Tuberculosis (TB) Screening Recommendations for Newly Arrived Refugees

Scope

This document addresses recent changes in overseas tuberculosis screening and classification for refugees: overseas IGRA testing for refugees age 2 to 14 years, as well as refugees of all ages with documented exposure to person with infectious TB disease (i.e., TB contacts), and the creation of a new TB classification, TB Class B0.

Other domestic TB screening recommendations are not impacted at this time. For screening recommendations not addressed in this document, please refer to Tuberculosis: Minnesota Refugee Health Provider Guide (PDF) (https://www.health.state.mn.us/communities/rih/guide/4tb.pdf).

Overseas Refugee Screening for Tuberculosis


Effective October 1, 2018:

- Refugees age 2 to 14 years (or TB contacts of any age) are screened for TB using an interferon-gamma release assay (IGRA) if:
  - they reside in a country with a WHO-estimated TB incidence rate of ≥20 cases per 100,000 population.
  - an IGRA that is FDA approved (T-SPOT® or QuantiFERON®) is available.
- IGRA testing replaced TST testing. IGRA results are recorded in the overseas medical form DS-3030 – TB forms. A medical history and physical exam is still required.
- Applicants with any one of the following must have a chest X-ray (CXR):
  - positive IGRA or TST
  - signs or symptoms of TB disease
  - documented HIV infection
  - documented history of TB disease, even if IGRA result is negative
- Applicants with a CXR suggestive of TB, signs and symptoms of TB, or known HIV infection must also have three AFB sputum smears and cultures.
- TB Class B0 has been created. This classification is given to “applicants who were diagnosed with TB disease by the panel physician or presented to the panel physician while on TB treatment and successfully completed Division of Global Migration and Quarantine (DGMQ)-defined DOT under the supervision of a panel physician before immigration.”
MDH Recommended Domestic Screening for Tuberculosis

IGRA domestic follow-up:

Due to the potential for new exposure and seroconversion, the MDH Refugee and International Health Program recommends redrawing an IGRA for new arrivals with negative or indeterminate overseas results. This guidance is in effect until further notice, at which time MDH will review the data from the pilot period.

For all patients 2 to 14 years of age, rescreen for tuberculosis:

1. Review medical history and physical exam.
2. Perform IGRA for persons with negative or indeterminate overseas IGRA or for those in whom IGRA was not performed.
3. Perform additional TB evaluation for those with documented overseas positive IGRA.
4. For patients arriving with TST results, rescreen with IGRA if patient is 2 years of age and older, regardless of overseas TST results.
5. Chest X-ray (CXR) recommendations:
   - Perform CXR for all persons with a positive IGRA domestically or overseas.
   - Perform CXR for all persons arriving with TB B1 classification (positive overseas CXR with three negative smears and cultures), regardless of domestic IGRA result.

New arrivals under 2 years of age should be screened using TST.

TB Class B0 follow-up:

For individuals arriving with TB Class B0 classification:

- Evaluate for signs or symptoms of TB disease and history of contacts with active TB after previously completed treatment.
- Review pulmonary TB treatment documentation on the overseas medical records.
- Follow-up appropriately if any indications of concern. If no indication of concern based on steps above, then no further evaluation is necessary.