

FACT SHEET

QuantiFERON®-TB Gold In-Tube Test

Test 7700

Test Description:

QuantiFERON®-TB Gold In-Tube test is a whole blood assay for the detection of latent and active tuberculosis. This test offers unmatched specificity and simplicity by using modern genomic technology to provide a result unaffected by subjective interpretation, previous BCG vaccination, and cross-reactivity with most other mycobacteria. QuantiFERON®-TB Gold is highly specific and a positive test result is strongly predictive of true infection with *Mycobacterium tuberculosis*. QuantiFERON®-TB Gold is an indirect test for *Mycobacterium tuberculosis* and is intended for use with risk assessment, radiography and other medical and diagnostic evaluations.

Blood samples are mixed with antigens (substances that can produce an immune response) and controls. For QFT-G, the antigens include mixtures of synthetic peptides representing two *M. tuberculosis* proteins, ESAT-6 and CFP-10. After incubation of the blood with antigens for 16-24 hours, the amount of interferon-gamma (IFN-gamma) is measured. If the patient is infected with *M. tuberculosis*, their white blood cells will release IFN-gamma in response to contact with the TB antigens.

- Eliminates false positive outcomes due to bacilli Calmette-Guerin (BCG) vaccination and most non-tuberculosis mycobacteria.
- Unlike the tuberculin skin testing, it requires only one patient visit for a blood draw. Tuberculin skin tests require 2 visits.
- Results can be available within 24 hours.
- The CDC has published Interferon Gamma Release Assay guidance (MMWR June , 2010) indicating the QuantiFERON test should be used in most situations where the traditional tuberculin skin test (TST) has been used.
- Blood samples must be protected from temperature extremes and be processed within 16 hours after collection while white cells are still viable.

Sensitivity: 81-88%

Specificity: 95-99% Infections caused by *M. kansasii*, *M. szulgai* or *M. marinum* are likely to result in a positive Quantiferon test

Specimen:

Special three tube collection kit (1 mL whole blood per tube). Kits provided by the Public Health Laboratory. Blood collection set must be received by the laboratory in 16 hrs or less.

CPT CODE : 86480



San Luis Obispo County Public Health Laboratory

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LITERATURE SUMMARY

Quantiferon Values and Treatment

Summary – Seven studies reported an aggregate of 674 active patients of which 566 (83.9%) had positive QFT before treatment, and 347 (51.5%) after treatment for a reversion rate of 38.7%.

| Patient number (n) | Baseline Before Rx n QFT+ (%) | Post Rx n QFT+ (%) | Rx in months | Reversion Rate | Ref |
|--------------------|-------------------------------|----------------------|--------------|----------------|-----|
| 60 | 53 (88.3%) | 38 (61.6%) | 6 | 28.3% | 1 |
| 275 | 212 (80.4%) | 110 (51.8%) | 6 | 48.5% | 2 |
| 36 | 25 (69.4%) | 21 (48.8%) | Not reported | 16.0% | 3 |
| 149 | 133 (89.0%) | 108 (81.0%) | 6-9 | 18.7% | 4 |
| 76 | 72 (94.7%) | 36 (47.9%) | 6 | 50% | 5 |
| 38 | 38 (100%) | 11 (29.0%) | 6 | 71% | 6 |
| 40 | 33 (83%) | 23 (58%) | 6 | 25% | 7 |
| Total= 674 | 566 (83.9%) | 347 (51.5%) | | Avg 38.7 | |

References:

1. Bocchino, M., Chairadonna, P., Matarese, A., Bruzzese, D., Salvatores, M., Tronci, M., Moscariello, E., Galati, D., Alma, M.G., Sanduzzi, A. and Altieri, A.M., 2010. Limited usefulness of QuantiFERON-TB Gold In-Tube((R)) for monitoring anti-tuberculosis therapy. *Respir Med.* (2010) 10.1016.
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3. Domínguez J, De Souza-Galvao M, Ruiz-Manzano J, Latorre I, Prat C, et al. 2009. T-cell responses to the Mycobacterium tuberculosis-specific antigens in active tuberculosis patients at the beginning, during, and after antituberculosis treatment. *Diagn Microbiol Infect Dis* 63: 43–51. 2009.
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LITERATURE SUMMARY

Quantiferon Values and Treatment

5. Katiyar,S., Sampath,A, Bihari,S., Mamtani,M., and Kulkarni, H. Use of the Quantiferon-TB Gold in-tube test to monitor treatment efficacy in active pulmonary tuberculosis. *Int J Tuberc Lung Dis*, 12:1146-1152,2008.
6. Sauzullo, I, Mengoni, F., Lichtner, M., Massetti, A., Rossi,R., Iannetta, M., Marocco,R, DelBorgo, C, Soscia F, Vullo V, Mastroianni CM. In vivo and in vitro effects of antituberculosis treatment on mycobacterial interferon-gamma T cell response. *PloS One* 2009;4. e5187.
7. Kobashi,Y., Mouri,K., Yagi,S., Obase, Y., Miyashita, N., and Oka, M. Transitional changes in T-cell responses to Mycobacteriul tuberculosis specific antigens during treatment. *J Infect* 58:197-2004, 2009.



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LITERATURE SUMMARY

Quantiferon Values and TST boosting

Summary lists the percent of patients who exhibit a boosted Quantiferon value after a tuberculin skin test is placed.

| Patient category | Days post TST | | | | | Ref |
|-------------------------------------|---------------|-------------|-----------|-----------|------------|-----|
| | 3 | 7 | 28 | 42 | 84-90 | |
| TSTor IGRA negative patients | | | | | | |
| TST-negative | 0/15 (0%) | | | | | 2 |
| IGRA-negative | | 2/16(12.5%) | | | | 1 |
| QFT/TST-negative | | | 5/33(15%) | | | 5 |
| QFT-negative | | | | 3/9 (33%) | | 4 |
| TST-negative | | | | | 10/35(29%) | 3 |
| TSTor IGRA Positive patients | | | | | | |
| Cured TB 4/5QFT pos | 4/5 (80%) | | | | | 2 |
| TST pos 17/46 QFT+ | 18/46 (39%) | | | | | 2 |
| IGRA-pos | | 5/8 (62.5%) | | | | 1 |
| QFTpos/TST neg | | | | | 8/12(67%) | 3 |

References

1. Van Zyl-Smit RN et al. Within-subject variability and boosting of T-cell interferon- γ responses after tuberculin skin testing. *Amer J Resp Crit Care Med* 180:49-58, 2009.
2. Leyten, EMS et al. Effect of tuberculin skin testing on a Mycobacterium tuberculosis-specific interferon- γ assay. *Eur Respir J* 29:1212-1216, 2007
3. Nguyen, M et al. Quantiferon-TB predicts tuberculin skin test boosting in US foreign born. *Int J Tuberc Lung Dis* 9:985-991, 2005.
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