

Learn about
QuantiFERON®-TB Gold Plus
from the experts

The US CDC now recommends TB blood tests, like QuantiFERON-TB Gold Plus, for the majority of the US testing population (1). Doctors and hospitals trust QFT®-Plus to provide accurate, cost-effective testing in a single patient visit. To learn more about the benefits of QFT-Plus testing and hear about the latest testing guidelines from the CDC, IDSA, USCIS and more, visit one of our free online webinars!

Dr. Masae Kawamura, former TB Controller and Senior Director of Scientific and Medical Affairs for TB diagnostics, QIAGEN.







View this webinar at go.qiagen.com/
QFTplusMasaewebinar







View this webinar at go.qiagen.com/hcp\_webinar



QFT-Plus features innovative CD8 T cell technology that provides clinicians with a more comprehensive picture of a patient's immune response to TB. Recent publications show the potential of QFT-Plus technology for at-risk patient populations – including in contact investigation, healthcare worker screening and immunocompromised patients.

Join **Dr. Masae Kawamura** for a discussion of the latest scientific advancements in TB testing, including a review of recent publications and a discussion of case scenarios applying the insights of QFT-Plus. Dr. Kawamura is a former TB Controller and Senior Director of Scientific and Medical Affairs for TB diagnostics, QIAGEN.

# Advancing healthcare personnel TB screening: new national guidelines and QuantiFERON-TB Gold Plus

Healthcare providers are at increased risk for TB, and CDC has released updated tuberculosis testing guidelines for healthcare providers (HCPs) in the US. These updated tuberculosis testing guidelines have changed the way hospitals screen their patients and employees for TB.

Join **Dr. Masae Kawamura** as she introduces the new national testing guidelines, the scientific rationale for change, and their implications for healthcare facilities and occupational health programs. She will also share the new evidence and advantages of QuantiFERON-TB Gold Plus (QFT-Plus) in HCP testing, in the context of the new guidelines and companion document.







View this webinar at go.qiagen.com/TB-testing

# Risk-based TB screening: a primary care approach to TB elimination

QFT-Plus features innovative CD8 T cell technology that provides clinicians with a more comprehensive picture of a patient's immune response to TB. Recent publications show the potential of QFT-Plus technology for at-risk patient populations – including in contact investigation, healthcare worker screening and immunocompromised patients.

Join **Dr. Alawode Oladele** as he describes the importance of latent TB testing in the US. Dr. Oladele focuses on identifying patients at risk for TB and the benefits of modern TB blood testing with QuantiFERON-TB Gold Plus.

# Protecting students from TB – best practices in proactive screening and contact investigations

Active TB investigations are a common, costly occurrence in the US. People living in dense housing arrangements – such as college dormitories – are at significantly increased risk of TB infection. The CDC and the American College Health Association (ACHA) now recommend targeted proactive testing and treatment for latent TB infection among college and university students.

Join **Dr. Sonia Qasba** as she describes recent TB exposures at US colleges, details testing recommendations from the ACHA and the CDC, and describes how modern TB blood testing can improve the effectiveness and efficiency of college screening programs.

# Best practices in tuberculosis screening and prevention in long-term care facilities

More than 25% of tuberculosis (TB) cases in the USA occur in individuals over the age of 65. Long-term care facilities, including nursing homes and adult daycare facilities, face an increased risk of active TB exposure – putting residents, employees and the community at risk. National guidelines from the US Preventive Services Task Force (USPSTF) now recommend the screening of all persons entering congregate settings for latent TB infection (LTBI). Healthcare providers (HCPs) are also at an increased risk for TB and can benefit from systematic LTBI screening.

Join **Dr. Sonia Qasba** as she provides an overview of the best practices for TB screening in long-term care facilities.







View this webinar at go.qiagen.com/Studentrecording







View this webinar at go.qiagen.com/LTC-recording

### Combating the threat of TB through modern control method

Correctional facilities play a critical role in controlling TB. In this webinar, Dr. Masae Kawamura discusses recent policy advancements that are helping prevent tuberculosis in jails and prisons. You'll learn about the latest diagnostic tools for TB infection as well as new preventative treatment regimens that are increasing compliance and decreasing cost.

Join **Dr. Masae Kawamura** to answer top questions from your colleagues, such as how IGRA testing can help mitigate the current skin test (TST/PPD) shortage. Through case studies and publications, you'll learn why the CDC recommends modern TB blood testing and how they can streamline testing at your facility.







View this webinar at go.qiagen.com/Corrections







View this webinar at qiagen.com/USCIS-webinar-recording

# Understanding the USCIS TB testing guidelines for immigrations exams

As of October 1, 2018, the USCIS is no longer accepting the tuberculin skin test (TST) for US immigration exams. Instead, a TB blood test (interferon-gamma release assay or IGRA) is required for permanent resident applicants ages 2 and older. While an individual with a positive IGRA will be able to complete the status adjustment process, LTBI positive results must be reported to the local health department.

Join **Dr. Alawode Oladele** as he introduces the new IGRA requirement and the updated technical instructions. Learn how to interpret and manage IGRA results, and why this change is an important step in the CDC's march toward TB elimination in the US. Dr. Oladele is the medical director of countywide services for the DeKalb County Board of Health, Georgia.



# Occupational health screening for latent tuberculosis: an update

The occupational health setting carries unique risks for TB infection and latent TB reactivation.

Join **Dr. Manish Pareek** as he provides an overview of best practices for screening HCPs for TB infection, describes current global testing guidelines and provides a UK-specific perspective on TB screening in low-burden settings. Dr. Pareek will also discuss the performance and cost-effectiveness of modern TB blood tests (IGRAs). Dr. Pareek is an Associate Clinical Professor in Infectious Diseases at the University of Leicester.





View this webinar at go.qiagen.com/OccupationalHealth

Ready to learn more? Talk to your local QuantiFERON sales representative, or visit www.QuantiFERON.com.

### References

1. Lewinsohn, et al. (2017) Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention clinical practice guidelines: diagnosis of tuberculosis in adults and children. Clin. Infect. Dis. 64, 111–115.

QFT.Plus is an in vitro diagnostic aid for detection of Mycobacterium tuberculosis infection. QFT.Plus is an indirect test for M. tuberculosis infection (including disease) and is intended for use in conjunction with risk assessment, radiography, and other medical and diagnostic evaluations. The USA format of the QFT.Plus test has not been extensively evaluated with specimens from individuals who have impaired or altered immune functions, such as those who have HIV infection or AIDS, those who have transplantation managed with immunosuppressive treatment or others who receive immunosuppressive drugs (e.g., conticuted immunosuppressive drugs (e.g., conticuted immunosuppressive drugs (e.g., conticuted immunosuppressive drugs (e.g., leukemia and lymphomas), or those with other specific malignancies (e.g., carcinoma of the head or neck and lung), or individuals younger than age 17 years. QFT.Plus package inserts, up4o-date licensing information and product-specific disclaimers can be found at www.

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