Natiijooyinka Tijaabada Qaaxada (TB) – Su'aalaha Inta Badan La Is Weydiiyo

Su'aalaha Guud

Eray-bixinta

TB	Qaaxada, oo sidoo kale loo yaqaan Mycobacterium tuberculosis complex
IGRA	Tijaabada dhiigga ee qaaxada Interferon-gamma release assay, oo sidoo kale loo yaqaan *QFT*, *TB Gold*, ama *T-SPOT*
LTBI	Caabuqa qarsoon ee qaaxada (Latent TB infection ()
CXR	Raajo laabta (Chest x-ray).
TST	Tijaabada maqaarka ee *Tuberculin*, oo sidoo kale loo yaqaano "Mantoux test", "PPD")

1. **Si loo helo macluumaadka cusub uguna fudud ee la xiriira shuruudaha tijaabada qaaxada (TB) ee goobaha caafimaadka, waa maxay ilooyinka ah in loo shaqeeyayaashu ka war hayaan?**

Waxaa muhiim ah in loo shaqeeyaha uu ka warqabo xeerarka gaarka ah ee Minnesota (MN) ee khuseeya muddada dib-u-tijaabinta (goormaa ay natiijo hore weli la aqbali karaa). Macluumaadkaas waxaa laga heli karaa buugga *Regulations for Tuberculosis Control in Minnesota Health Care Settings, July 2013 (PDF)* ee ku yaala bogga Waaxda Caafimaadka ee Minnesota, Minnesota Department of Health [Regulations for TB Control in Minnesota Health Care Settings - MN Dept. of Health]

Macluumaad dheeraad ah oo ku saabsan noocyada tijaabooyinka qaaxada (TB tests) waxaa laga heli karaa bogga Xarunta Xakamaynta iyo Ka Hortagga Cudurradaa (CDC)

i. [Baaritaanka Qaaxada | Qaaxada (TB) | CDC]
ii. [Xaashida Xaqiiqooyinka Tijaabada Maqaarka ee TB]
iii. [Shaxda Derbiga ee Tijaabada Maqaarka ee TB]

Macluumaad dheeraad ah oo ku saabsan aasaaska qaaxada, oo ay ku jiraan baaritaanka iyo tijaabinta, sidoo kale waxaa laga heli karaa bogga

i. [Qaaxada (TB) – Waaxda Caafimaadka ee Minnesota]
ii. [Tijaabada Maqaarka Qaaxada (Tuberculin Skin Test (TST)]

iii. Baaritaanka Qaaxada (Tijaabada Maqaarka) (Mantoux)

iv. Tijaabada Dhiigga ee Qaaxada (IGRA)

Su'aalaha Inta Badan La Is Weydiiyo ee TB

2. **Haddii aan leenahay shaqaale cusub oo aan u dhalan Maraykanka oo noo sheegaya in la tallaalay, maxay bixiyeyaasha adeegga weli ugu diraan in ay raajo laabta ah iska soo qaadan? Tani waxay dib u dhigtaa habka shaqo gelinta waxayna kordhisaa kharashka bixiyaha, annagoo og in natiijada ay noqon doonto.**

Marka hore, raac xeerarka baaritaanka qaaxada (TB) ee looga baahan yahay shatiga goobta (kuwaas oo lagu taxay buugga ku yaalla bogga Waaxda Caafimaadka ee Minnesota (MDH) ee kor lagu xusay, iyo qaabka habraaca ee ku qoran dhammaadka dukumeentigan).
Tijaabada TB waa shuruudda ugu horreysa ee baaritaanka TB, waxaana loo baahan yahay raajo laabta ah haddii tijaabadaas ay noqoto mid togan (positive). Warbixin afka ah oo sheegaysa tallaalka BCG ama tijaabo hore oo togan kaliya waxay tusaysaa in aan la hayn natiijo la diiwaangeliyey oo muujinaysa xaaladda TB-da qofka.

Xusuusnow, qofka laga tallaalay BCG isagoo dhallaan ah, waxaa tallaalkaas la siiyay sabab ah wuxuu ku noolaa waddan uu cudurka TB-da aad uga jiro. Tallaalka BCG ma joojiyo faafitaanka cudurka TB, balse wuxuu yareeyaa halista cudurku iyo dhimashada carruurta. Qofka ka yimid waddan TB uu ku badan yahay wuxuu halis weyn ugu jiraa inuu qabo caabuqa qarsoon ee TB-da (*Latent TB infection*). Tallaalka BCG ee la bixiyo carruurnimada wuxuu sababi karaa natiijo been togan ah marka la sameeyo tijaabada maqaarka ee TB-da (*TST* ama *Mantoux*), hase yeeshee saameynta tallaalka BCG ee TST waxay yaraataa 10 ilaa 15 sano kadib.
Sidaas darteed, inta badan natiijooyinka TST waa sax haddii la sameeyo 10 ilaa 15 sano kadib tallaalka. Haddii shaqaale uu ka walwalsan yahay in natiijadiisu noqoto been togan sababo la xiriira tallaalka BCG, waa in la siiyo tijaabada dhiigga ee TB (*IGRA*). Tijaabooyinka dhiigga ee TB-da kama falceliyaan tallaalka BCG.

3. **Maxaan uga tagin tijaabada TB ee dadka la tallaalay BCG oo keliya aan u samayn raajo laabta ah?**

Ujeeddada baaritaanka TB-da waa in lagu ogaado haddii uu qofku qabo cudurka TB ee firfircoon ama caabuqa qarsoon ee TB-da. Raajo laabta ah oo keliya ma muujinayso haddii qofka uu asalkiisu yahay mid togan oo TB ah. Kaliya tijaabo TB ah oo sax ah oo lagu daro baaritaan calaamadaha TB-da iyo raajo laabta ah marka loo baahdo ayaa na siin kara xogtaas.Ujeeddada raajada laabta waa in la hubiyo in cudur firfircoon uusan ku jirin sambabada, si loo xaqiijiyo in in kasta oo qofka uu leeyahay caabuq qarsoon oo TB ah (ka hurda, aan cudur qabin), haddana uu si nabad ah u sii wadi karo daryeelka bukaanka maadaama uusan qabin TB firfircoon (cudur qaba, laga yaabo inuu cudurka gudbiyo).

DEPARTMENT OF HEALTH

4. **Sidee loo fasiraa natiijooyinka Tijaabada Dhiigga iyo Raajada Laabta, maxaase macluumaad ah ee looga baahan yahay in lagu daro natiijooyinka sida ay sheegtay Waaxda Caafimaadka ee Minnesota (MDH)?**

Su'aashan waxaa si joogto ah u weydiiya bixiyeyaasha adeegyada caafimaadka, waxaana la fahamsan yahay in ay adkaan karto. Tijaabooyinka dhiigga ee TB (*IGRAs*) waxaa lagu soo bandhigi karaa nuqul shaybaarka ah ama qoraal ka socda diiwaanka caafimaad, waxaana badanaa lagu daraa qiimayn tayo iyo tiro ah (qualitative iyo quantitative values).

DEPARTMENT OF HEALTH

Su’aalaha Inta Badan La Is Weydiiyo ee TB

Ma aha inaad fasirto qiimayaasha tirada ah (quantitative values). Bixiyeyaasha caafimaad ayaa isticmaali doona macluumaadkaas marka ay samaynayaan ogaanshaha cudurka (tusaale ahaan, natiijo aad u togan).Adiga waxa kaliya ee lagaa doonayo waa natiijada tayada leh (qualitative value), taas oo ah natiijada dhabta ah ee tijaabada, waana in si cad loogu muujiyo “to gan (positive)” ama “taban (negative)”.Haddii natiijadu tahay “aan caddayn” ama aan la go’aamin karin (indeterminate / non-conclusive), waa in tijaabada dib loo celiyo.
Natiijo kasta oo togan waxay u baahan tahay raajo laabta ah.
Raajooyinka la aqbali karo waa kuwa la qaaday 3 bilood ka hor taariikhda natiijada togan ama ka dib taariikhdaas.Natiijada raajada laabta ee la soo sheegay waa inay si cad u muujisaa in cudur aan la helin, si loo xaqiijiyo in aan u baahnayn baaritaan dheeraad ah (tusaale ahaan: *negative, no TB indicated, within normal values, not indicative of disease, clear*). Fadlan la xiriir barnaamijka TB-da haddii aad qabtid su’aalo ku saabsan natiijooyinka ogaanshaha:
Waaxda Caafimaadka ee Minnesota (MDH) – Khadka weyn ee Aqoonsiga Cudurrada (ID mainline): 651-201-5414).

i. **Sida loo fasirto natiijooyinka tijaabada – Xarunta Xakamaynta iyo Ka Hortagga Cudurrada CDC**

5. **Sidee Minnesota u go’aamisaa shuruudaha tijaabada TB, sida muddada 90-ka maalmood? Waxaa jira gobollo xuduud la ah oo leh shuruudo aad u kala duwan ama aan lahayn shuruudo toos ah.**

Minnesota waxay dejisay xeerar ku saleysan tilmaamaha Xarunta Xakamaynta iyo Ka Hortagga Cudurrada (CDC) iyo isbeddellada cudurrada ee deegaanka. Waxaa muhiim ah in la ogaado in heerka cudurka TB ee Minnesota uu ka sarreeyo dhammaan gobollada dariska la ah.Talo-soo-jeedintii ka dhalatay daraasadda Isbeddelka Nidaamyada Iskaashi ee TB-da (Collaborative Systems Change study) — oo sidoo kale lagu falanqeeyay kulamadii hirgelinta isbeddelka ee lala yeeshay goobaha ALF, adeegyada Home Care, iyo u-doodayaasha kale ee bixiyeyaasha — waxay ahayd in dib loo eego xeerka 90-ka maalmood ee aqbalaadda tijaabooyinka hore ee taban. Talo-soo-jeedintan oo lagu kordhinayo muddada waqtigaas hadda waa la baarayaa.

6. **Haddii aan haysto shaqaale ii shaqaynayay 5 sano oo ka maqnaa 45 maalmood dabadeedna soo noqday, ma ku celinayaa tijaabada TB?**

Haddii uu shaqaale ka maqnaa muddo gaaban oo uu dib u soo laabtay iyadoo aan la hayn xog muujinaysa in uu la kulmay TB (exposure), waxaa suuragal ah in la helo ka-dhaafitaan (waiver) si aan loogu celin baaritaanka TB. Iimayl u dir (Sarah.Gordon@state.mn.us) si aad u codsato ka-dhaafitaanka, adigoo gudbinaya Faahfaahinta baaritaannadii TB ee hore: (taariikhaha tijaabada, natiijooyinka, nooca tijaabada la isticmaalay). Qiimeynta khatarta TB ee shaqaalaha tan iyo tijaabadii u dambaysay. Ma jiray la kulmo shaqo ama mid shakhsiyeed oo TB sambabada ah? Ma jiray safar waddan TB ku baahsan ah oo socday 2 bilood ama ka badan?Ma jiray howlgelin ciidan.

DEPARTMENT OF HEALTH

7. **Waxaan leenahay shaqaale cusub oo noo sheegaya in ay 30 maalmood ka hor shaqadoodii hore ku sameeyeen baaritaanka oo ay dhammeeyeen tijaabada maqaarka ee Mantoux. Maxay loo shaqeeyayaashu lacag ugu bixiyaan in ay ku celiyaan nidaamkan tijaabo oo aan weli gaarin 90 maalmood? Ma jirtaa hab ka wanaagsan?**

Haa!! Tani sidoo kale waa mowduuc si faahfaahsan looga hadlay intii lagu jiray kulamadii Hirgelinta Isbeddelka. U-wareegidda natiijooyinka tijaabada (test portability) waa arrin walaac leh. Waxay keentaa dib u dhac ku yimaada shaqaalaha oo aan si degdeg ah u bilaabin waajibaadkooda daryeelka bukaanka, sidoo kalena waxay bixiyeyaasha ku keentaa kharash aan loo baahnayn. Aan ka hadalno dhammaan hababka kala duwan ee bixiyeyaasha adeeggu ay qaadi karaan si ay uga caawiyaan fududeynta u-wareegidda natiijooyinka tijaabada.

- Hubi in shaqaalaha cusub ay had iyo jeer helaan natiijooyinkooda tijaabada..

Su'aalaha Inta Badan La Is Weydiiyo ee TB

- Waxaan ognahay in inta badan, haddii aanay dhammaan, shaqaaluhu aysan weydiin natiijooyinkooda tijaabada, balse tani waa qayb muhiim ah oo ku saabsan u-wareegidda natiijooyinka (portability).
- In shaqaalaha la siiyo nuqul, lagu sawiro (scan) lana u diro iimaylkooda shaqsiyeed, ama la hubiyo in shaybaarku siiyo nuqul natiijada tijaabada dhiigga iyo/ama raajada laabta waa arrin muhiim ah. Tani waa macluumaadka caafimaad ee shaqaalaha.
- Bar shaqaale kasta muhiimadda uu leeyahay kaydinta diiwaankaas iyo muddada uu natiijadaasi ansax ahaanayo. Hoos waxaa ku yaalla ilo aad siin karto.

  I. Waxaad U Baahan Tahay Inaad Ka Ogaato Natiijooyinkaaga Qaaxada (TB) *(What Should Know About Your TB Results?)*

  II. Tababarka TB 101 ee Shaqaalaha Caafimaadka – CDC *(TB 101 Training for Health Care Workers – CDC)*

  III. Foomka Oggolaanshaha Caadiga ah ee Minnesota ee Sii-daynta Macluumaadka Caafimaadka *(Minnesota Standard Consent Form to Release Health Information)*

Samee siyaasad iyo habraac cusub oo qeexaya nidaam ay loo shaqeeyayaashu ku wadaagi karaan natiijooyinka tijaabada TB ee shaqaalaha si ay ula wadaagaan bixiyeyaasha kale ee daryeelka caafimaadka. Siyaasaddu waa inay ku jirtaa foom oggolaansho shaqaale cusub oo oggolaanaya in natiijooyinkiisa TB lala wadaago loo shaqeeyayaal kale oo caafimaad, habraac lagu codsado xaaladda tijaabada TB ee shaqaalaha marka la shaqaaleysiinayo cusub, habraac lagu codsado natiijooyinka tijaabada TB iyo macluumaadka xiriirka ee natiijooyinka haddii shaqaaluhu aanu haysan caddeyn natiijo ah. Kaliya iyadoo loo shaqeeyayaasha caafimaadku iska kaashanayaan hubinta in shaqaalaha ay si fudud u heli karaan natiijooyinkoodii hore ee tijaabada TB ayaa la horumarin karaa u-wareegidda natiijooyinka tijaabada (test portability).

Mabaadi'da guud ee tijaabada laba-tallaabo ee TST:

Saameynta kicinta (Boosting action)

- Tijaabada laba-tallaabo ah ayaa loo baahan yahay sababtoo ah tallaabada koowaad ee tijaabadu waxay kicisaa nidaamka difaaca jirka, taasoo ka dhigaysa natiijada tallaabada labaad mid sax ah. Sida uu sheegay Xarunta Xakamaynta iyo Ka Hortagga Cudurrada (CDC), saameyntan kicinta waxay socotaa muddo dhan 12 bilood. Sidaa darteed, haddii qofku leeyahay natiijo tijaabo TST oo taban oo la sameeyay 12-kii bilood ee la soo dhaafay, waxaa kaliya la sameeyaa hal TST oo cusub si loogu tixgeliyo qayb ka mid ah tijaabada laba-tallaabo. TST-ga cusub waa in la sameeyaa ka hor inta aan la bilaabin daryeelka bukaanka..

Heerka dahabiga ah (Gold standard)

- Marka la samaynayo tijaabada laba-tallaabo ee TST, heerka ugu wanaagsan waa in tallaabada labaad la sameeyo 1 ilaa 3 toddobaad kadib marka la akhriyo natiijada tallaabada koowaad. Haddii shaqaalaha cusub uu seego ballanta tallaabada labaad, waa in la diiwaangeliyaa seegistaas iyo qorshaha lagu hubinayo in dib loo tijaabiyo. Habka laba-tallaabo ah waa shuruud tijaabo oo looga baahan yahay shatiga goobta, sidaas darteed waa

in goobtu dejisaa qorshe si loo hubiyo in shaqaaluhu ku soo noqdaan tallaabada labaad. Abaal-marinno ayaa ka caawin kara in la ilaaliyo ku-dhaqanka nidaamka (tusaale, tijaabinta inta lagu jiro saacadaha shaqada, isticmaalka kaararka hadiyadda, ama kordhinta mushaharka kadib muddada tijaabada). Bedelidda habka tijaabada ee IGRA sidoo kale waxay gacan ka geysan kartaa hubinta in la ilaaliyo nidaamka.

Warbixin afka ah

- Haddii shaqaale cusub uu si afka ah u sheego (iyadoo aan la hayn wax dukumeenti ah) in uu hore u yeeshay natiijooyin TST oo togan, waa in lagu tijaabo keliya habka IGRA. Mar labaad samaynta TST qof hore u noqday togan waxay keeni kartaa saameyn xun oo caafimaad.

Su'aalaha Inta Badan La Is Weydiiyo ee TB

Warbixin afka ah (Verbal reports)

- Haddii shaqaale cusub uu si afka ah u sheego (iyadoo aan la hayn wax dukumeenti ah) in uu hore u yeeshay natiijooyin TST oo togan, waa in lagu tijaabo keliya habka IGRA. Mar labaad samaynta TST qof hore u noqday togan waxay keeni kartaa saameyn xun oo caafimaad.

Habraaca (Algorithm) ee Baaritaanka Aasaasiga ah ee TB-da

Shaqaalaha cusub oo dhan waxaa lagu sameeyaa isla nidaamka baaritaanka TB:

- Samee baaritaan calaamadaha TB-da iyo su'aalo taariikhda halista TB-da ah.
- Samee tijaabada TB (laba-tallaabo *TST* ama hal *IGRA*).
    - TST-ga koowaad ama IGRA waa in la dhammeeyaa oo noqdaa taban ka hor inta aan la bilaabin daryeelka bukaanka.
    - Haddii qofku si afka ah u sheego tijaabo TST oo hore u ahayd mid togan laakiin aanu haysan dukumeenti, waa in lagu sameeyaa keliya IGRA.
    - Haddii qofku sheego in uu hore uga falceliyey TST, waa in lagu sameeyaa keliya IGRA.
    - Haddii tijaabada TB-da ay noqoto togan, samee raajo laabta ah.
    - Haddii raajada laabta ay muujiso wax aan caadi ahayn, dhakhtar ha xaqiijiyo in aan cudur TB firfircoon jirin ka hor inta aan shaqada la bilaabin.
    - Haddii qofka natiijadiisu tahay TB togan oo aasaasi ah, samee baaritaan sannadle ah oo calaamadaha TB-da ah.
    - Haddii la keeno caddeyn muujinaysa in daaweynta TB la dhammeeyay, baaritaanka calaamadaha TB-da sannadlaha ah waa la joojin karaa.
    - Dhammaan shaqaalaha waa in la siiyo tababar sannadle ah oo ku saabsan TB (calaamadaha, sida uu ku faafo, iyo ka hortagga infekshanka).

Dukumeentiyada la aqbali karo ee natiijooyinka hore:

- Dukumeenti muujinaya natiijo hore oo TB togan (ma khusayso da'da natiijada).
- Dukumeenti muujinaya raajo laabta oo hore u ahayd taban, haddii ay leedahay taariikh 3 bilood ka hor natiijada TB-da togan ama wixii ka dambeeya taariikhdaas.
    - Haddii shaqaalaha cusub uu haysto raajo laabta oo keliya balse aanu lahayn natiijo tijaabo TB, dib u bilaab habka baaritaanka oo samee tijaabo TB cusub (IGRA).
- Caddeyn caafimaad oo muujinaysa in daaweynta TB la dhammeeyay waxay beddeli kartaa tijaabada TB togan.
    - Haddii la bixiyo caddeynta daaweynta TB ee la dhammeeyay, baaritaanka calaamadaha TB sannadlaha ah looma baahna.
- Dukumeenti muujinaya IGRA taban oo la dhammeeyay 90 maalmood gudahood ka hor shaqaaleysiinta.
    - IHaddii tijaabadu ay wax yar ka baxdo muddada 90-ka maalmood, u dir iimayl sarah.gordon@state.mn.us si aad u codsato ka-dhaafitaan (ku lifaaq taariikhda halista TB).
- Dukumeenti muujinaya laba-tallaabo TST oo taban, haddii tallaabada labaad la dhammeeyay 90 maalmood gudahood ka hor shaqaaleysiinta (tallaabada koowaadna la

dhammeeyay 12 bilood gudahood ka hor tallaabada labaad).

- Dukumeenti muujinaya TST taban oo la dhammeeyay 12-kii bilood ee la soo dhaafay. Si looga dhigo tijaabo laba-tallaabo ah, samee hal TST oo cusub ka hor inta aan la bilaabin daryeelka bukaanka.

Waxaa la cusboonaysiiyay 11/03/2025