

## Recommended Medical Follow-up for TB Class B Arrivals

Class Status	TB Follow-up Recommendations		
<p><b><u>Class B1 TB</u></b>  <b>Panel physician found evidence of extrapulmonary or sputum AFB smear negative pulmonary TB disease. Includes old healed TB, and previously treated TB</b></p>	<ol style="list-style-type: none"> <li>1. Evaluate for signs and symptoms of TB disease that may have developed since pre-departure exam.</li> <li>2. Administer a TST or IGRA (i.e., QFT® or T-SPOT®) regardless of BCG history, unless the person has a reliable history of previous treatment for TB or reliable documentation of a previous positive test.</li> <li>3. Do a CXR, regardless of TST/IGRA result.</li> <li>4. Verify any previous treatment for TB via pre-departure exam or by patient report.</li> <li>5. Establish a diagnosis (i.e., LTBI or active TB disease). Do additional diagnostic tests (e.g., sputa for AFB, other imaging), as indicated, to determine diagnosis.</li> <li>6. If active TB is suspected or diagnosed, report to MDH by calling 651-201-5414 within one working day.</li> <li>7. If LTBI is diagnosed, consider treatment for LTBI.               <ul style="list-style-type: none"> <li>• See MDH TB Program website for treatment recommendations.</li> </ul> </li> </ol>		
<p><b><u>Class B2 TB</u></b>  <b>LTBI (TST ≥ 10 mm)</b>  <b>Panel physician diagnosed this patient with LTBI, and treatment was not initiated or completed prior to arrival</b></p>	<ol style="list-style-type: none"> <li>1. Evaluate for signs and symptoms of TB disease that may have developed since pre-departure exam.</li> <li>2. If previous results are unreliable, repeat TST or IGRA to confirm or rule-out LTBI diagnosis.</li> <li>3. Do a CXR unless the patient had repeated CXRs overseas showing improvement or stability and the most recent CXR was done less than 3 months ago.</li> <li>4. Do a CXR for those who are HIV+ or who have signs or symptoms compatible with active TB disease, regardless of previous results.</li> <li>5. – 7. same as above</li> </ol>		
<p><b><u>Class B3 TB</u></b>  <b>TB Contact – Pre-departure exposure to a confirmed TB case and pre-departure screening test (TST or IGRA) was negative</b></p>	<ol style="list-style-type: none"> <li>1. Evaluate for signs and symptoms of TB disease that may have developed since pre-departure exam.</li> <li>2. Administer a TST or IGRA regardless of BCG history.</li> <li>3. Do a CXR for patients with a positive TST or IGRA, or with symptoms compatible with TB disease, regardless of the TST or IGRA result.</li> <li>4. If more information about the source case is needed (e.g. drug resistance), call the TB Program Refugee and Immigrant Coordinator at 651-201-5414.</li> <li>5. – 7. same as above</li> </ol>		
<p><b>Additional Considerations:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> MDH offers free TB medications for active TB and LTBI. Order by phone or via MDH website.</li> <li><input type="checkbox"/> Pregnancy is not a contraindication for TB testing or for treatment of active or latent TB.</li> <li><input type="checkbox"/> For most refugees and immigrants, TST is positive if ≥10 mm induration.</li> <li><input type="checkbox"/> Use 5 mm TST cutoff for: HIV+, recent close contact to infectious TB case, arrivals with Class B1 TB or fibrotic changes on CXR, organ transplant, or otherwise significantly immunocompromised.</li> <li><input type="checkbox"/> A TST administered prior to 6 months of age may yield a false negative result.</li> <li><input type="checkbox"/> IGRA testing is approved for use in anyone ≥5 years of age. TST is preferred for patients age &lt;5 years.</li> <li><input type="checkbox"/> CDC recommendations state that although a TST is acceptable, the IGRA is preferred for BCG-vaccinated persons age 5 years or older.</li> </ul>			
<p>■ <b>Return completed <u>TB Class Follow-up Worksheet</u> to:</b></p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="border: 1px solid black; padding: 5px; width: 30%;"> <p style="margin: 0;"><b>MDH TB Program website:</b>  <a href="http://www.health.state.mn.us/tb" style="color: blue; text-decoration: underline;">www.health.state.mn.us/tb</a></p> </div> <div style="width: 60%;"> <p style="margin: 0;">MDH TB Program            Freeman Office Building            625 N. Robert St.            P.O. Box 64975            St. Paul, MN. 55164-0975</p> <p style="margin: 0; text-align: right;"><b>Fax: 651-201-5500</b>  <b>Phone: 651-201-5414</b></p> </div> </div>			
<p><b><u>Abbreviations/Definitions:</u></b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>AFB</b> - acid fast bacilli  <b>BCG</b> - Bacille Calmette-Guerin vaccine  <b>CXR</b> - chest x-ray  <b>IGRA</b> - Interferon Gamma Release Assay</p> </td> <td style="width: 50%; vertical-align: top;"> <p><b>LTBI</b> - latent TB infection  <b>QFT® or T-SPOT®.</b> - Quantiferon and T-Spot are trade names of the two IGRAs available in MN  <b>Panel Physician</b> – Clinician responsible for pre-departure exam  <b>TST</b> - tuberculin skin test (“Mantoux”)</p> </td> </tr> </table>		<p><b>AFB</b> - acid fast bacilli  <b>BCG</b> - Bacille Calmette-Guerin vaccine  <b>CXR</b> - chest x-ray  <b>IGRA</b> - Interferon Gamma Release Assay</p>	<p><b>LTBI</b> - latent TB infection  <b>QFT® or T-SPOT®.</b> - Quantiferon and T-Spot are trade names of the two IGRAs available in MN  <b>Panel Physician</b> – Clinician responsible for pre-departure exam  <b>TST</b> - tuberculin skin test (“Mantoux”)</p>
<p><b>AFB</b> - acid fast bacilli  <b>BCG</b> - Bacille Calmette-Guerin vaccine  <b>CXR</b> - chest x-ray  <b>IGRA</b> - Interferon Gamma Release Assay</p>	<p><b>LTBI</b> - latent TB infection  <b>QFT® or T-SPOT®.</b> - Quantiferon and T-Spot are trade names of the two IGRAs available in MN  <b>Panel Physician</b> – Clinician responsible for pre-departure exam  <b>TST</b> - tuberculin skin test (“Mantoux”)</p>		