# Recommended Medical Follow-up for TB Class B Arrivals

## Class Status

<table>
<thead>
<tr>
<th>Class Status</th>
<th>TB Follow-up Recommendations</th>
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<tbody>
<tr>
<td><strong>Class B1 TB</strong>&lt;br&gt;Panel physician found evidence of extrapulmonary or sputum AFB smear negative pulmonary TB disease. Includes old healed TB, and previously treated TB</td>
<td>1. Evaluate for signs and symptoms of TB disease that may have developed since pre-departure exam.&lt;br&gt;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.&lt;br&gt;3. Do a CXR, regardless of TST/IGRA result.&lt;br&gt;4. Verify any previous treatment for TB via pre-departure exam or by patient report.&lt;br&gt;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.&lt;br&gt;6. If active TB is suspected or diagnosed, report to MDH by calling 651-201-5414 within one working day.&lt;br&gt;7. If LTBI is diagnosed, consider treatment for LTBI.&lt;br&gt;• See MDH TB Program website for treatment recommendations.</td>
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<td><strong>Class B2 TB</strong>&lt;br&gt;LTBI (TST &gt; 10 mm)&lt;br&gt;Panel physician diagnosed this patient with LTBI, and treatment was not initiated or completed prior to arrival</td>
<td>1. Evaluate for signs and symptoms of TB disease that may have developed since pre-departure exam.&lt;br&gt;2. If previous results are unreliable, repeat TST or IGRA to confirm or rule-out LTBI diagnosis.&lt;br&gt;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.&lt;br&gt;4. Do a CXR for those who are HIV+ or who have signs or symptoms compatible with active TB disease, regardless of previous results.&lt;br&gt;5. – 7. same as above</td>
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<td><strong>Class B3 TB</strong>&lt;br&gt;TB Contact – Pre-departure exposure to a confirmed TB case and pre-departure screening test (TST or IGRA) was negative</td>
<td>1. Evaluate for signs and symptoms of TB disease that may have developed since pre-departure exam.&lt;br&gt;2. Administer a TST or IGRA regardless of BCG history.&lt;br&gt;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.&lt;br&gt;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.&lt;br&gt;5. – 7. same as above</td>
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### Additional Considerations:
- MDH offers free TB medications for active TB and LTBI. Order by phone or via MDH website.
- Pregnancy is not a contraindication for TB testing or for treatment of active or latent TB.
- For most refugees and immigrants, TST is positive if ≥10 mm induration.
- 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.
- A TST administered prior to 6 months of age may yield a false negative result.
- IGRA testing is approved for use in anyone ≥5 years of age. TST is preferred for patients age <5 years.
- CDC recommendations state that although a TST is acceptable, the IGRA is preferred for BCG-vaccinated persons age 5 years or older.

### Abbreviations/Definitions:
- **AFB** - acid fast bacilli
- **BCG** - Bacille Calmette-Guerin vaccine
- **CXR** - chest x-ray
- **IGRA** - Interferon Gamma Release Assay
- **LTBI** - latent TB infection
- **QFT® or T-SPOT®** - Quantiferon and T-Spot are trade names of the two IGRAst available in MN
- **Panel Physician** – Clinician responsible for pre-departure exam
- **TST** - tuberculin skin test ("Mantoux")

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MDH TB Program website: [www.health.state.mn.us/tb](http://www.health.state.mn.us/tb)

Return completed TB Class Follow-up Worksheet to: MDH TB Program<br>Freeman Office Building<br>625 N. Robert St.<br>P.O. Box 64975<br>St. Paul, MN. 55164-0975

Fax: 651-201-5500<br>Phone: 651-201-5414

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