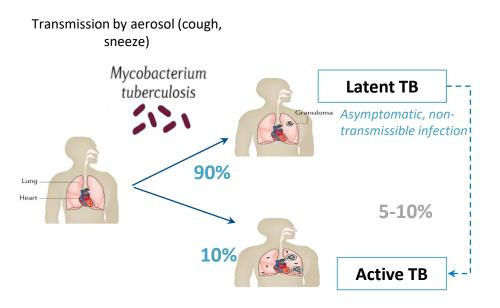
APRECIT: Improving the Management of Latent Tuberculosis Infection

Infection M. tuberculosis(TB)





Needs treatment for latent TB infection to prevent active TB disease but it has no reference test

Questions:

1: What is the performance of TST, IGRA tests in detecting the LTB knowing that there is no reference test?

2: How does living condition affect the development of latent infection to develop into active TB in Madagascar?

Acknowledgment: E2M2 team, Mirella, Rila, Marius, Anthonio



What is the performance of TST, IGRA tests in detecting the latent infection knowing that there is no reference test?

Model class latent

R function: poLCA(formula = cbind(TST, QTF, TSPOT) ~ 1, data = df, nclass = 2, nrep = 10, na.rm = FALSE, graphs = TRUE)

Outcome: Presence/absence of latent infection

Distribution: Binomial

Predictors: TST, QTF, TSPOT

Hypothesis: TST, QTF and TSPOT detect sufficiently the latent infection.

Data

The project recruited index cases with TB disease

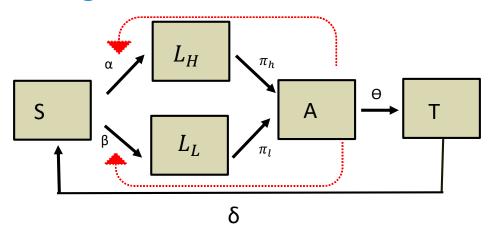
Set up household surveys of index active tuberculosis cases and follow-up over 18 months

Each household contact was tested with QTF, TST, TSPOT and has data on exposure variables in questionnaire



How does living condition affect the development of latent infection to develop into active TB in Madagascar?

Model diagram



States:

- **S**: susceptible

L_L: latent low nutrition
L_H: latent high nutrition

T: Treated

- A: active TB

Processes:

- α: Transmission latency rate from susceptible to latente with high nutrition
- **β**: Transmission latency rate from susceptible to high nutrition
- π_h : Activation rate from latent high nutrition to active TB
- π_l : Activation rate from latent low nutrition to active TB
- **\textstyle :** treated rate from active to treated
- δ : rate from treated to susceptible



Next steps

- 1- Stratification of the analysis in age group
- 2- Study more living conditions : clean water, time in household...
- 3- Opened population

