Performance of QuantiFERON-TB Gold In tube (QFT-GIT) and QuantiFERON- TB Gold Plus (QFT-Plus) in pregnant women in India <u>V Kulkami</u>, R Bhosale, D Jain, P Deshpande, S Naik, M Alexander, N Patil, N Gupte, A Gupta, J Mathad *M Medical Coleae-HIU* (RS, Pune, India: Johns Hookins Schoolaf Medicine, USA: Weill Come! I

Background

- Pregnant women have twice the risk of tuberculosis (TB) intrapartum and immediately postpartum².
- Immune changes compromise both the TB symptom screen and latent TB tests¹.
- The study's objective was to determine if 4th generation QuantiFERON[®] Gold Plus (QFT-Plus) which assesses both CD4 and CD8 responses, is more reliable than 3rd generation QuantiFERON[®] Gold Intube (QFT-GIT), which only assesses CD4 responses.

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Results

IGRA Positive: Visitwise IGRA Positivity 3rd gen(QFT-GIT) and 4th gen(QFT



Of 165 women with TBI during pregnancy, 110 (67%) tested with QFT-GIT and 55 (33%) with QFT-PI us during at least one visit.

- QFT-Plus returned higher proportion of positive results at delivery (80% vs. 65%, p=0.04) though no difference in women during pregnancy or 6 months postpartum (**Figure**).
- The change in proportion positive between antepartum and delivery significantly decreased for QFT-GIT (100% vs 65%, p value=<0.001) but not QFT-Plus (100% vs 80%, p value=0.12).
- Proportion positive recovered at postpartum with both assays.
- Longitudinals ubset tested by QFT-Plus showed no significant difference in proportion of TBI at all time points (84% vs 66% vs 68%, p=>0.61), however our sample size was small.

Design/Methods

Study Design: From May 2016, we conducted a longitudinal prospective observational cohort study of HIV-infected and HIV- uninfected pregnant women with TB infection (TBI)

Study site: Sassoon Government Hospital, an urban, public hospital in Pune, India.

Study procedures: Women with TBI (i.e. positive QFT-GIT or QFT-Plus*) at entry were enrolled with repeat testing at delivery and 6 months postpartum.

Analysis: The proportion of TB infection was cross-sectionally compared between both tests at each timepoint using univariable a nalysis. We also performed a longitudinal a nalysis of the performance of QFT-Plus in the subset of women tested only by QFT-

Plus at all three time points. * Switch was made from QFT-GIT to QFT-Plus in Sept 2017 because QFT-GIT was no longer available from manufacturer in 2018.

Conclusions

The QFT-Plus assay showed consistent performance a cross the stages of pregnancy suggesting that:

- (1) CD8 cells do not decrease as much as CD4 cells during pregnancy; a nd
- (2) In pregnant and postpartum women, 4th generation QFT-Plus may be more reliable compared to 3rd generation QFT-GIT, especially at delivery.

TB endemic countries should consider integrating QFT-Plus into a ntenatal care to provide targeted TB prevention therapy.

References

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