

## TB Follow-Up Recommendations for Arrivals with TB Class Condition

Arrival's Class Status	TB Follow-up Recommendations
No TB Class – Refugee Arrivals (TB follow up for immigrants with no TB class is not required)	<ul> <li>Evaluate for signs and symptoms that may have developed since their overseas exam</li> <li>A chest x-ray (CXR) should be performed for those who have signs or symptoms compatible with TB disease, regardless of pending TST or IGRA.</li> <li>Administer a Mantoux tuberculin skin test (TST) or an interferon-gamma release assay (IGRA) such as QFT-GIT® or T-SPOT®, regardless of BCG history, unless they have a documented previously positive test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. A TST administered prior to 6 months of age may yield a false negative result.</li> <li>A chest x-ray (CXR) should also be performed for all individuals with a positive TST or IGRA test.</li> </ul>
Class A TB — active pulmonary TB disease, sputum smear or culture positive; requires a waiver (i.e., on treatment and smear-negative prior to travel)	<ul> <li>Consider this patient to have active TB disease (suspected or confirmed).</li> <li>Perform a state side chest x-ray</li> <li>Review overseas medical exam and treatment documentation.</li> <li>Assess the patient clinically and do additional diagnostic testing, such as sputum collection if indicated and continue or revise treatment regimen, as indicated.</li> <li>Report all active cases of TB disease to IDPH by calling (515) 281-7504 within one working day. Please fax TB reports to (515) 281-4570.</li> </ul>
Class B1 TB — evidence of pulmonary or extrapulmonary TB disease, sputum smear-negative; includes "old healed TB", and previously treated TB.	<ul> <li>Evaluate for signs and symptoms of TB disease that may have developed since their overseas exam.</li> <li>Administer a tuberculin skin test (TST) or IGRA, such as a QFT-GIT® or T-SPOT®, regardless of BCG history, unless they have documentation of a previous positive test.</li> <li>Do a CXR regardless of TST/IGRA result.</li> <li>Do additional tests (e.g., sputa for AFB, etc.), as indicated, to determine TB diagnosis (i.e., latent TB infection [LBTI] or active TB disease).</li> </ul>
Class B2 TB — LTBI  (TST ≥ 10 mm)	<ul> <li>Consider this patient to have LTBI. Evaluate for signs and symptoms of TB disease that may have developed since their overseas exam.</li> <li>Consider a repeat TST or IGRA, if indicated, to confirm or rule-out an overseas diagnosis of LBTI.</li> <li>Do a CXR unless the patient had repeated CXRs overseas showing improvement or stability and the most recent CXR was less than 3 months ago. If HIV+, do a CXR regardless of overseas CXR results.</li> <li>Do a chest x-ray (CXR) for those who have signs or symptoms compatible with TB disease, regardless of previous results.</li> <li>It is a standard practice in the United States to offer treatment for LBTI. A stateside medical evaluation must be done before initiating LTBI treatment.</li> </ul>
Class B3 TB — TB Contact (contact to a confirmed case of TB overseas)	<ul> <li>This person is a contact to a known TB case overseas. Evaluate for signs and symptoms of TB disease that may have developed since their overseas exam.</li> <li>Administer a tuberculin skin test (TST) or Interferon Gamma Release Assay (IGRA) such as QFT-GIT® or T-SPOT®, regardless of BCG history.</li> <li>Do a chest x-ray (CXR) for individuals with a positive TST or IGRA test, and anyone with symptoms compatible with TB disease, regardless of the TST or IGRA result.</li> </ul>

Rev: 11-2010



## TB Follow-Up Recommendations for Arrivals with TB Class Condition

## NOTE:

- Sputum collection: If indicated (*symptomatic patients and/or CXR consistent W/TB*), collect 3 sputa (or request local health department to collect) and submit to University Hygienic Lab (UHL) for TB analysis.
- IGRA (QFT-GIT or T-SPOT) is preferred for testing persons who have received BCG vaccination due to increased diagnostic specificity. Available at UHL
- Complete the TB Follow-up Worksheet for ALL TB Class B arrivals.

Return form by mail or fax to: IDPH TB Program

Lucas Building Phone: (515)281-7504/515-281-8636

321 East 12<sup>th</sup> Street Fax: (515) 281-4570

Des Moines, IA 50319

\_\_\_\_\_

-----To obtain sputum collection kits and/or IGRA (QFT-G/T-SPOT) call:

University Hygienic Lab 1-800-421-4692

Rev: 11-2010 2