

Infecció latent de tuberculosi: Screening immigrants a l'Atenció Primària

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06/06/2015

10 facts about tuberculosis

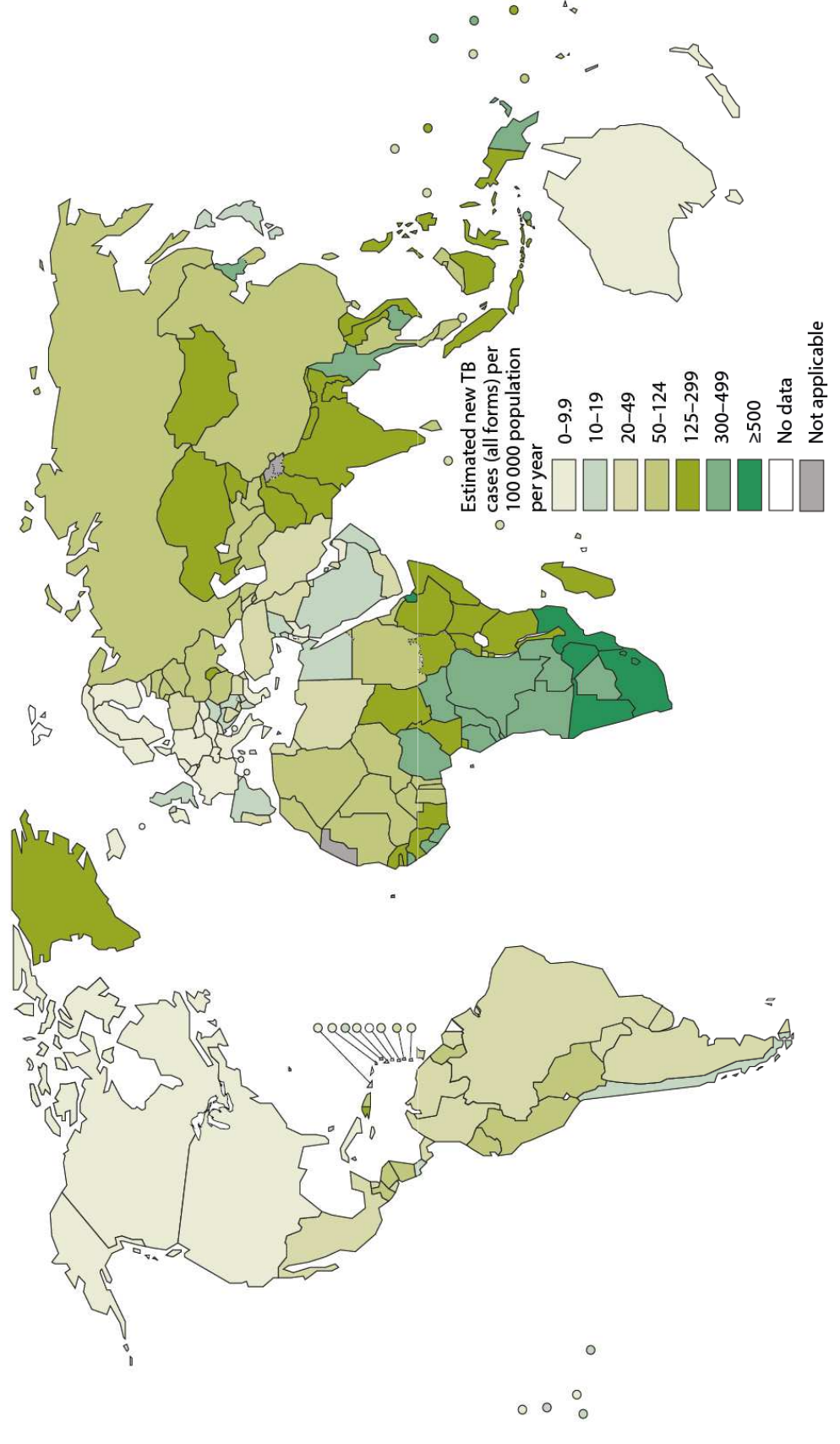


March 2012

About **one third of the world's population is infected with tuberculosis (TB) bacteria**. Only a small proportion of those infected will become sick with TB (5-10%).

WHO/Gary Hampton

Estimated TB incidence rates, 2013



The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

Data Source: *Global Tuberculosis Report 2014*. WHO, 2014.

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World Health Organization

Procedència immigrants vinguts a Catalunya, 2014

País procedència	Número persones	Percentatge	Incidència tb regió origen
Espanya	3182	9	
Unió Europea	9493	26,8	0-19
Resta Europa	2585	7,3	20-124
Àfrica	5059	14,3	50->500
Àsia	5561	15,7	50-299
Oceania	63	0,2	
Amèrica del Nord	930	2,6	
Centre Amèrica i Carib	3158	8,9	20-124
Sudamèrica	5386	15,2	20-124
Total	35422		

Font: INE

THE
END TB
STRATEGY

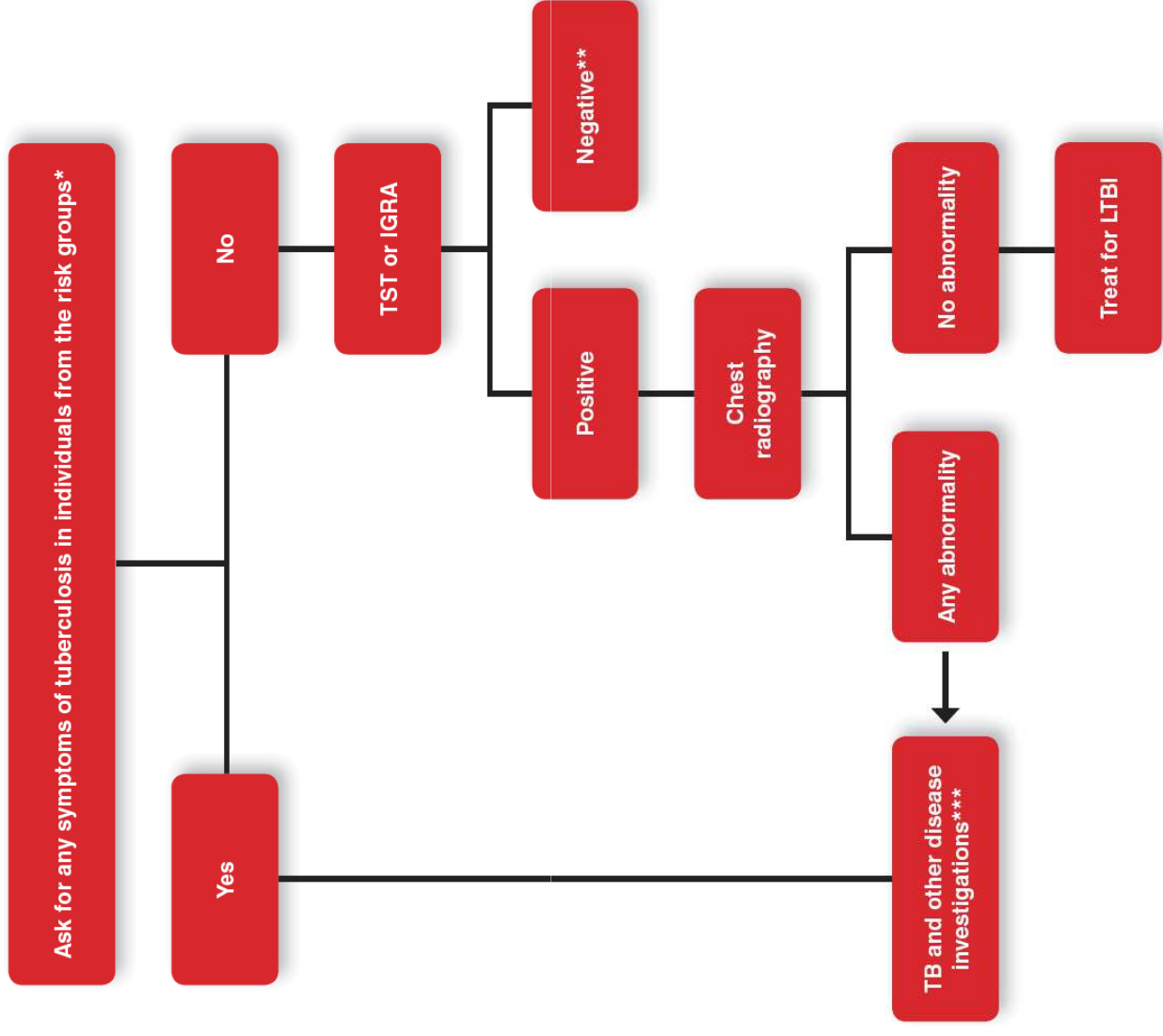


Systematic testing and treatment of LTBI should be considered for prisoners, health-care workers, immigrants from high TB burden countries, homeless persons and illicit drug users.

Either IGRA or TST should be used to test for LTBI. (Conditional recommendation, **low to very low quality of evidence**)

*Guidelines on the management of latent tuberculosis infection,
World Health Organization 2015*

Figure 1. Algorithm for targeted diagnosis and treatment of LTBI in individuals from risk groups



Proposta 1

Immigrants que porten al país menys de 5 anys, asimptomàtics

Àfrica

Àsia

????

TST

>10mm

<10mm

RES

Rx tòrax

Anormal

Normal

Tractament de la infecció latent

Estudi

Proposta 2

Immigrants que porten al país menys de 5 anys, asimptomàtics

Àfrica

Àsia

????

TST+ Rx tòrax

>10mm + Rx
anormal

<10mm Rx
anormal

>10mm Rx
normal

<10mm Rx
normal

Estudi

Tractament
de la infecció
latent

RES

Tractament de la infecció latent



Isoniacida 9 mesos

Efectivitat del 90% entre els que completen el tractament

Comstock, G.W. (1999) How much isoniazid is needed for prevention of tuberculosis among immunocompetent adults? *Int. J. Tuberc. Lung Dis.* 3, 847–850

La falta de compliment redueix l'efectivitat fins al 60% o, fins i tot, al 30%.

Tractament de la infecció latent

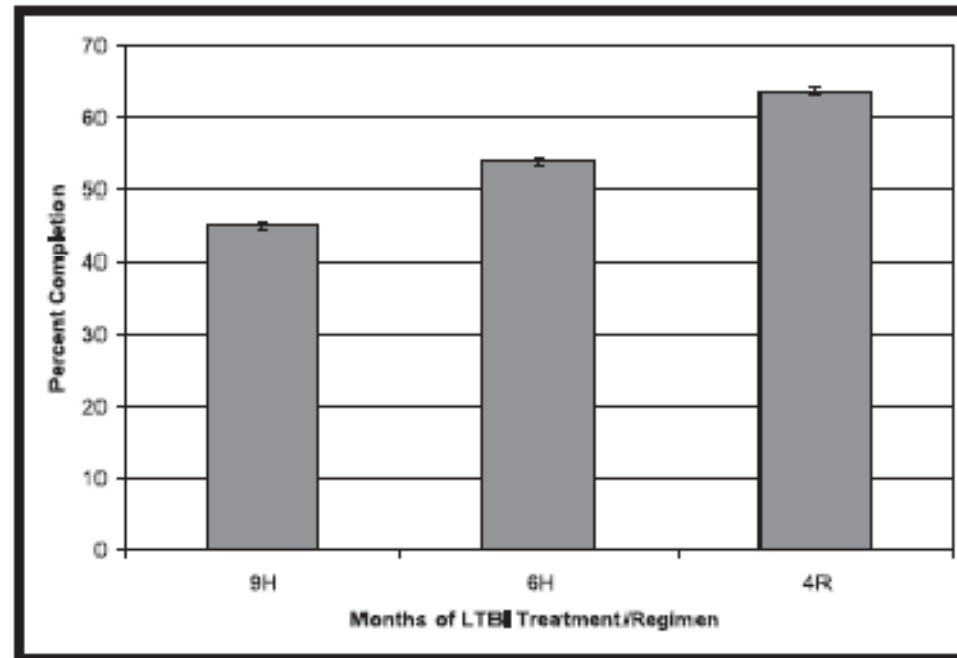


FIGURE 1. Percent LTBI treatment completion by duration of treatment. Shorter treatment duration was associated with increased completion ($P < .001$). Vertical lines indicate standard errors. 4R = 4 months of rifampin; 6H = 6 months of INH; 9H = 9 months of INH; INH = isoniazid; LTBI = latent tuberculosis infection.

The Effectiveness of a 9-Month Regimen of Isoniazid Alone versus 3- and 4-Month Regimens of Isoniazid plus Rifampin for Treatment of Latent Tuberculosis Infection in Children: Results of an 11-Year Randomized Study

Nikos P. Spyridis,¹ Panayotis G. Spyridis,¹ Anna Gelesme,¹ Vana Sypsa,² Mina Valianatou,¹ Flora Metsou,¹ Dimitris Gourgiotis,² and Maria N. Tsoia¹

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Clinical Infectious Diseases 2007;45:715–22

Conclusions:

Tractament curt amb INH i RIF durant 3-4 mesos és segur i sembla ser superior al tractament estàndard de 9 mesos d'INH.

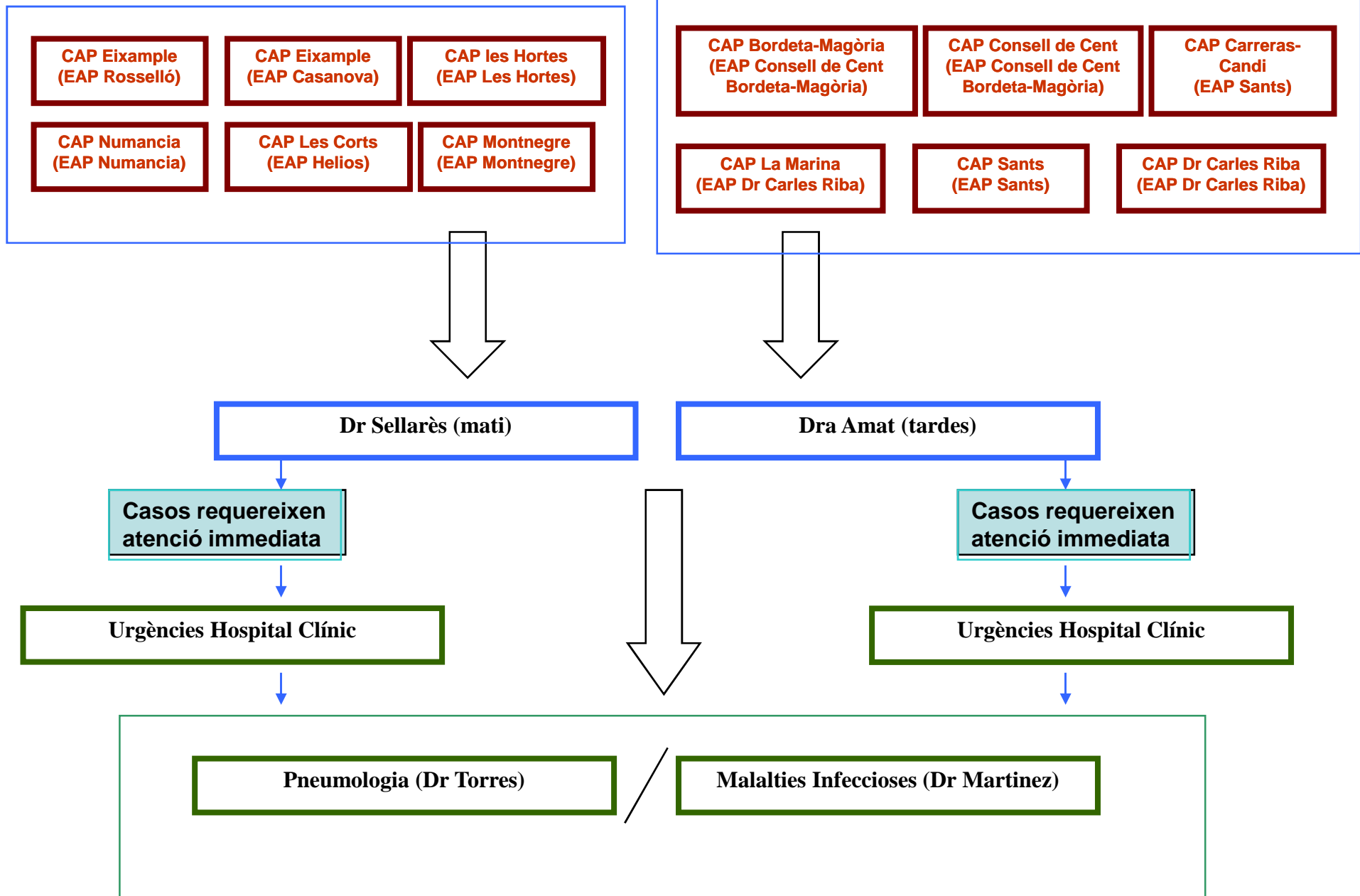
TABLE 1

Current treatment regimens for LTBI

Drug ^a	Dose (mg)	Duration	Frequency	Comment
INH	300	6–9 months	Daily	Standard first-line in HIV– and HIV+
INH	300	36 months	Daily	Recent evidence for greater efficacy in HIV+
INH	900	6–9 months	Twice weekly	Alternative regimen; enables directly observed therapy
RIF	600	4 months	Daily	Alternative regimen
RIF + INH	600 + 300	3 months	Daily	Alternative regimen
RPE + INH	900 + 900	3 months	Once weekly	Recently reported as effective in HIV+ and HIV–
RIF + PZA	600 + 2000	2 months	Daily	Hepatotoxicity issues in HIV–ve; no longer routinely recommended

^a INH, isoniazid; PZA, pyrazinamide; RIF, rifampicin; RPE, rifapentine.

Circuit derivació tuberculosi



Circuit derivació contactes

