TB Assessment for Refugees and Immigrants

Obtain medical history, including any current TB signs/symptoms

Administer Mantoux Tuberculin Skin Test (TST) or Interferon Gamma Release Assay (IGRA) (unless documented previous positive or history of previous treatment for TB disease)

TST or IGRA Negative

No - and TST/IGRA negative

Signs/symptoms consistent with active pulmonary or extrapulmonary TB?

Yes - stable, consistent with old, healed TB, or non-TB abnormality

Yes - consistent with TB disease

Sputum specimens on 3 consecutive days for AFB smear & mycobacterial cultures OR extrapulmonary evaluation, as indicated by ATS/CDC diagnostic guidelines: [www.cdc.gov/nchstp/tb](http://www.cdc.gov/nchstp/tb)

TST or IGRA Positive

Perform a Chest x-ray (CXR)

Chest x-ray abnormalities?

No

Yes

Signs/symptoms consistent with active pulmonary or extrapulmonary TB?

Yes

Candidate for LTBI treatment

Active TB disease ruled out?

Yes

Contact MDH to order TB medications, if needed: (651) 201-5414

Contact MDH to report suspected TB disease and order medications, if needed: (651) 201-5414

No

Complete Minnesota Refugee Health Assessment form and return to: Local Public Health or MDH per county protocol

Additional considerations:

- For most refugees and immigrants, TST is positive if ≥10 mm induration. Use 5 mm cutoff for: HIV+, recent close contact to infectious TB case, arrivals with TB Class conditions (A, B1, B2), CXR with fibrotic changes, organ transplant, or otherwise significantly immunocompromised.
- CDC recommendations published in 2010 state that although a TST is acceptable, the IGRA is preferred for BCG-vaccinated persons age 5 years or older.
- For Refugee and Immigrant arrivals with a “TB Class Condition”:
  - Follow the “TB follow-up recommendations for arrivals with a TB Class condition”.
  - Complete a TB Class Follow-up Worksheet (instructions accompany the worksheet) and return to MDH.