



Serial testing for Tuberculosis infection in a cohort of Indian nursing students: QFT Conversions & reversions

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AIMS AND OBJECTIVES

1. To evaluate rates of conversions and reversions of QuantiFERON-TB Gold In-Tube (QFT-GIT) in nursing students at a tertiary care hospital in South India upon annual screening for LTBI.
2. To evaluate risk factors associated with new LTBI infections in Indian nursing students.

MATERIAL AND METHODS

- Nursing students from 5 programs were approached for consent to participate in a cohort study.
- In addition to history, clinical log books provided detailed information on potential exposure to TB prior to baseline, and during the subsequent years.
- All consenting students were tested with TST and QFT at baseline in year 2008.
- In year 2009, QFT was repeated for all students, but TST was done only for those who were TST negative in year 2008.

RESULTS

Table 1. Characteristics of included participants

Study Population Characteristics	N(%)
Provided consent	261
Age (mean)	20.12 yrs (Range: 17-40 yrs)
Female	243 (93%)
BCG scar visible	193 (74%)
Mean time in health care (months)	21 (1-277)

Annual risk of LTBI measured by QFT, ARTI= 11%

QFT Converters: (n=22)

Baseline Discordant (TST+/QFT-):

10/22 were TST positive in 2008 (baseline testing), and therefore TST was not repeated in 2009

Baseline Concordant Negatives (TST-/QFT-):

12/22 were TST negative in 2008, 2/12 converted both TST and QFT, and 10/12 became discordant TST-/QFT+

Table 2. QFT Conversions & Reversions upon annual screening of Indian nursing students

QFT: 2008	QFT: 2009
Negative n=207 (79.3%)	Stable Negatives n=185/207 (89%)
	Converters n=22/207 (11%)
Positive n=53 (20.3%)	Stable Positives n=40/53 (75.5%)
	Reverters n=13/53 (24.5%)
Indeterminate n=1	Negative n=1

Table 3. Multivariate Logistic Regression analysis

Variable	Association with QFT Conversion (OR & 95%CI)
Direct contact with active TB patients	1.07 (0.92-1.24)
Days spent tending to active TB patients	1.04 (0.96-1.13)

KEY FINDINGS

- Using the QFT test, we estimated a baseline LTBI prevalence of 20.3%
- ARTI: 11% is much higher annual risk for infection than historically documented with TST~5%
- QFT conversions (11%) & reversions (24.5%) were frequent upon serial testing
- Infection control should be implemented to reduce nosocomial transmission to nursing students

