Congregate Settings Program: IGRA and Targeted Testing

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Objectives

- Provide an overview of DSHS Congregate Settings Program focusing on IGRA and targeted testing activities and responsibilities
- Share resources and contact information with new employees from local health departments and health service regions

Congregate Settings Program

- Institutional Corrections
- Community Corrections (New Program)
- IGRA Testing
- Target Testing
Interferon-Gamma Release Assays (IGRAs)

- IGRAs are blood tests for TB infection
  - They do not help to differentiate between TB infection and disease.
  - There are two IGRAs that have been approved by the U.S. Food and Drug Administration (FDA)
    - QuantiFERON®-TB Gold In-Tube test (QFT-GIT);
    - T-SPOT® TB test (T-Spot)

IGRA Testing in Texas

- IGRA testing is now the standard method to screen for TB infection in Texas
  - TST should still be offered to individuals that refuse IGRA testing and children less than 5 years of age
  - State funding is currently available for high-risk populations IGRA testing (except in correctional facilities)
  - TB Programs have the option to do QFT or T-Spot
The state goal for FY 14-15: 44,000 tests (22 per year)

- Goal was exceeded in 2014 with 24,917 tests performed
- As of March 2015, 92% of DSHS contracting jurisdictions were using IGRA testing

IGRA Providers

**QIAGEN (QFT-GIT)**
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Targeted Testing

Target testing is a key strategy to TB control.

- The CDC Guidelines for Essential Components of a TB Prevention Control Program list the following priorities:
  1st priority: identify and treat persons with active TB
  2nd priority: finding and screening contacts
  3rd priority: Screening for TB disease and infection in high-risk populations
  4th priority: identify high risk congregate settings and equip them with infection control equipment and principles.

DSHS Guidelines: Congregate Settings Target Testing

DSHS supports IGRA testing in congregate settings for at-risk and/or vulnerable group that fall in the following categories:

- contacts of someone known or suspected to have active TB
- persons with medical risk factors known to increase the risk of disease if infection has occurred
- foreign born persons from countries having a high prevalence of TB
- persons with history of substance abuse
- residents and employees of places where TB is more common health care employees that provide TB services
A decision to test is a decision to treat
- Necessary medical evaluation and treatment resources need to be identified before testing activities begin
- Screening activities among high risk populations are based on TB risk and the availability of resources
  - Targeted testing programs should be conducted only among groups at high risk, and testing should be discouraged for groups at low risk
  - TB programs decide the frequency of the target testing
  - Collaboration with community health care providers is necessary to access some high risk groups when the health department lack sufficient resources

Targeted testing programs outcomes should be assessed periodically based on three elements that need to be balanced simultaneously:
- TB infection yield
- The likelihood of identified infected individuals to progress from TB infection to disease
- TB treatment completion rates
Congregate Settings Program Website and Program Email

- Website: texastb.org
- Program email: CongregateSettings@dshs.state.tx.us

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References

- Updated Guidelines for Using Interferon Gamma Release Assays to Detect Mycobacterium tuberculosis Infection
  MMWT 2010; 59 (RR-05)
- Targeted Tuberculin Testing and Treatment of Latent Tuberculosis Infection
  MMWR 2000; 49 (No. RR-6)
- Screening for Tuberculosis and Tuberculosis Infection in High-Risk Populations (ACET)
  MMWR 1995; 44 (No. RR-11)
- Homelessness and TB Toolkit, Curry International Tuberculosis Center, 2014