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Title: QuantiFERON-TB Gold in-tube test for diagnosis of latent tuberculosis (TB) infection among immunocompromised adults

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Body: Background Current evidence suggests that IGRAs perform similarly to the tuberculin skin test at identifying HIV-infected individuals who could benefit from LTBI treatment. Aims To evaluate the use of an IGRA in screening for latent TB in a cohort of patients with HIV infection. Methods. A retrospective study of one time use of an interferon-gamma release assay - QuantiFERON-TB Gold In-Tube (QFT-GIT; Cellestis, Carnegie, Australia)- was carried out in Rome, Italy. 606 infected patients with HIV-AIDS attending the HIV outpatient clinic at the National Institute for Infectious Diseases from January 2006 until December 2012 were enrolled in the study, excluding those being investigated or treated for active TB. Subsequent incidence of active TB was ascertained until February 2013. Results. QFT-GIT was positive in 64 cases (10.6%) and indeterminate in 28 cases (4.6%). In multivariable analysis, factors associated with being QFT-GIT positive were CD4 cells count > 200 (OR 3.1; p=0.01), being born in a country of TB incidence rate > 100/100,000 (OR 6.9; p <0.001) or between 15 and 99/100,000 (OR 3.7; p<0.001), male gender (OR 2.4 p=0.03) and age (0.6 OR for each 10 year increase, p=0,008). Two of the 64 positive patients (3.1%) and 2 among the 514 negative (0.4%) developed active TB over a median follow-up time of 3.1 years. Conclusions. The probability of being QFT-GIT positive among persons with HIV in a low prevalence country was associated with CD4, country of birth and age. Positivity appears to be associated with an increased risk of developing active disease.