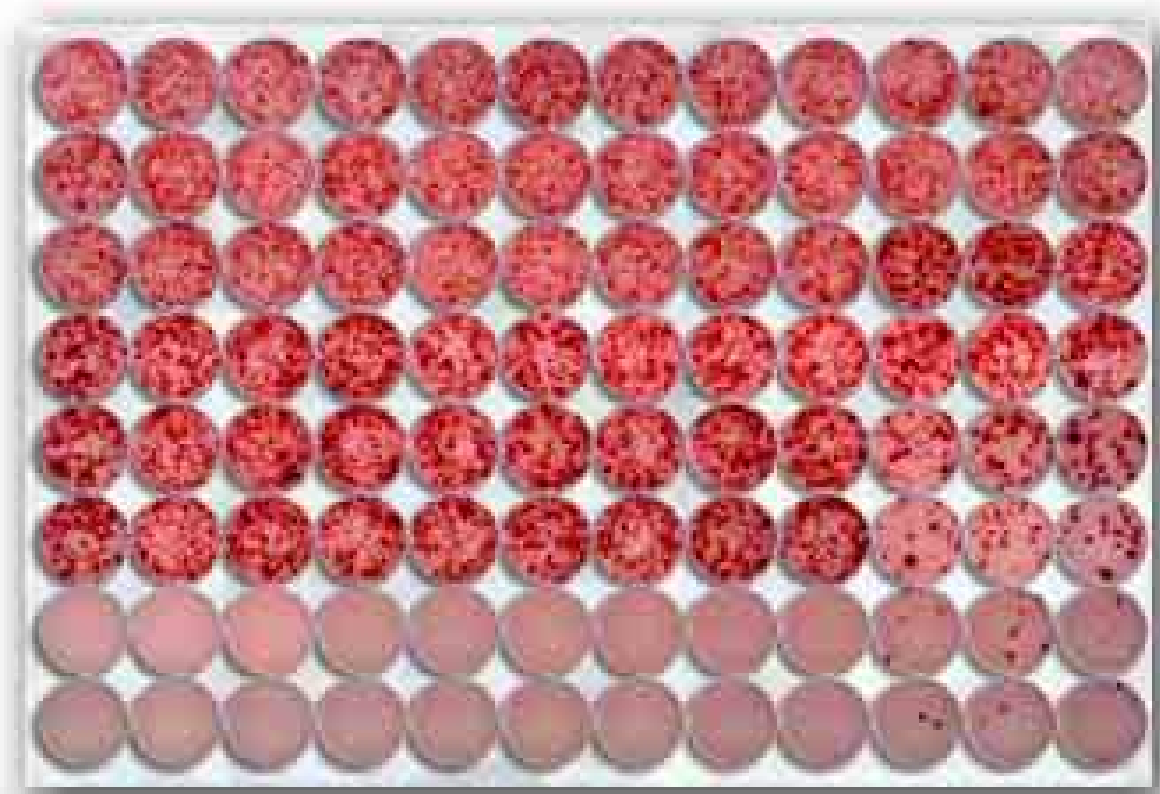


TABLE 1. Characteristics of the index patient and behaviors associated with increased risk for tuberculosis (TB) transmission

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

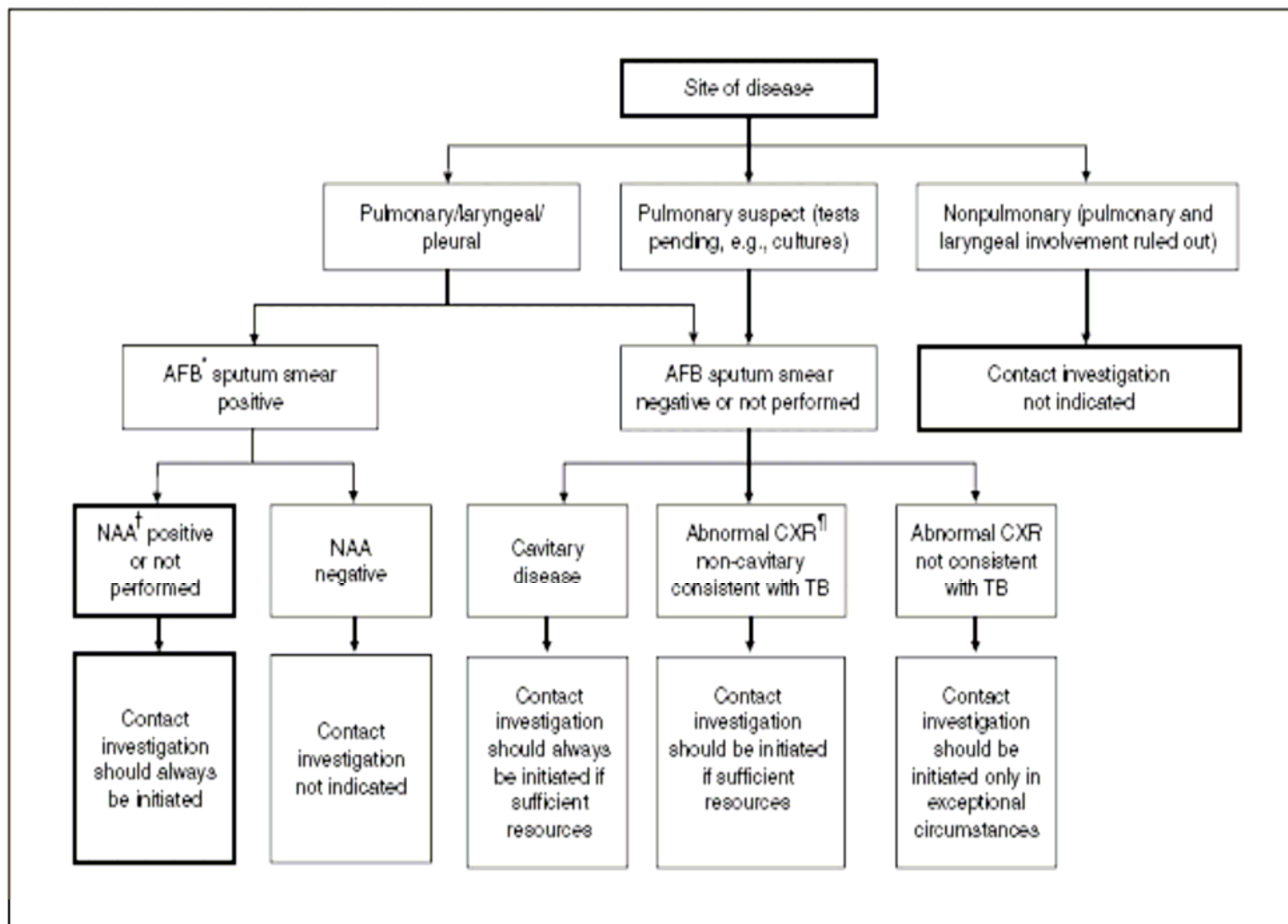


FIGURE 2. Prioritization of contacts exposed to persons with acid-fast bacilli (AFB) sputum smear-positive or cavitary tuberculosis (TB) cases

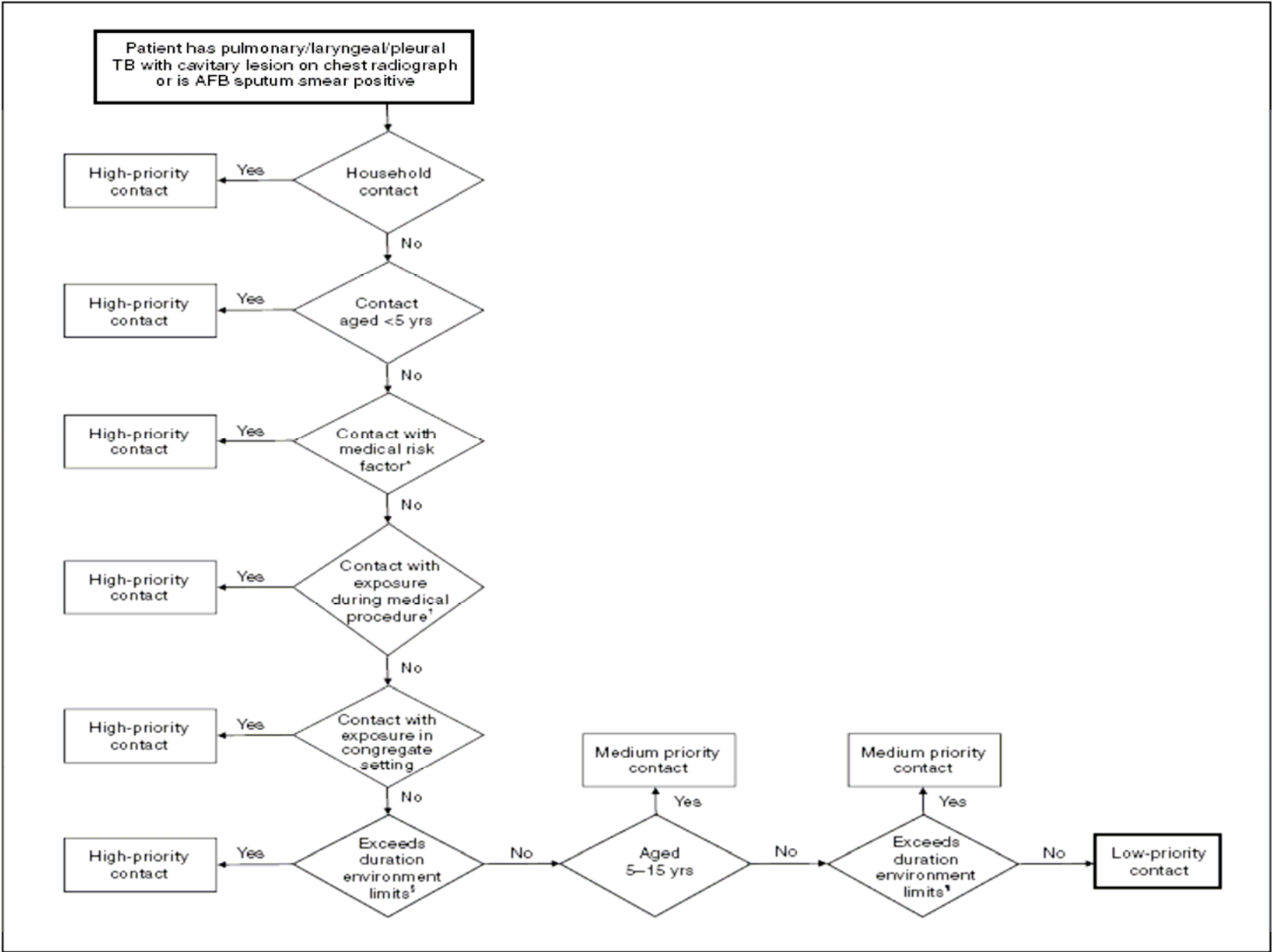


FIGURE 3. Priority assignments for contacts exposed to persons with acid-fast bacilli (AFB) sputum smear-negative tuberculosis (TB) cases

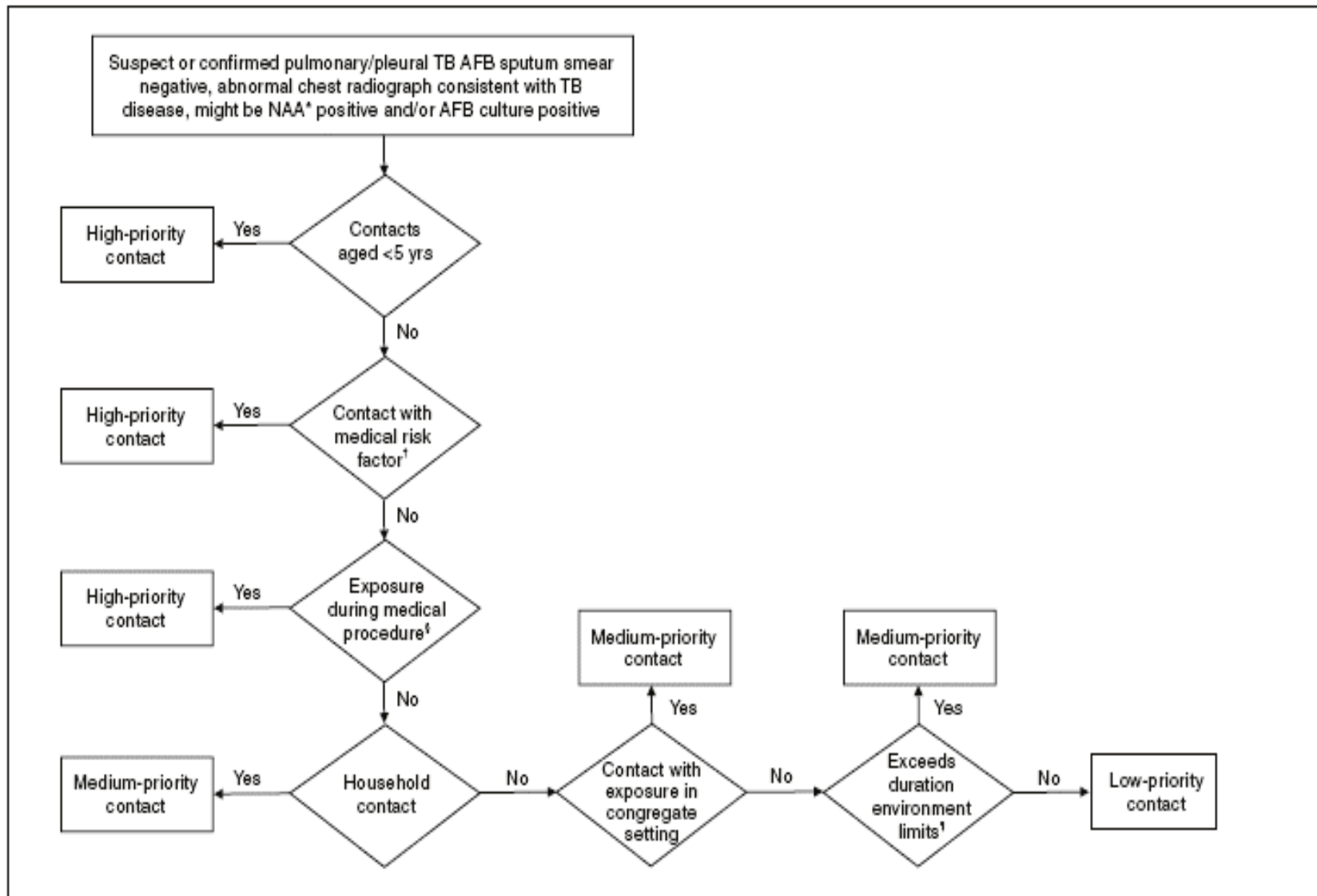


FIGURE 4. Prioritization of contacts exposed to persons with suspected tuberculosis (TB) cases with abnormal chest radiographs not consistent with TB disease

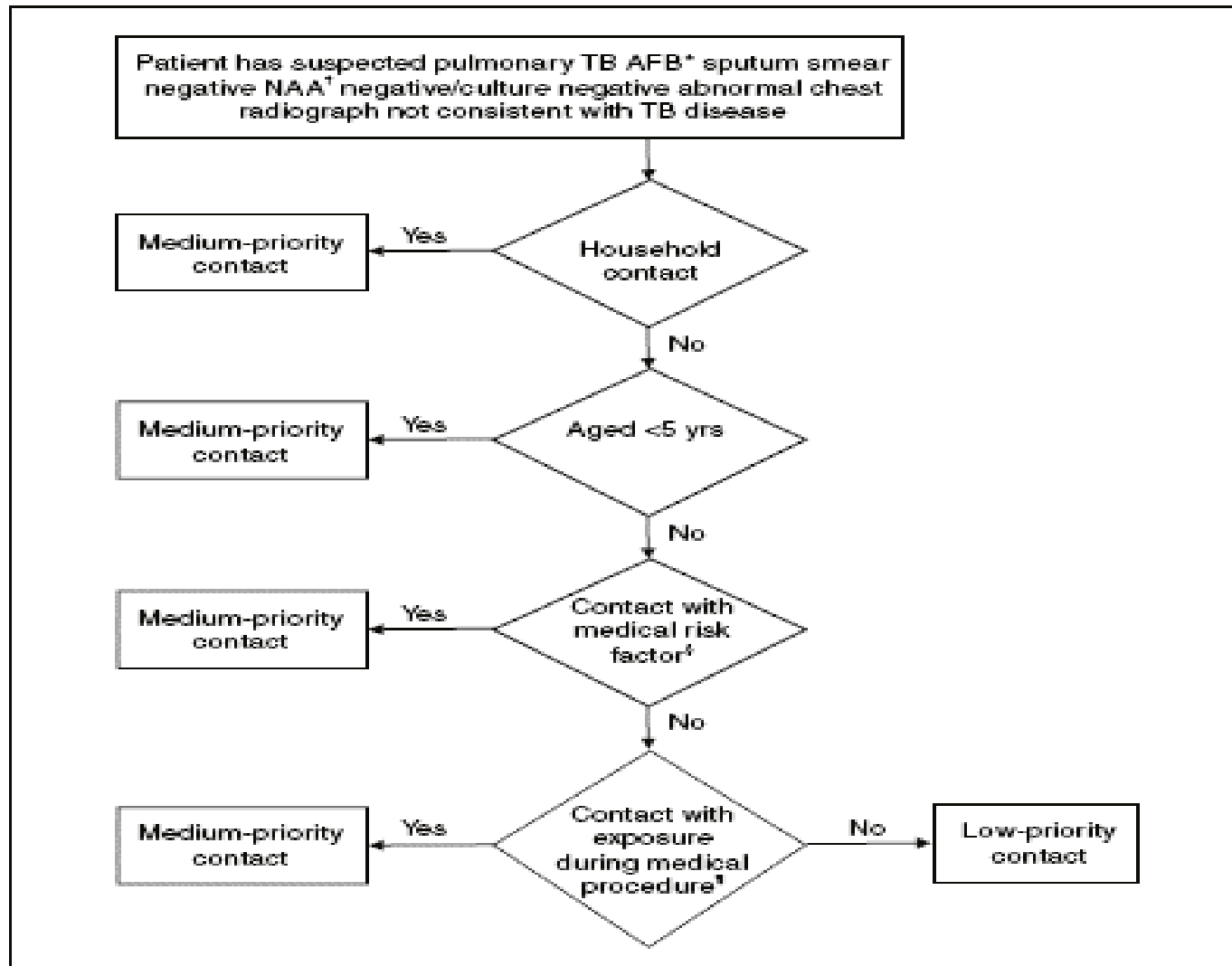


FIGURE 5. Evaluation, treatment, and follow-up of tuberculosis (TB) contacts aged <5 years

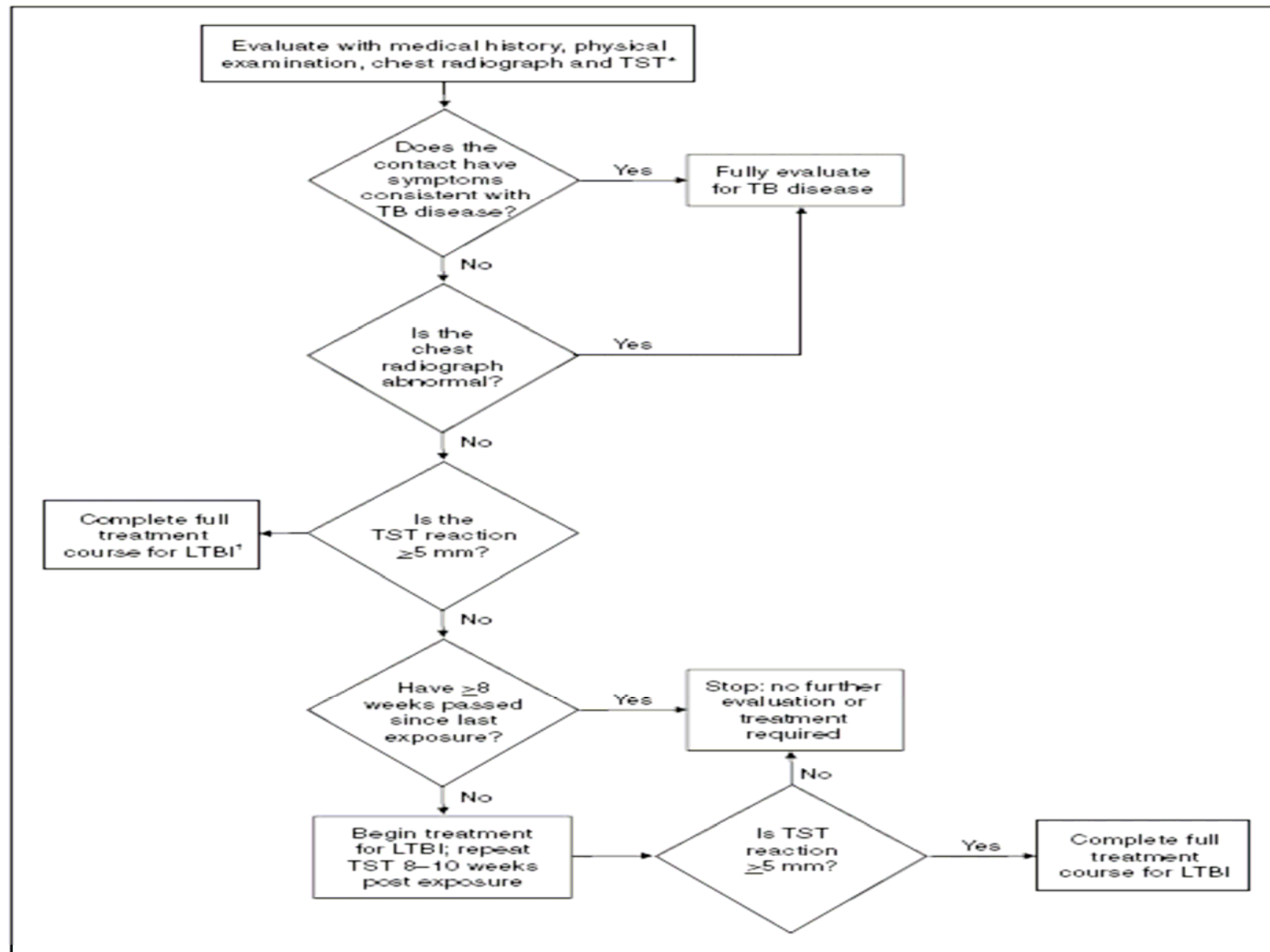


FIGURE 6. Evaluation, treatment, and follow-up of immunocompromised contacts

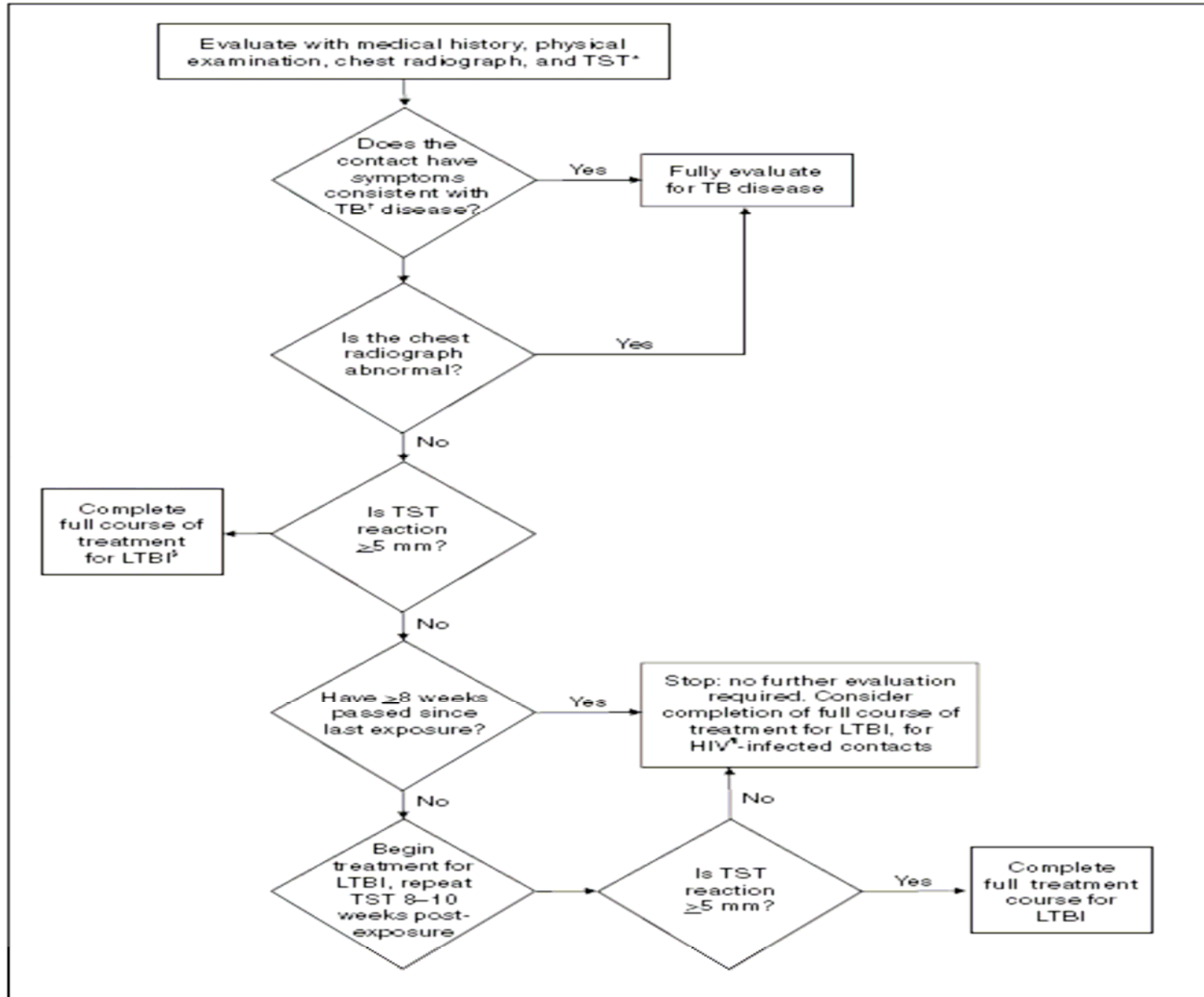


FIGURE 7. Evaluation, treatment, and follow-up of immunocompetent adults and children aged ≥ 5 years (high- and medium-priority contacts)

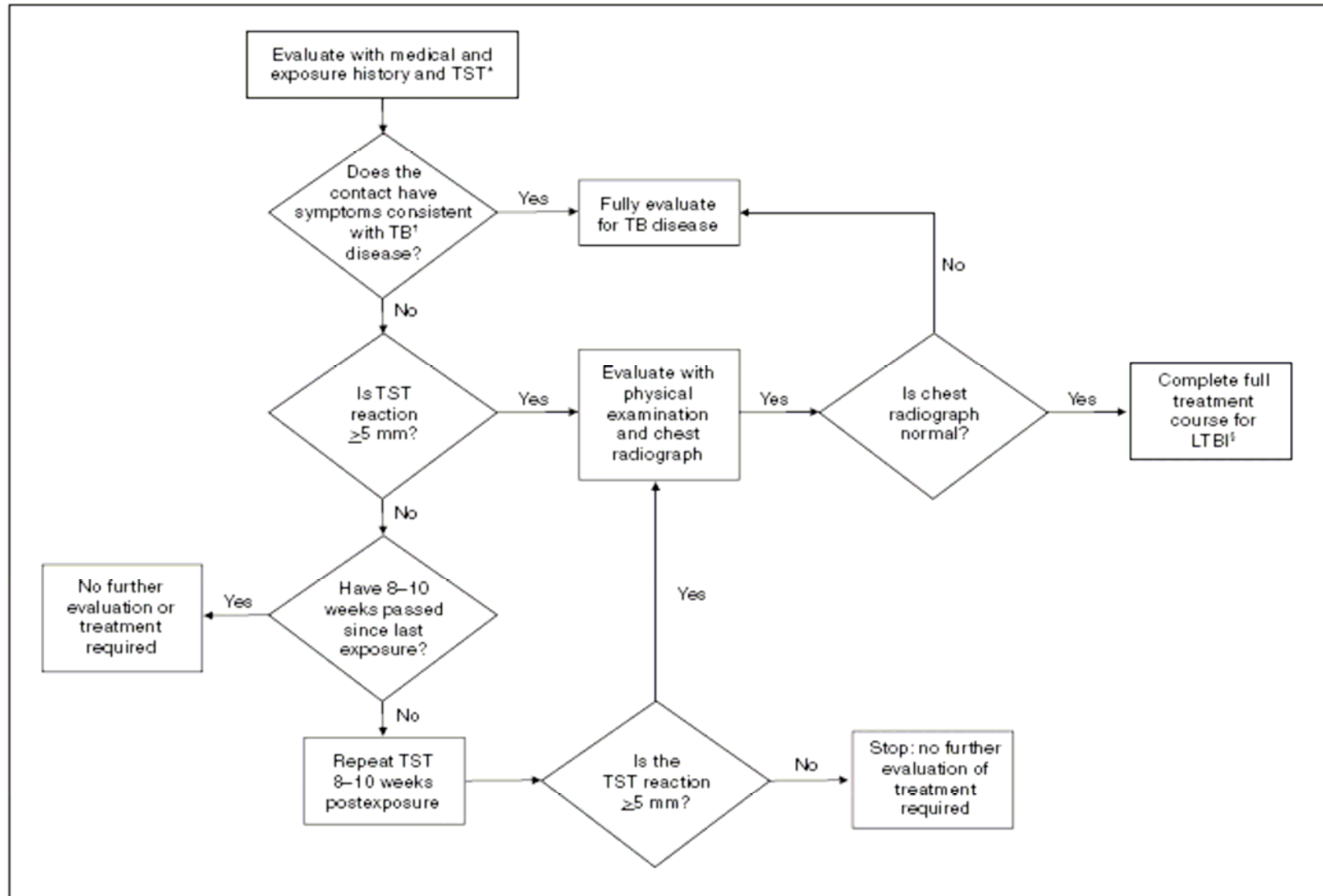
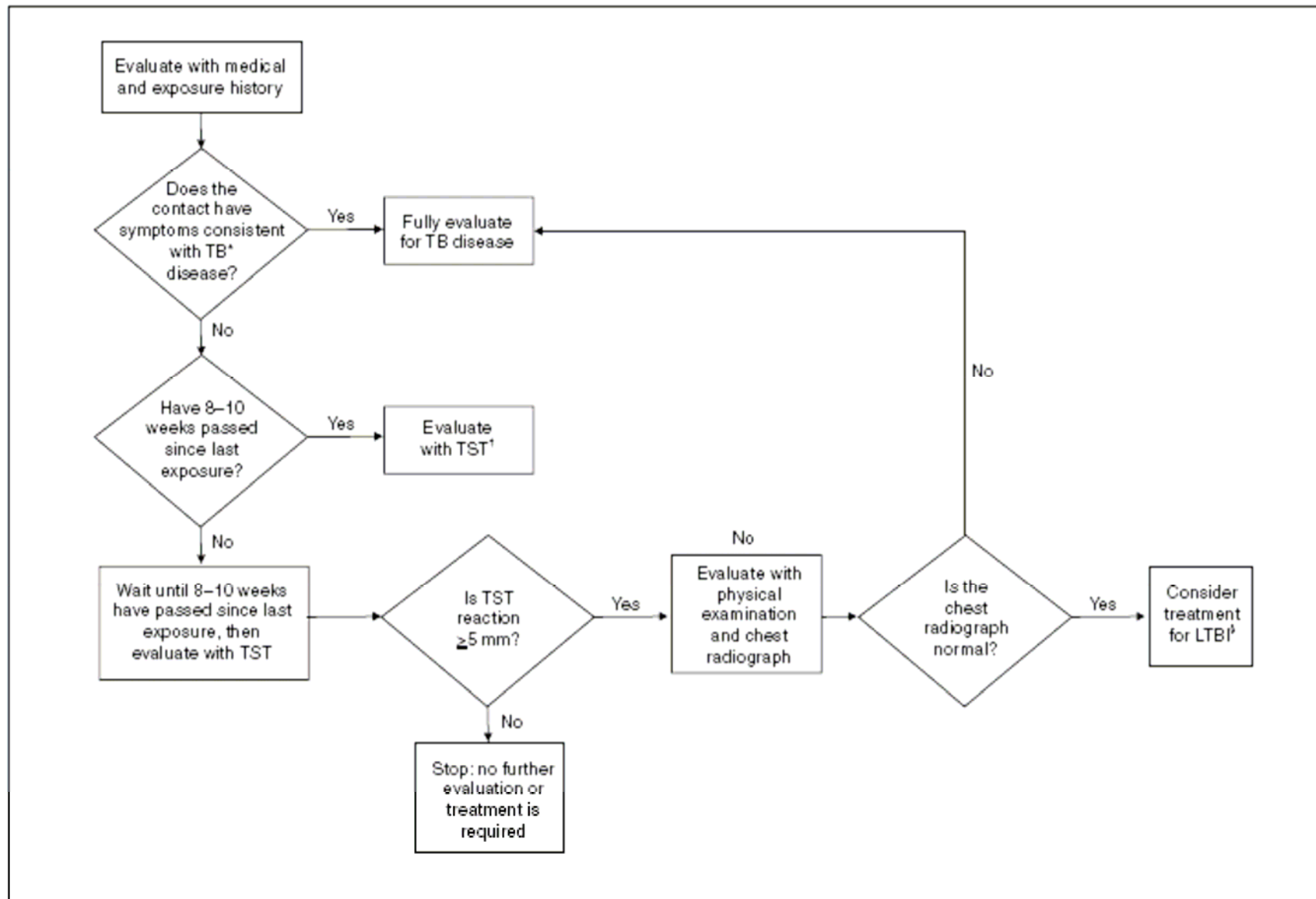
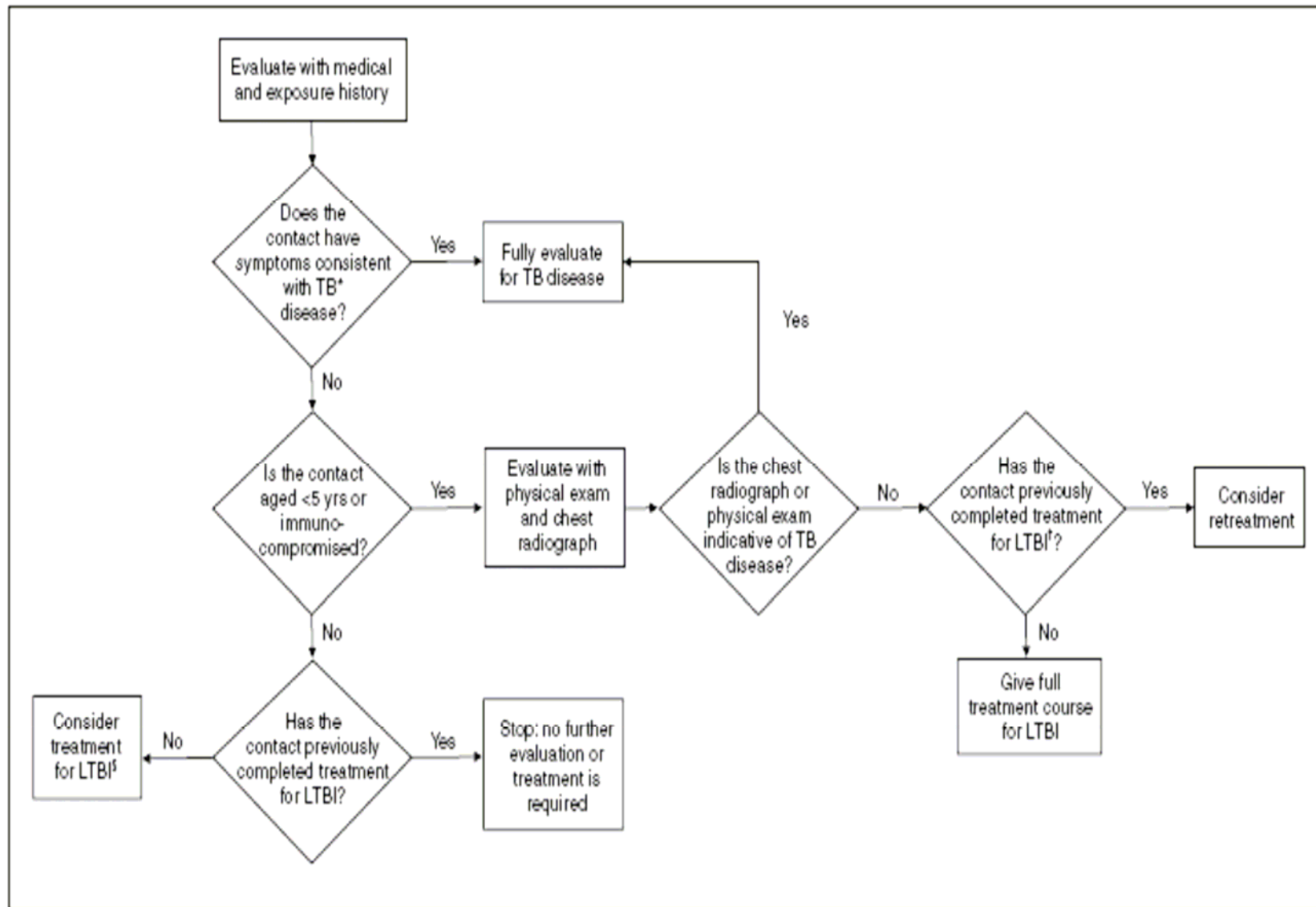


FIGURE 8. Evaluation, treatment, and follow-up of low-priority contacts



* 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 ⁻	HIV ⁺
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) [†]	
				HIV ^{-§}	HIV ^{+¶}
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