

Joint Event

Public Health, Women's Health, Nursing and Hospital Management

December 03-04, 2018 | Lisbon, Portugal



**Helena A. Ferris**  
HSE South, Ireland

Co-Authors

**Leahy M, Cronin A, McSweeney M, Carlton L,  
Dillon A, O'Sullivan MB and Sheahan A**  
HSE South, Ireland

## Challenges of managing an outbreak of Tuberculosis in an immunocompromised setting

**Background:** The management of an outbreak of Tuberculosis (TB) poses many challenges, particularly in the immunocompromised setting. The authors outline an outbreak of TB where two transplant recipients with sputum positive pulmonary TB attended a renal outpatients department in an acute hospital,

**Methods:** Interferon Gamma Release Assay (IGRA) has a higher sensitivity and specificity (53%, 69%) than the Tuberculin Skin Test (TST) (31%, 63%) in immunocompromised individuals. IGRA was the primary screening test employed for immunocompromised contacts. Immunocompetent contacts were screened using the Mantoux TST.

**Results:** A total of 13 cases of LTBI were identified out of 138 screened contacts. Of these, 9 cases were identified out of 38 immunocompetent close contacts (detection rate 23.7%) and 4 cases were identified out of 100 immunocompromised hospital contacts (detection rate 4%). No further active cases of TB were identified.

**Conclusion:** It was anticipated that a greater rate of LTBI would be found in immunocompromised individuals. The true LTBI rate may well be higher; however, this could not be accurately assessed owing to the poor sensitivity and specificity of screening tests in immunocompromised individuals. Thus, all immunocompromised contacts with negative IGRA require chest x-ray follow up over a two year period.

### Biography

Helena A. Ferris is a Specialist Registrar in Public Health Medicine and is a graduate of Trinity College Dublin.

helena.ferris@hse.ie

Notes: