

The First Global Symposium on Interferon-gamma Assays
Vancouver, Feb 21-22, 2007

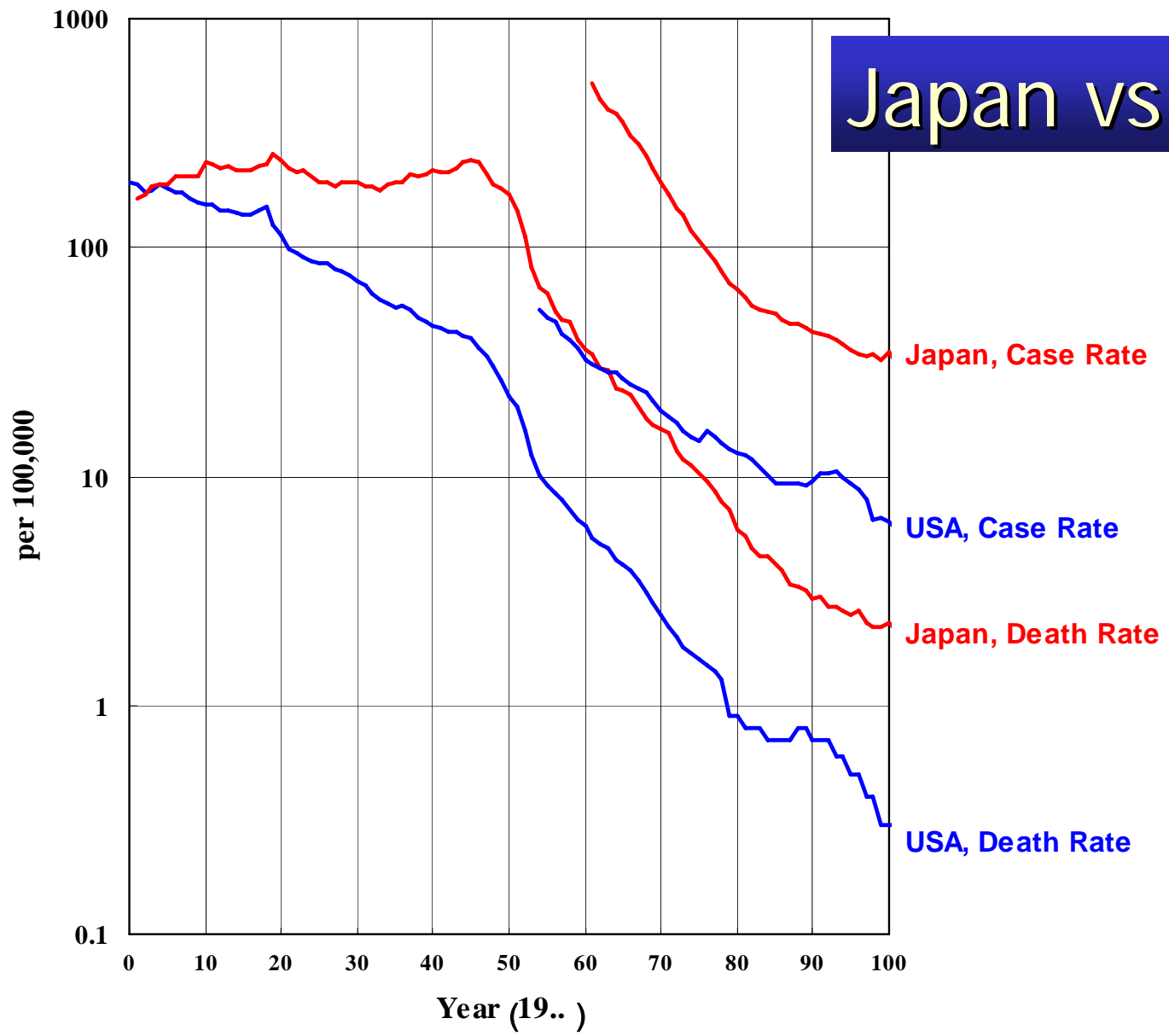
A Study on
Healthcare Worker Screening with
IFN-gamma Assays in Japan



Toru Mori, MD, PhD

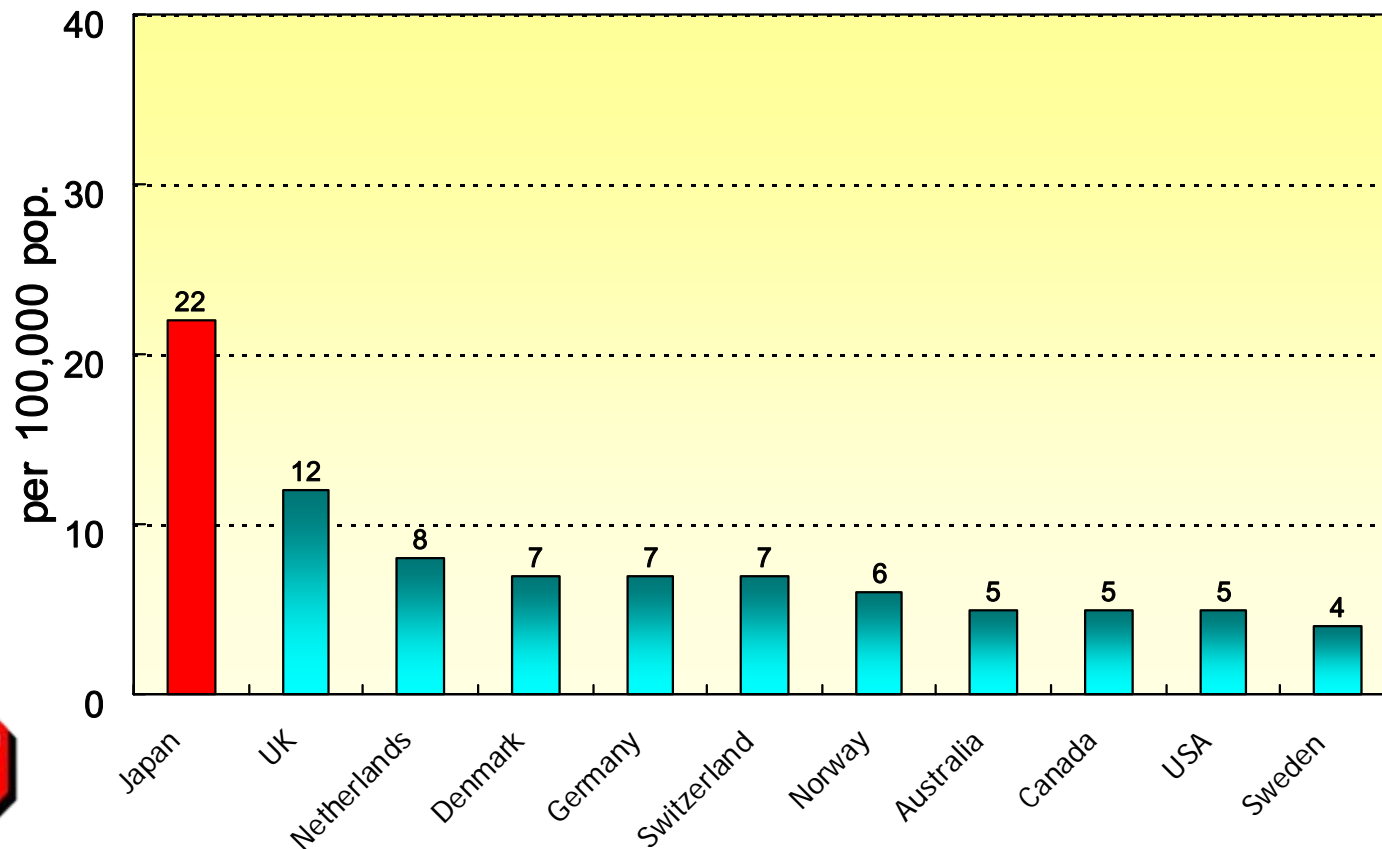
Research Institute of Tuberculosis/JATA
National Institute of Infectious Diseases
Japan

Japan vs USA

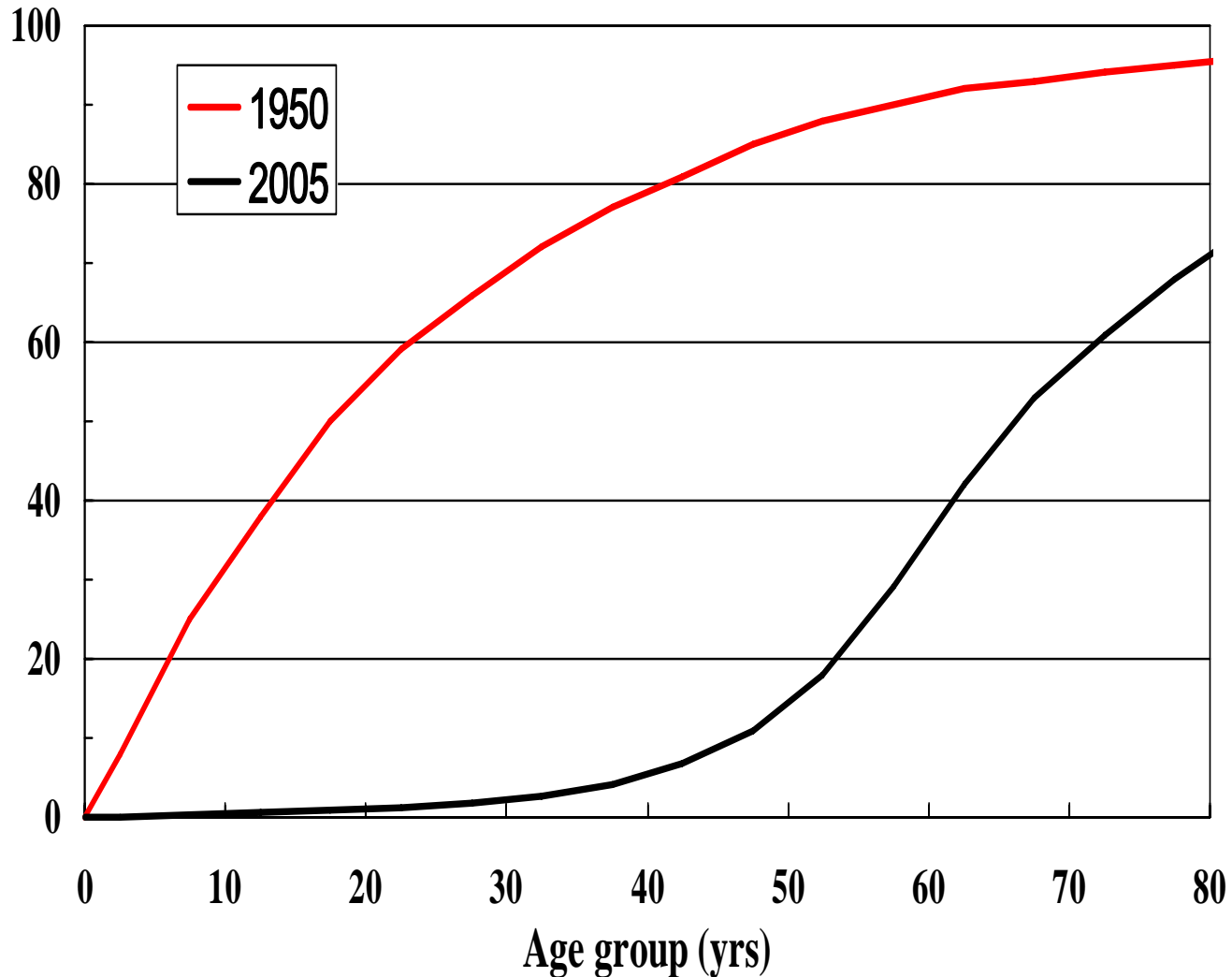


Japan as an "Intermediate TB Burden Country"

(Notification Rate, All forms, 2005 for Japan, 2004 for Others)

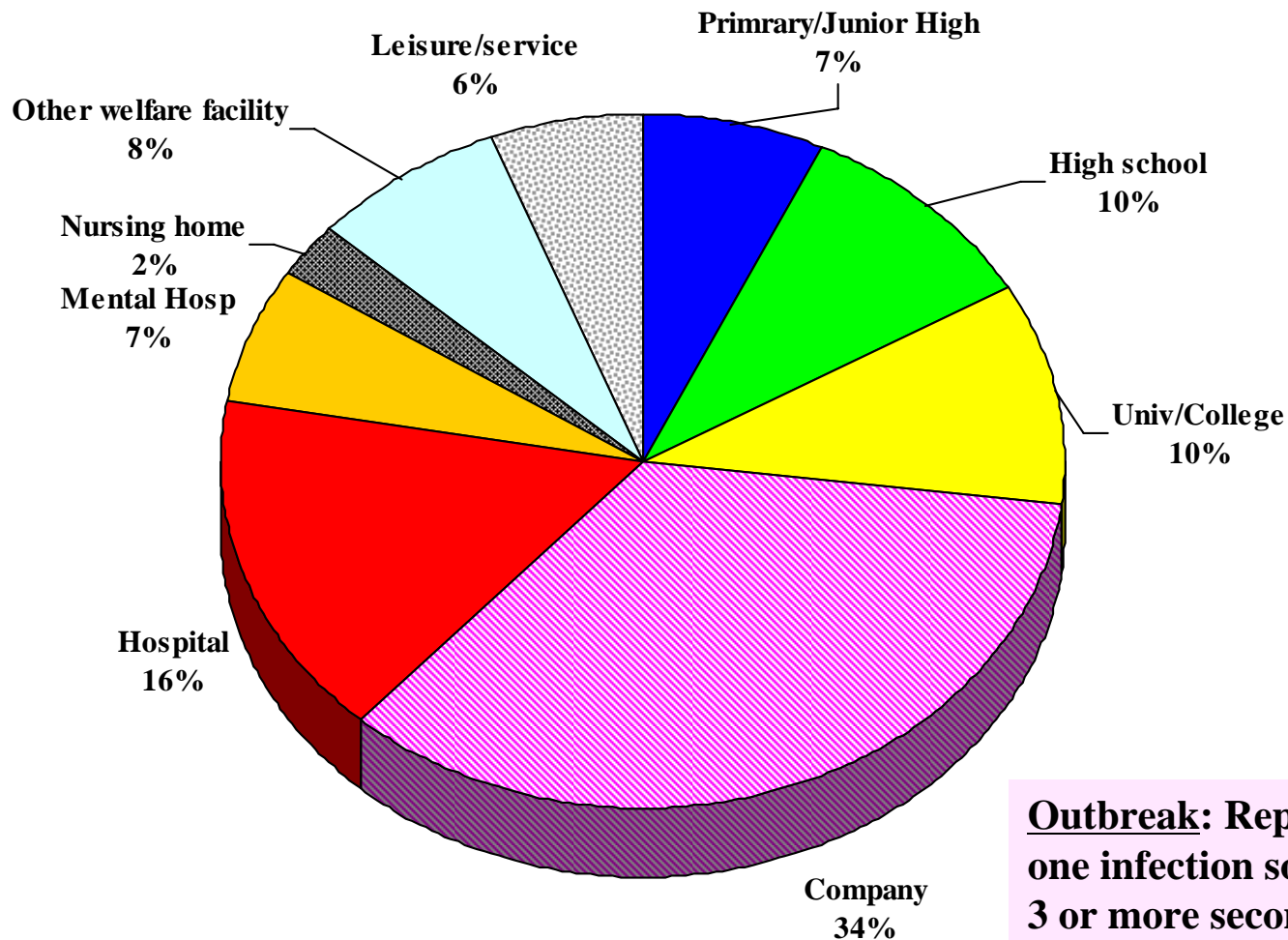


Age-specific Prevalence of Infection (Japan, Estimated)



Where do TB Outbreaks occur?

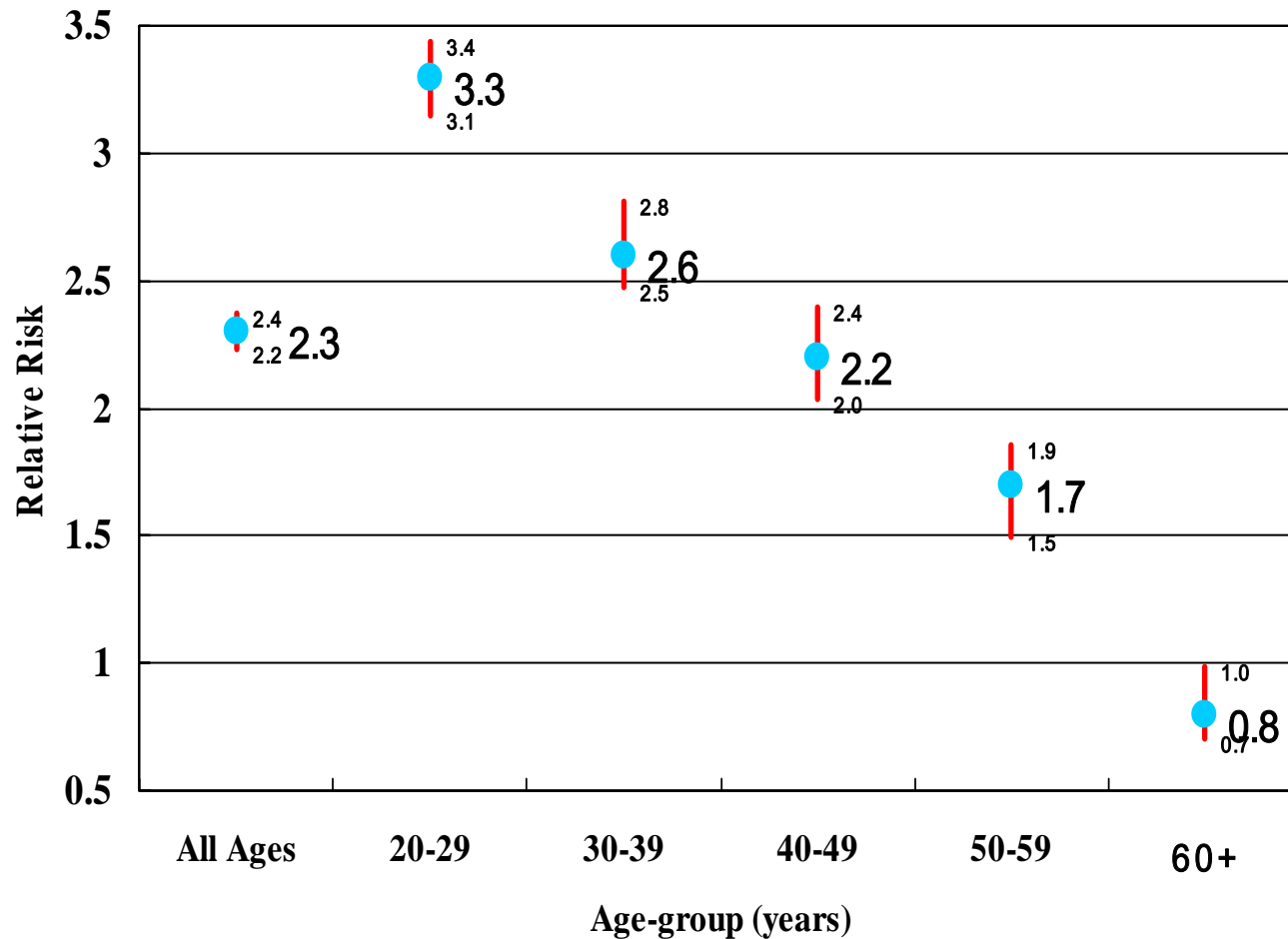
(2000-2006, Total 260)



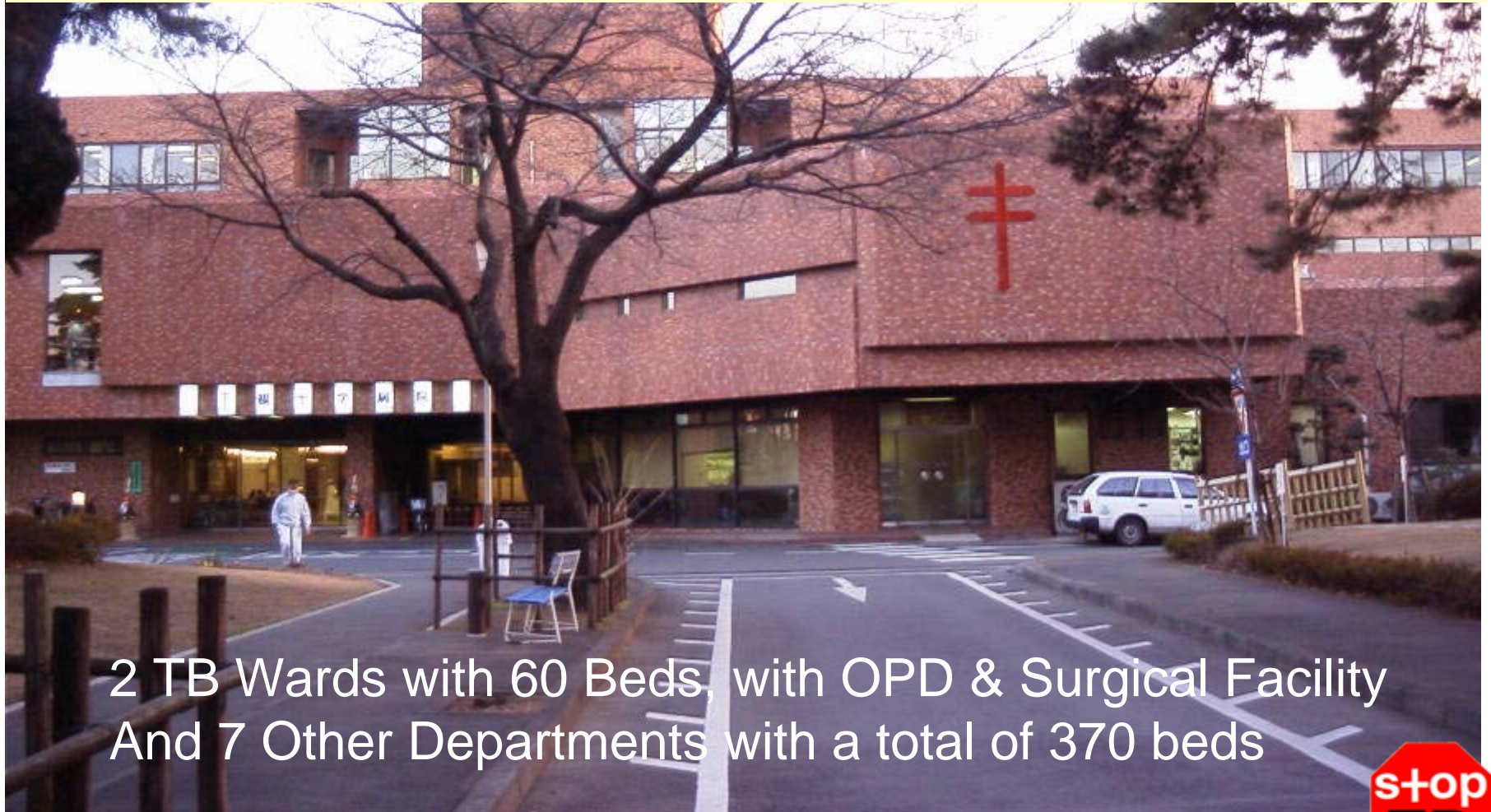
Outbreak: Reportable if one infection source causes 3 or more secondary cases.

TB Risk of Female Nurses

(Japan, 1987-97, TB Surveillance Data, Yamauchi, 1999)



Fukujuji Hospital, Japan Anti-TB Assn



2 TB Wards with 60 Beds, with OPD & Surgical Facility
And 7 Other Departments with a total of 370 beds



HCW's TB Risk of the Hospital

- Average Incidence of active TB
 - 70/100,000/year during last 10 years – ca. 3 times that of general pop.
- Study population included;
 - 3 (1%) with past history of TB disease
 - 17 (5%) with healed TB lesion on chest X-ray



TB Control Program of the Hospital & Study Subjects

- Two-step TST on employment
- Chest radiophotography (Twice a year)
- Follow-up TST (Once a year for previously weak reactors)
- Use of N95 respirators

Study Participants

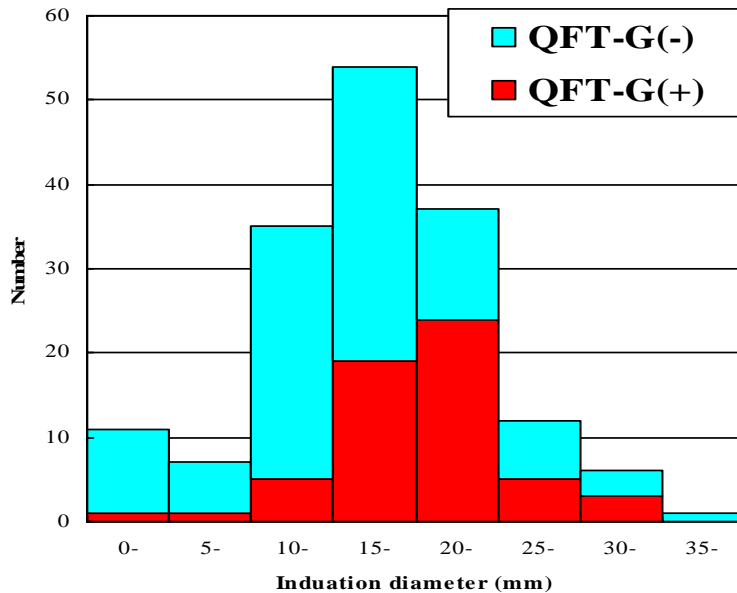
- Age: Mean 41 yo (20-75)
- Category (Total 332)
 - Nurse 160
 - Doctor 23
 - Technician 44
 - Clerical 41



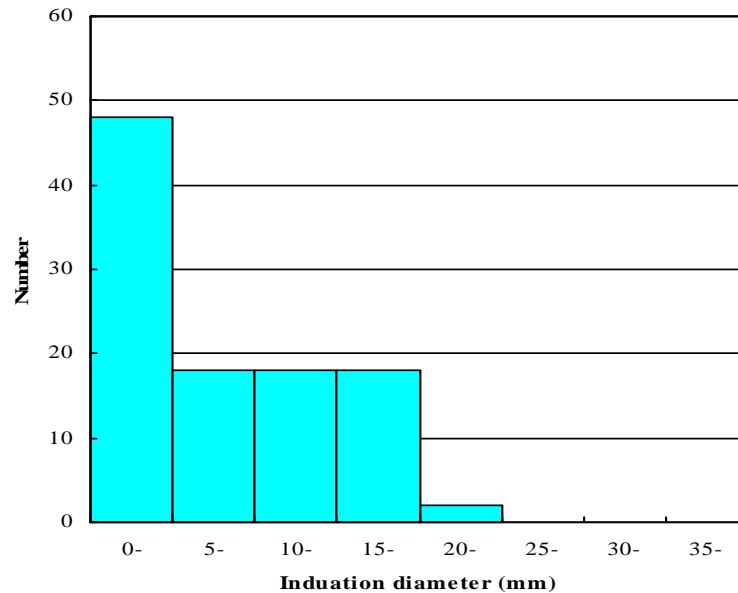
Mx in BCG-Vaccinated Subjects c/s LTBI

(An Outbreak TB Epidemic In a Univ. Campus, Funayama et al, 2005)

Close contacts (N=163, QFT(+)=36%)

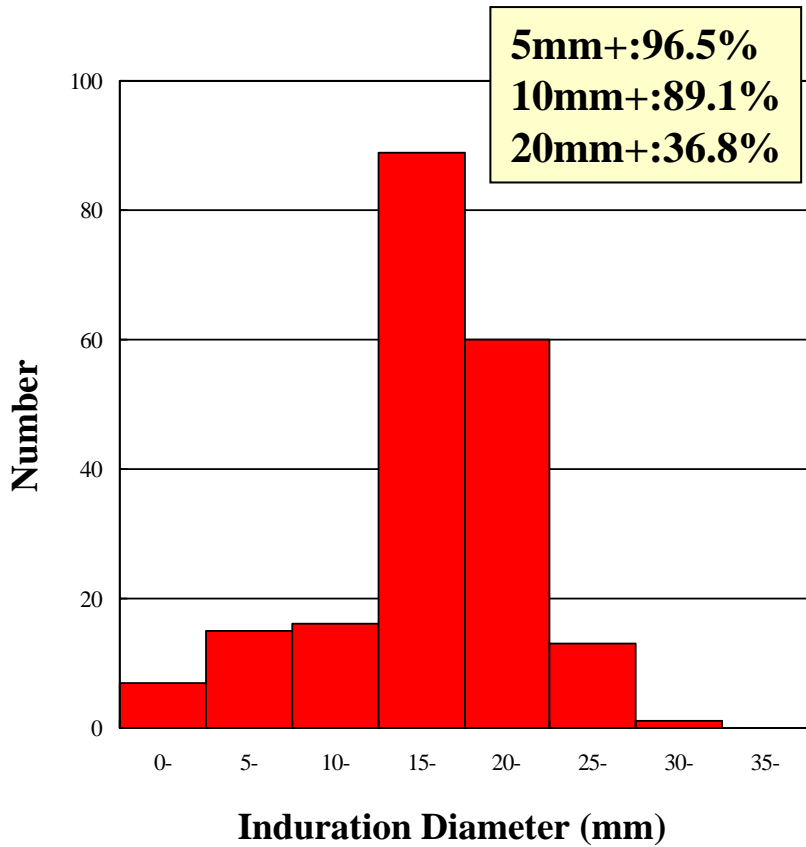


Non-contacts (N=104, QFT(+)=1%)

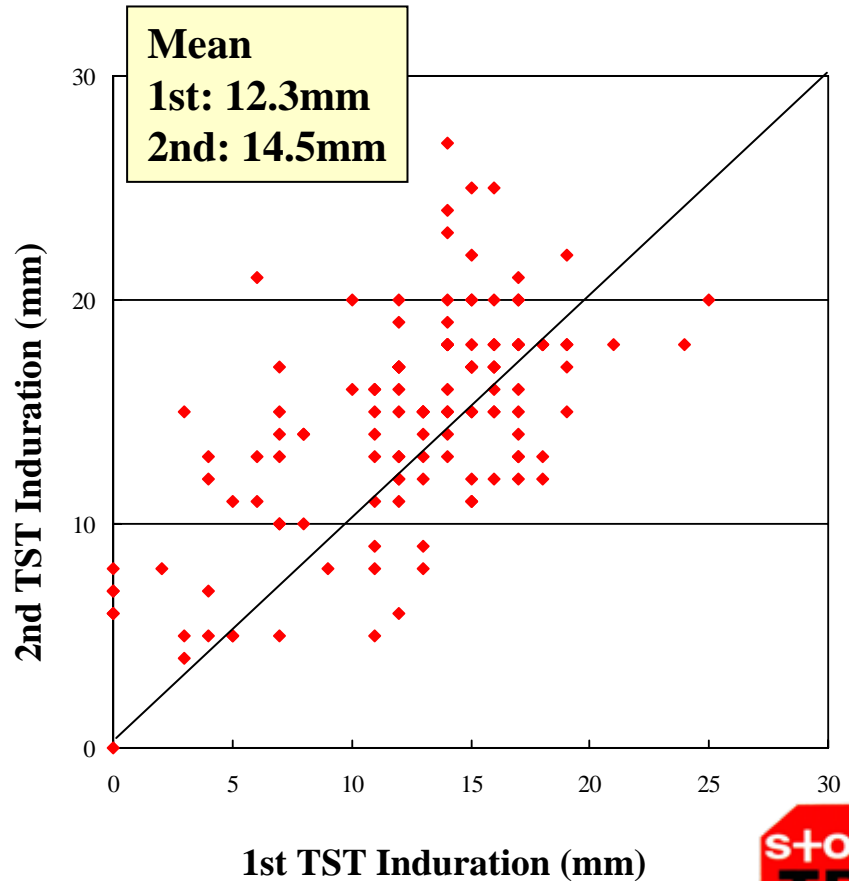


Mx Reactions in Nursing Students

(Aged 18-20 years, Mostly BCG-vaccinated more than once)



Initial TST

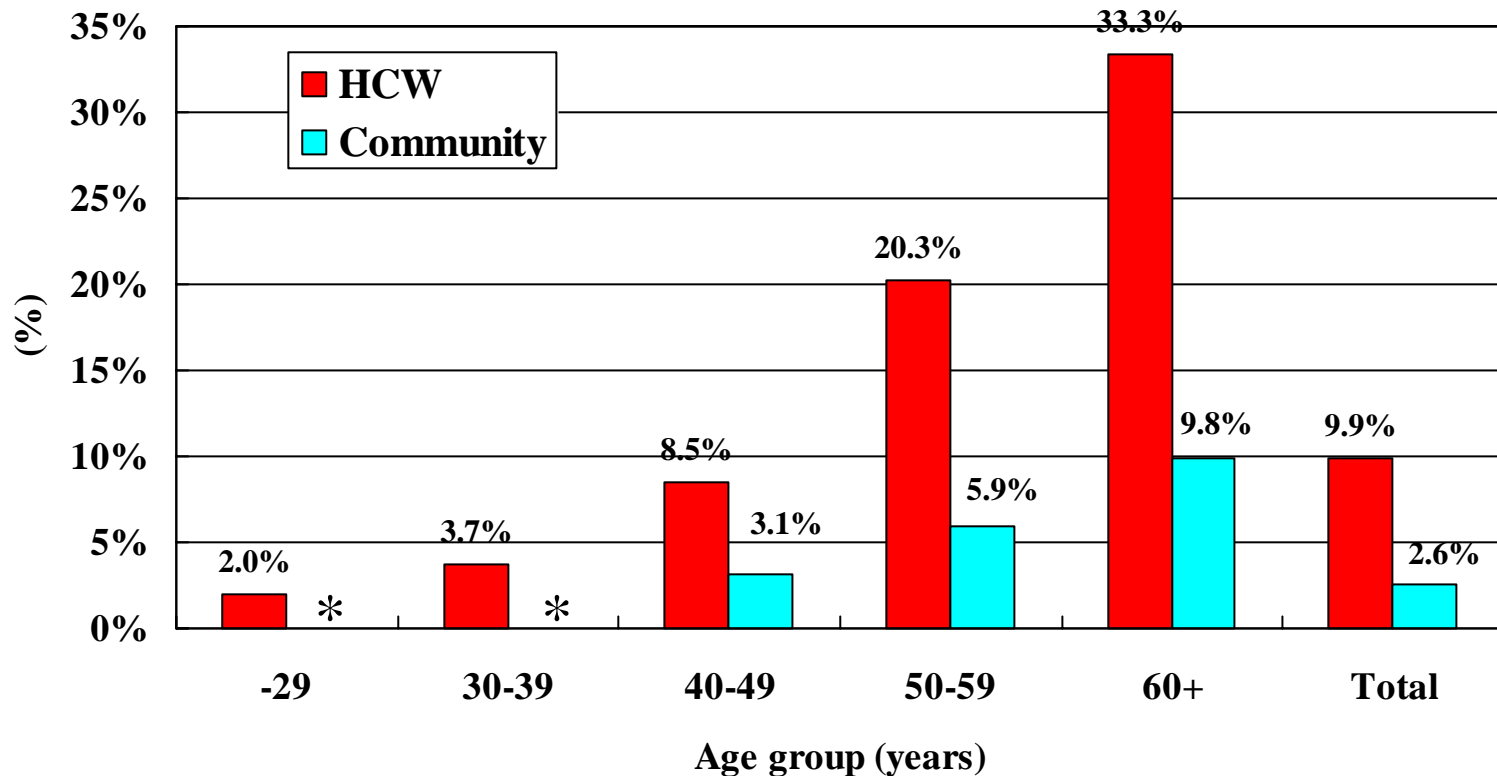


Two-step Test



QFT-G Positivity according to Age

Healthcare Workers (N=329) & General population (N=1,565)

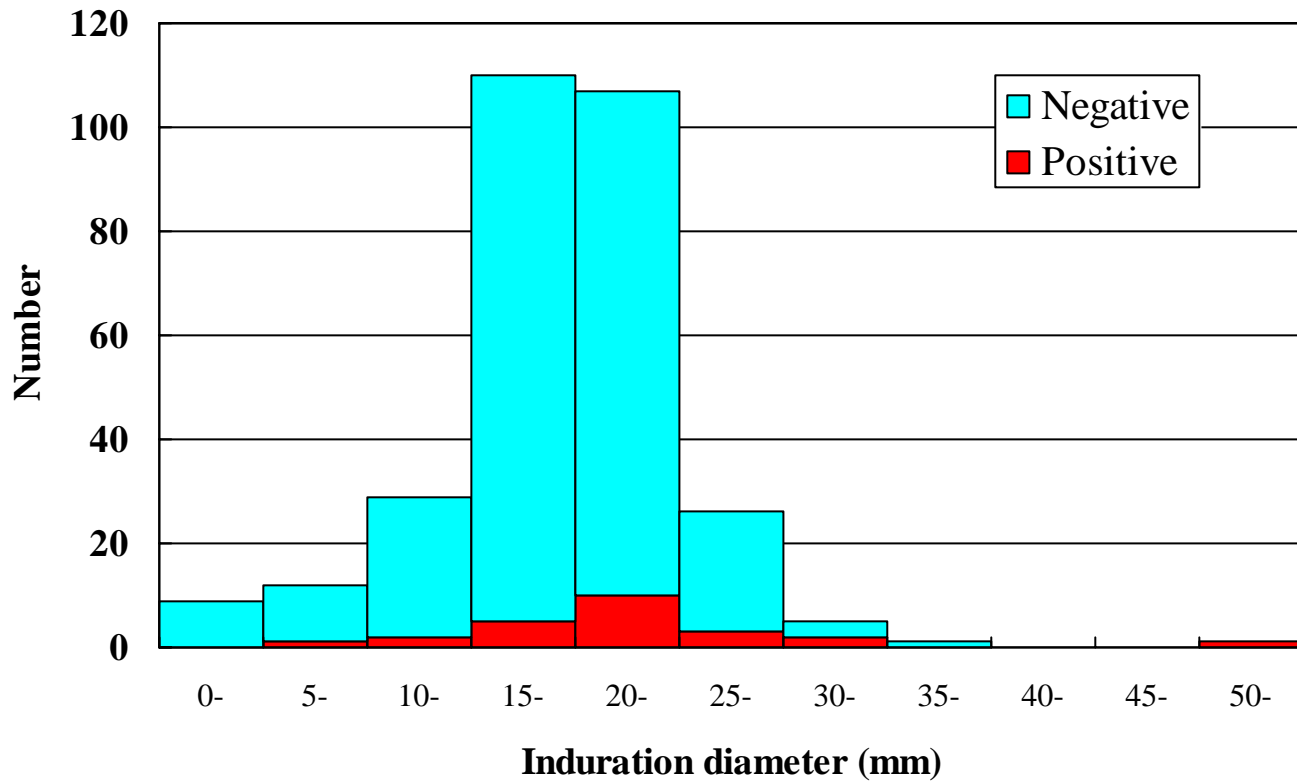


* Not observed

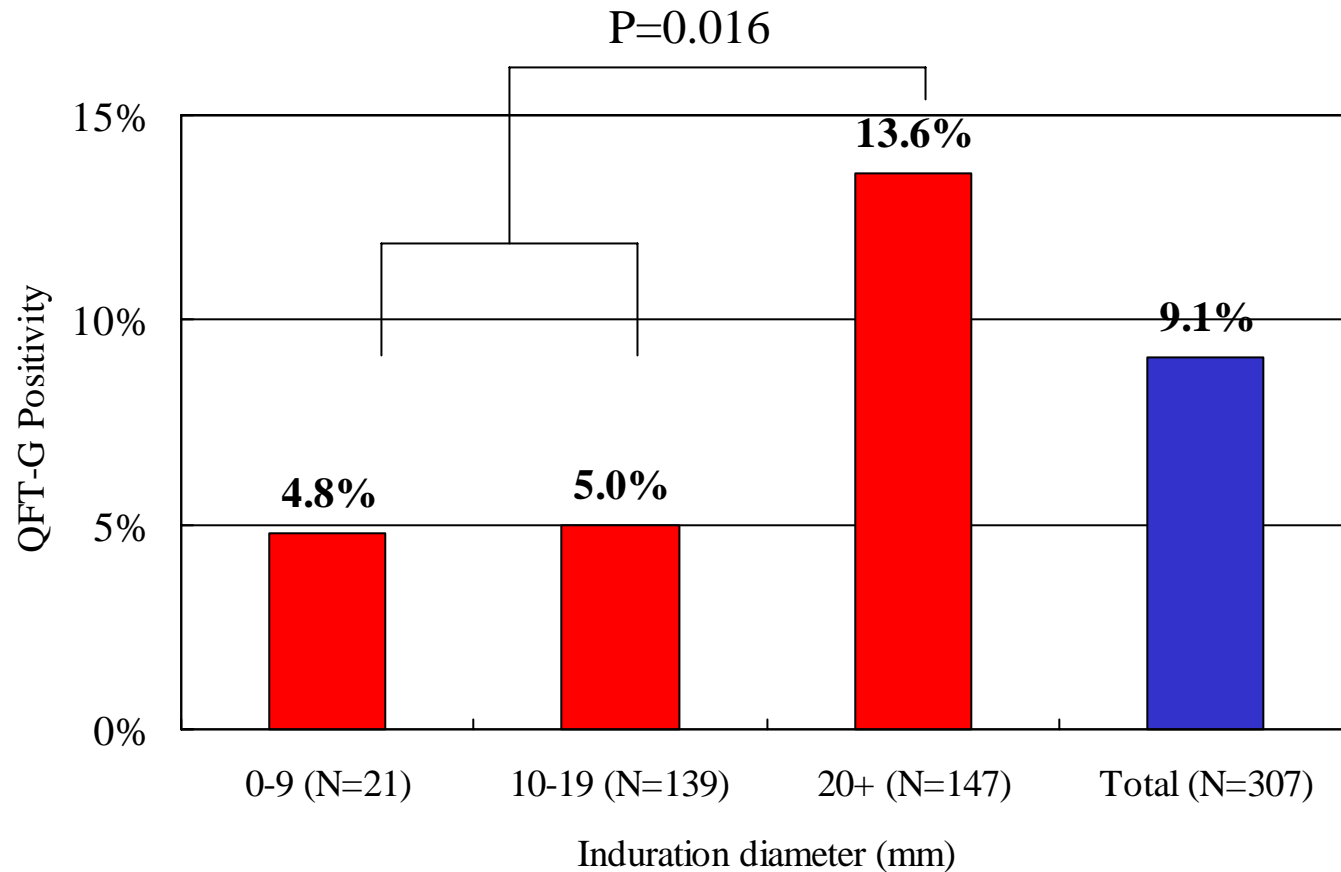


Distribution according to Mx Reaction and QFT-G Positivity

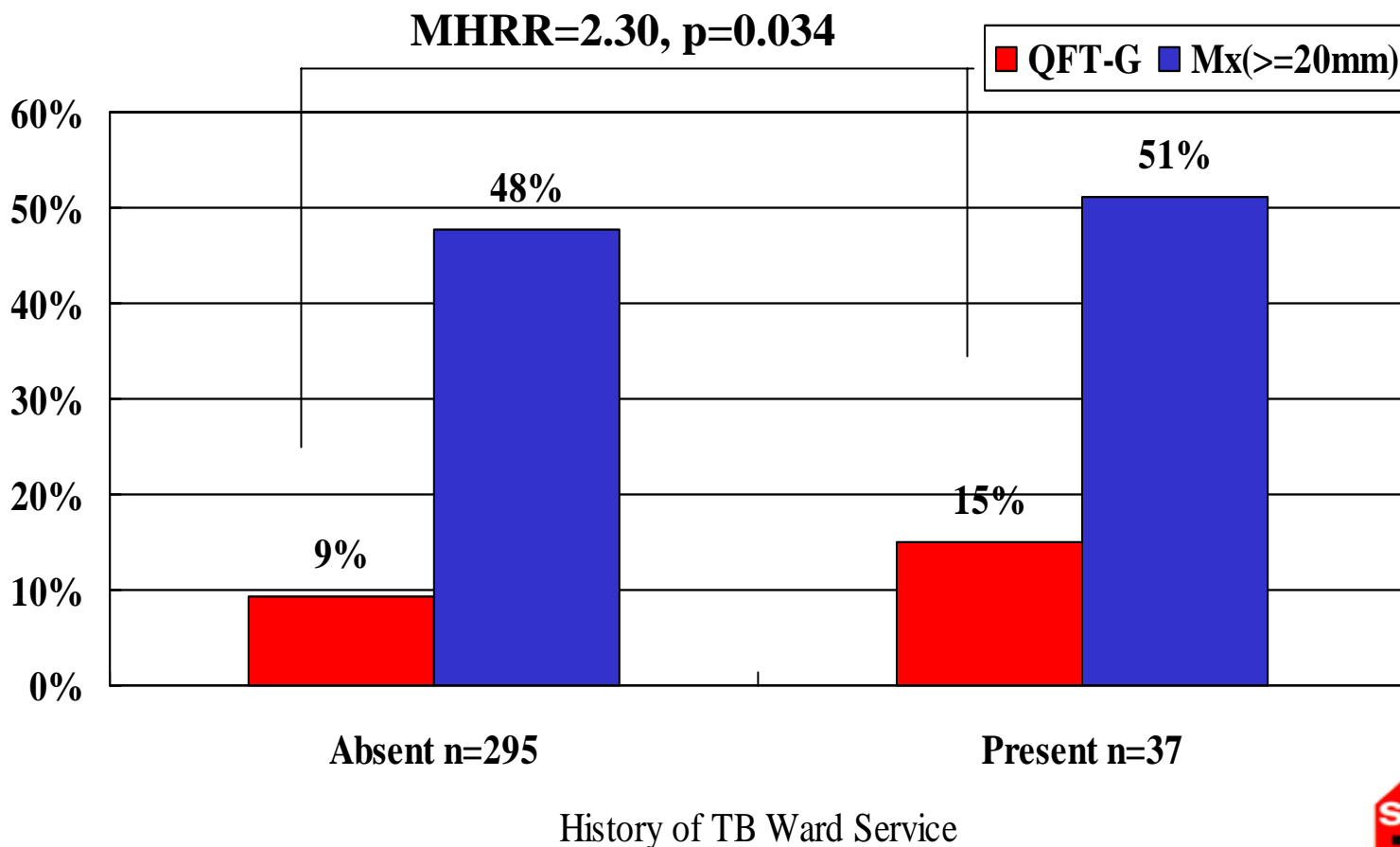
(Healthcare workers, N=300)



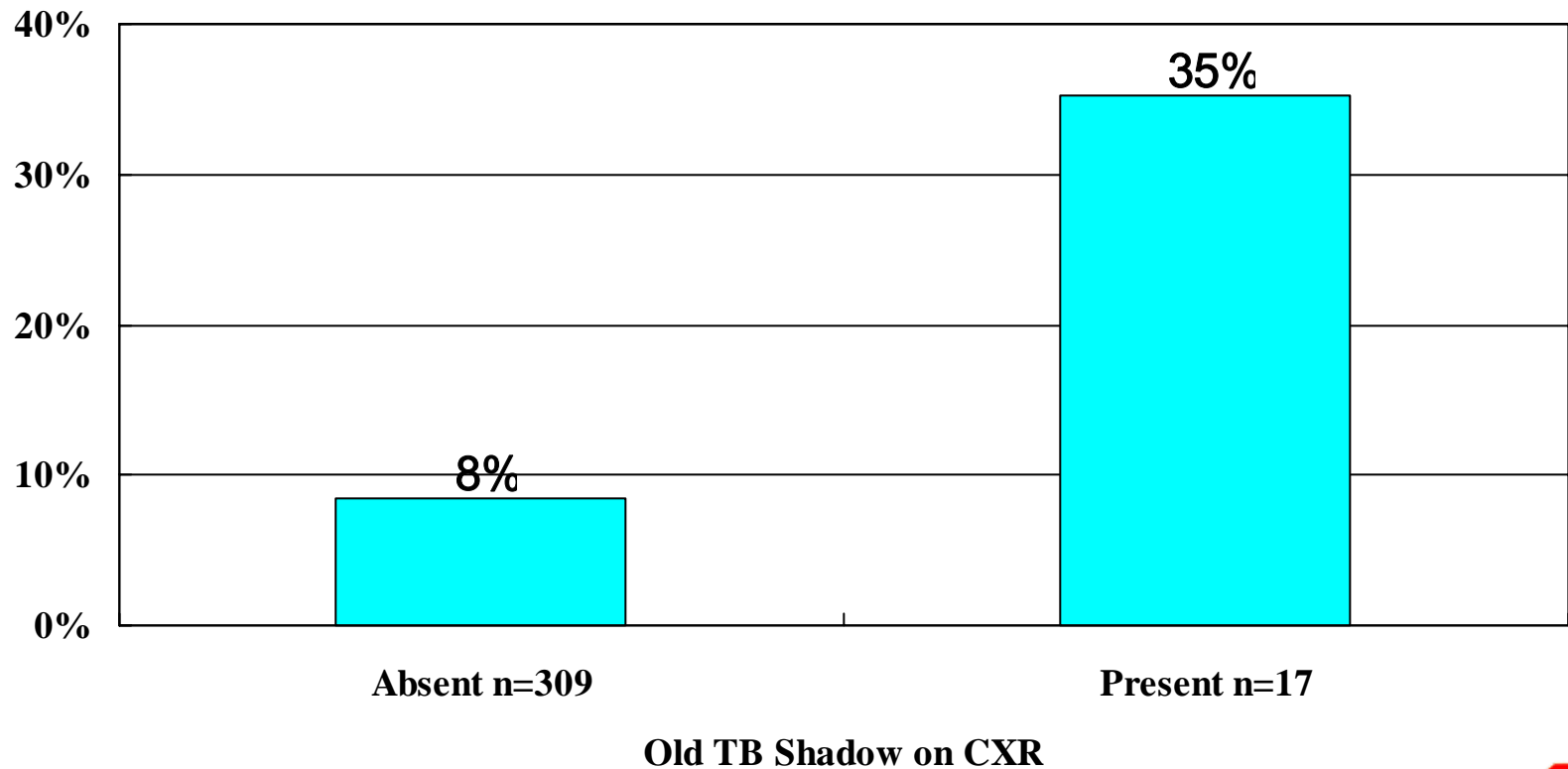
QFT-G Positivity according Mx Reaction Size



QFT-G vs Mx Positivity according to History of TB Ward Service, Age-adjusted (HCW n=332)



QFT-G Positivity according to Old TB Shadow on CXR (HCW n=326)



Follow-up after 2 Years (2003 & 2005)

		1st QFT-G Test			
		Negative	Doubtful	Positive	Total
2nd QFT-G	Negative	167	3	1	171
	Doubtful	7	10	3	20
	Positive	2	3	18	23
	Total	176	16	22	214

(Doubtful: ESAT-6 or CFP-10: 0.15 – 0.35)

“Conversion” Rate = 2.6% (5/192) ---- 1.3%/year
(0.6 – 3.0%)

Converters: 2 TB ward nurses & 3 Other nurses



Policy Proposal

- Replace 2-Step TST with QFT-G for all new employees
- Follow-up previously QFT-G(-) TB ward HCWs with QFT-G annually
- Perform any time QFT-G for other HCWs, when exposed to TB casually
- Stop or reduce MMR for QFT-G (-) persons



Acknowledgment

- Collaborators
 - Harada N, Higuchi K, Sekiya Y (RIT/JATA)
 - Nakajima Y, Ogata H (Fukujuji Hospital/JATA)
 - Rothel J (Cellestis, Australia)
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- Partly published in: Harada et al: Infect Control Hosp Epidemiol. 2006; 27: 442-448.

