

QuantiFERON®-TB Gold Plus: Clinically proven, globally trusted

IGRA tuberculosis testing requirements for civil surgeons:
What you should know



According to the CDC and USCIS, the tuberculin skin test (TST) is no longer acceptable for US permanent resident applications (1, 2).

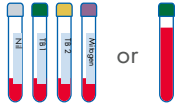

Table 1. QuantiFERON-TB Gold Plus (QFT®-Plus) advantages compared to the TST

	TST	QFT-Plus
Single patient visit	X	✓
Use of positive and negative controls	X	✓
Objective results	X	✓
Unaffected by BCG vaccination	X	✓
Unaffected by most environmental non-tuberculosis mycobacteria	X	✓

According to these same recommendations, a tuberculosis (TB) blood test (IGRA*) is required. IGRAs, such as QFT-Plus, are preferred over the TST due to its higher specificity and reduced likelihood of false-positive results, especially in individuals who have received the BCG vaccine.

Not all IGRAs are the same

Table 2. Comparison between the QFT-Plus and ELISPOT TB tests.†

	QFT-Plus (4)	ELISPOT TB test (3)
Performance	Sensitivity: 94.1% Specificity: 97.3% Indeterminates: 0.6%	Sensitivity: 90.7% Specificity: 94.8% Invalid: 3.5%
Retesting	Retesting is recommended for indeterminate results where technical issues are suspected (0.6%).	Retesting is recommended for borderline (equivocal) results (5.5%) and for invalid results (3.5%). In this case, the plasma sample cannot be retested; a fresh sample must be drawn.
Blood collection	With QFT-Plus, you have a choice: Either single-tube, 5 mL blood collection or four direct-tube 1 mL blood collection. 	A 4 to 6 mL blood draw is recommended for immunocompetent individuals to achieve sufficient PBMCs, but no recommendation is provided for immunosuppressed patients. 
Measurement and results	Objective and reproducible results using the optional software	Subjective results using visual, manual counting of "spots"

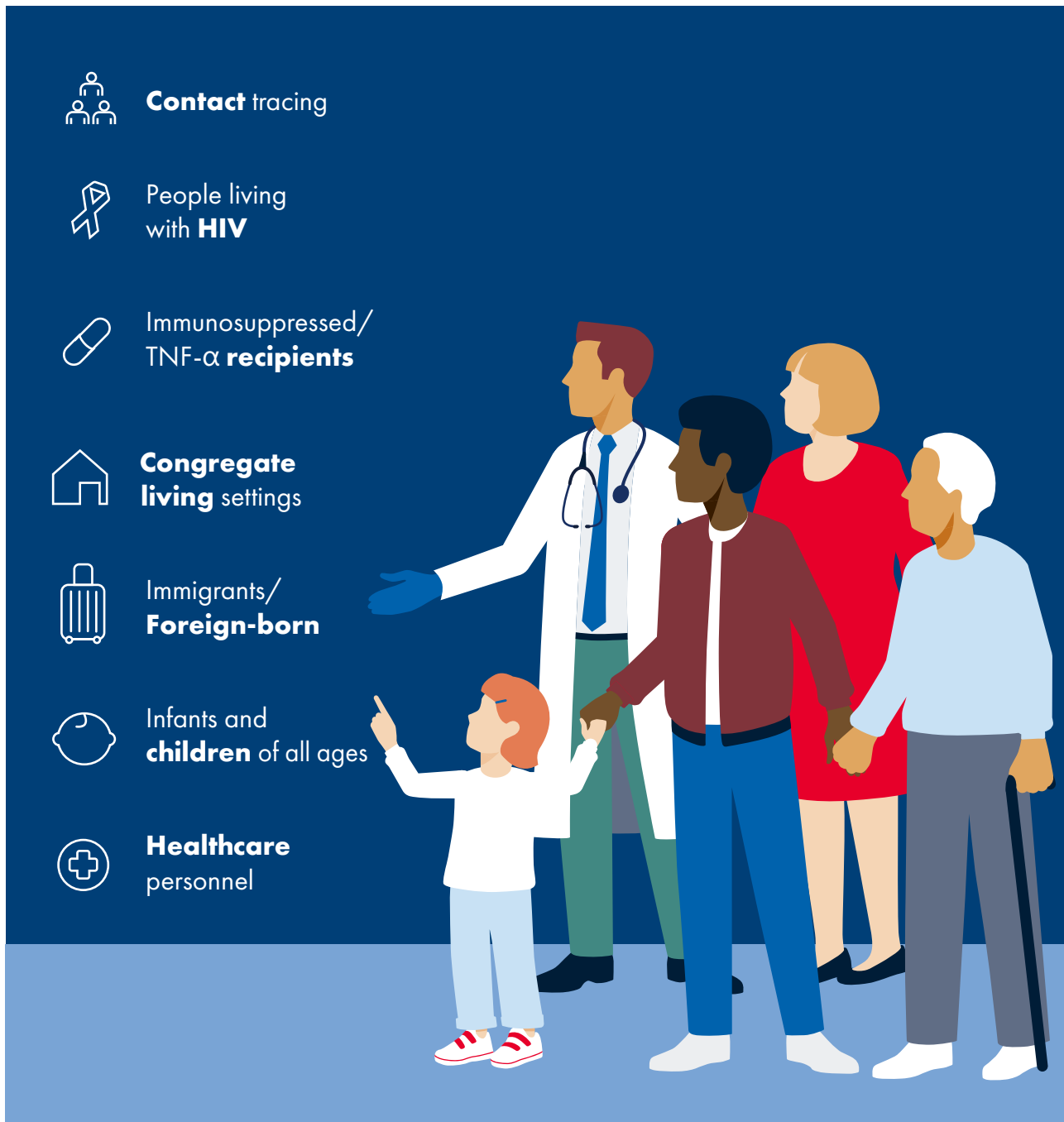
* IGRA: interferon-gamma release assay

† T-SPOT®.TB specificity against true claimed negatives and sensitivity against true claimed positives, according to the cutoffs of 8 spots or more for positive and 4 spots or less for negative as described in the US package insert. TSPOT.TB Invalid and Borderline results taken across subjects in Groups 1–5 as described in US package insert (3). QFT-Plus indeterminate rate calculated across Specificity, Sensitivity and Mixed Risk patient cohorts as described in US package insert (4).

QuantiFERON-TB Gold Plus: Decades of trust and clinical evidence

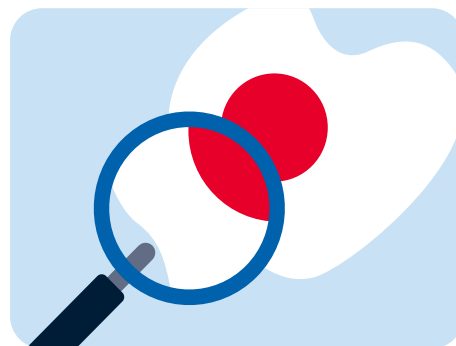
Civil surgeons like you make decisions that impact lives. When it comes to tuberculosis infection testing, your choice is about certainty, trust and confidence. We're proud to be your trusted partner, bringing you over 20 years of leadership in TB diagnostics and over 2700 publications.

QuantiFERON-TB Gold Plus is one of two IGRAs approved by the FDA, and ensures reliable, accurate TB infection testing across at-risk populations.



Targeted CD8 T-cell technology

QFT-Plus uses two distinct TB antigen tubes (TB1 and TB2). The TB2 tube contains additional peptides that induce responses from cytotoxic T lymphocytes (CD8 T-cells). These cells play a critical role during TB infection, especially in those who have active TB or are immunocompromised (4–8).



The TB test chosen by IPPA

We're proud to be a partner of the International Panel Physicians Association (IPPA) to raise awareness of TB screening requirements, particularly the use of IGRA testing (9). IPPA physicians benefit from the accuracy and efficiency of IGRAs like QFT-TB Gold Plus compared to traditional TB skin tests.



Your patients rely on you. You can rely on QuantiFERON-TB Gold Plus.

Visit: www.qiagen.com/tb-testing/risk-groups/migrants



References:

1. Tuberculosis: Technical Instructions for Civil Surgeons. US Centers for Disease Control and Prevention (CDC). <https://www.cdc.gov/immigrant-refugee-health/hcp/civil-surgeons/tuberculosis.html> (accessed March 10, 2025)
2. Tuberculosis: Technical Instructions for Panel Physicians. US Centers for Disease Control and Prevention (CDC). <https://www.cdc.gov/immigrant-refugee-health/hcp/panel-physicians/tuberculosis.html> (accessed March 10, 2025)
3. TSPOT®.TB Package Insert. PI-TB-US-0001 V13.
4. QuantiFERON®-TB Gold Plus (QFT®-Plus) Package Insert. 1095849 Rev. 09.
5. Barcellini L, et al. First independent evaluation of QuantiFERON-TB Plus performance. *Eur Respir J*. 2016;47:1587.
6. Chicchio T, et al. Polyfunctional T-cells and effector memory phenotype are associated with active TB in HIV-infected patients. *Infect*. 2014;69:533.
7. Ongaya A, et al. Mycobacterium tuberculosis-specific CD8+ T cell recall in convalescing TB subjects with HIV co-infection. *Tuberculosis*. 2013;93:S60.
8. Lanicioni C, et al. CD8+ T cells provide an immunologic signature of tuberculosis in young children. *Am J Respir Crit Care Med*. 2012;185:206.
9. Press Release, March 18, 2024: QIAGEN partners with International Panel Physicians Association to increase awareness of tuberculosis screening requirements <https://corporate.qiagen.com/English/newsroom/press-releases/press-release-details/2024/QIAGEN-partners-with-International-Panel-Physicians-Association-to-increase-awareness-of-tuberculosis-screening-requirements/default.aspx> (accessed March 10, 2025)

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