

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

For all TB classes, begin TB assessment with these steps:

- Review all available TB assessment and/or treatment documentation on the overseas medical records.
- Evaluate for signs and symptoms of TB disease and history of contacts with active TB.

TB Class	Designation Criteria and Follow-up Recommendations
Class B0	<p><b>Panel physician treated pulmonary TB disease using directly observed therapy.</b></p> <ol style="list-style-type: none"> <li>1. No TB follow up is required if treatment was adequate overseas, with no current symptoms or post-treatment contacts.</li> </ol>
Class B1	<p><b>Panel physician found evidence of extrapulmonary or sputum AFB smear and culture negative pulmonary TB disease. Includes old healed TB, previously treated TB, and persons living with HIV.</b></p> <ol style="list-style-type: none"> <li>1. Administer an IGRA (i.e., QFT® or T-SPOT®) or TST regardless of BCG history, unless the person has a reliable history of previous treatment for TB. <b>IGRA is the preferred test for patients 2 years of age and older.</b></li> <li>2. Perform a CXR, regardless of TST/IGRA result.</li> <li>3. Verify any previous treatment for TB via pre-departure exam or by patient report.</li> <li>4. Order additional diagnostic tests (e.g., sputa for AFB, other imaging), as indicated, to determine diagnosis.</li> <li>5. Establish a diagnosis (i.e., no TB infection, LTBI, or active TB disease).</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.</li> </ol> <p>For more information, visit <a href="https://www.health.state.mn.us/diseases/tb/hcp/lbtguidelines.pdf">Updated Latent Tuberculosis Infection (LTBI) Screening and Treatment Recommendations (PDF) (https://www.health.state.mn.us/diseases/tb/hcp/lbtguidelines.pdf)</a>.</p>
Class B2	<p><b>LTBI (IGRA or TST positive without signs/symptoms of active TB disease). Panel physician diagnosed patient with LTBI, and treatment was not initiated or completed prior to arrival.</b></p> <ol style="list-style-type: none"> <li>1. For those with positive IGRA overseas, proceed to step 3. For those with negative or indeterminate IGRA results overseas, or without IGRA results, retest with IGRA (for patients 2 years of age and older) or TST (for patients under 2 years of age).</li> <li>2. If IGRA or TST is negative, patient is HIV negative, and patient does not have signs or symptoms of active TB disease, no further evaluation is needed.</li> <li>3. Perform a CXR, unless the patient had repeated CXRs overseas showing improvement or stability with the most recent CXR obtained in the previous 3 months, the patient is HIV negative, and the patient has no signs or symptoms compatible with active TB disease.</li> <li>4-7. Same as Class B1 above.</li> </ol>
Class B3	<p><b>Recent contact of infectious TB case. Pre-departure exposure to a confirmed TB case and pre-departure screening test (IGRA or TST) was negative.</b></p> <ol style="list-style-type: none"> <li>1. For those with positive IGRA overseas, proceed to step 3. For those with negative or indeterminate IGRA results overseas, or without IGRA results, retest with IGRA (for patients 2 years of age and older) or TST (for patients under 2 years of age).</li> <li>2. If IGRA or TST is negative, patient is HIV negative, and patient does not have signs or symptoms of active TB disease, no further evaluation is needed.</li> <li>3. Perform a CXR, unless the patient had repeated CXRs overseas showing improvement or stability with the most recent CXR obtained in the previous 3 months, the patient is HIV negative, and the patient has no signs or symptoms compatible with active TB disease.</li> <li>4-7. Same as Class B1 above.</li> </ol>

## Additional Considerations

- MDH provides TB medications for active TB and LTBI if the patient is a recent immigrant ( $\leq 5$  years since U.S. arrival). An order form and more information are available on the MDH website.
- Pregnancy is not a contraindication for TB testing or for treatment of active or latent TB.
- IGRA testing is recommended for use in anyone 2 years of age and older. TSTs are preferred for patients under 2 years of age.
- TST administered prior to 6 months of age may yield a false negative result. Contact the MDH TB Program with questions.
- For most refugees and immigrants, TST is positive if  $\geq 10$  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.

## 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 IGRAs available in MN

**Panel Physician** – Clinician responsible for pre-departure exam

**TST** – tuberculin skin test (“Mantoux”)

## Next Steps

For Class B1 designations, return completed [TB Follow-up Worksheet \(PDF\)](https://www.health.state.mn.us/diseases/tb/hcp/tbfollowup.pdf) (<https://www.health.state.mn.us/diseases/tb/hcp/tbfollowup.pdf>) to:

MDH TB Program  
625 N. Robert St.  
P.O. Box 64975  
St. Paul, MN 55164-0975  
Fax: 651-301-5500  
Phone: 651-201-5414  
[www.health.state.mn.us/tb](http://www.health.state.mn.us/tb)

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*To obtain this information in a different format, call: 651-201-5414.*