



TB control supporting partners in the country, should improve training of all the health workers on TB control services.

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#### Latent tuberculosis infection among close contacts of non-residential pulmonary tuberculosis patients in Shanghai, China



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**Background:** Under the fast urbanization, Shanghai is hosting more and more domestic rural-to-urban migrants who do not have a certified local residence. Tuberculosis is more prevalent in rural population in China. In 2014, non-residential population has accounted for 42.9% of new pulmonary tuberculosis (PTB) patients in Shanghai. Close contacts of non-residential patients are at high risk of latent tuberculosis infection (LTBI). This study aimed to understand the prevalence of LTBI in close contacts of non-residential PTB patients, and to identify the risk factors associated with LTBI in Shanghai.

**Methods & Materials:** A cross-sectional study was conducted among close contacts of non-residential PTB patients diagnosed in 2013-2014 in 4 districts of Shanghai. T-SPOT.TB was applied to detect the LTBI among contacts, together with a questionnaire for collecting information on demographics, socio-economic status, history of Bacille Calmette-Guérin (BCG) vaccination, symptoms of TB and details of contacting. The status of LTBI was defined as T-SPOT.TB positive plus no TB symptoms and a normal lung image by chest X-ray.

**Results:** In this study, 460 close contacts were self-reported by 226 registered PTB patients. Of these contacts, 43.0% were male and 58.0% were BCG vaccinated. Overall, 83 contacts had positive T-SPOT.TB results without TB symptoms, which presented an 18.0% (95%CI: 14.5%~21.6%) prevalence of LTBI. The prevalence of LTBI increased with age ( $X^2_{\text{linear trend}}=3.910$ ,  $p=0.048$ ), and exposure duration to PTB patients ( $X^2_{\text{linear trend}}=6.401$ ,  $p=0.011$ ). Stratified analysis by age (0-19, 20-39, 40-59, and  $\geq 60$  years) indicated that the association between LTBI prevalence and exposure duration was statistically significant at the age of 20-39 years ( $X^2_{\text{linear trend}}=4.947$ ,  $p=0.026$ ). Multivariate analysis showed that household contact significantly increased the risk of LTBI (aOR=9.030, 95%CI: 2.568-31.756); and contacts of PTB patients having cough (aOR=2.541, 95%CI: 1.258-5.133) and cavities in lung (aOR=1.698, 95%CI: 1.008-2.860) were more likely to be LTBI than those otherwise.

**Conclusion:** Close contacts of non-residential PTB patients had a relatively high LTBI prevalence. Intervention for infection control among PTB close contacts should be concerned in the policy development for ending TB in 2035 in Shanghai.

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#### The serum Th1 and Th2 cytokines levels in active tuberculosis patients before and after 2 month anti-TB treatment



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**Background:** Pulmonary tuberculosis (TB) remains a major public health burden in China. It is generally thought that while B cell- and antibody-mediated immunity plays an important role in host defense against extracellular pathogens. Given the role of cell-mediated immunity (CMI) in providing protection against TB, this study aims to investigate the levels, impact factors and variations of T helper 1 (Th1) (IFN- $\gamma$ , interleukin (IL)-2), and Th2 (IL-4, IL-10) cytokines in pulmonary TB patients before and the end of 2 month anti-TB treatment.

**Methods & Materials:** The active TB case-cohort was established in five districts designated TB diagnosis hospitals in Shanghai. All registered active TB patients diagnosed during 2013 to 2014 were investigated using structure questionnaire covering geographic, demographic, social-economic information and disease profile. Enzyme-linked immunosorbent assay (ELISA) was used to assess the level of serum IFN- $\gamma$ , IL-2, IL-4, and IL-10 before and 2 month later of the treatment.

**Results:** Overall 309 TB patients were enrolled, among which 72.49% (224) were male, and 78.64% (243) were sputum smear positive (SS+). The average age was 51.43, varied from 17 to 91. The sputum smear negative conversion rate at the end of 2 month anti-TB treatment was 75.72%. The mean of serum IFN- $\gamma$ , IL-2, IL-4, IL-10 levels of participants before anti-TB treatment were 43.30, 14.24, 43.21, and 29.33 pg/ml, respectively. The IFN- $\gamma$ , IL-2, and IL-10 were significantly decreased after 2 month anti-TB treatment (IFN- $\gamma$ : 36.41 pg/ml,  $p=0.003$ ; IL-2: 39.14 pg/ml,  $p<0.001$ ; IL-10: 12.31 pg/ml,  $p<0.001$ ). The cytokines rate of IFN- $\gamma$ /IL4 before and after 2 month anti-TB treatment was 3.56 and 2.16, respectively. There was no significant difference of cytokines rate between before and after 2 month treatment.

**Conclusion:** Th1 and Th2 cytokines may be involved in the development of pulmonary tuberculosis and impact on the prognosis of disease. Tracking the serum levels of relative cytokines may be helpful to explore the course of pulmonary tuberculosis and evaluate the efficacy of the treatment.

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