MEMORANDUM

To: Local Board of Health

From: John Bernardo, MD, Tuberculosis Medical Officer
Jennifer Cochran, MPH, Division Director
Division of Global Populations and Infectious Disease Prevention
Bureau of Infectious Disease and Laboratory Sciences

Re: Guidance for follow-up of newly-arrived individual with Class B2 Tuberculosis – LTBI Evaluation

An immigrant or refugee with a **Class B2 Tuberculosis (TB), Latent TB Infection Evaluation** condition has recently arrived from overseas and settled in your area.

**Class B2 TB, LTBI Evaluation** is assigned to persons (usually children less than 15 years of age and contacts) who have a tuberculin skin test (TST) ≥ 10 mm or positive IGRA, but otherwise have a negative evaluation for tuberculosis. If the TST ≥ 5 mm, the individual will have been further evaluated with a medical history, physical examination, and a CXR; bacteriology will have been done if indicated.

Persons with Class B2 TB conditions are at high-risk for TB. **Evaluation by public health is required for all individuals with Class B2 LTBI conditions** in order to rule out active pulmonary TB or establish a diagnosis of latent TB infection, and to treat the condition. This evaluation should be done within 30 days after arrival in the U.S., if possible.

**CDC Technical Instructions** provide guidance for the overseas medical examination and specifications for classifying TB conditions. The Massachusetts Department of Public Health (MDPH) requests your cooperation and assistance by completing the following:

1) Follow the **Class B2 LTBI Evaluation** instructions on the attached clinical guidelines, “LBOH and TB Clinic Procedures” for evaluation of this immigrant or refugee.

2) Forward all of the enclosed/attached documents to the TB clinic prior to the scheduled visit. [http://www.mass.gov/eohhs/docs/dph/cdc/tb/regional-clinic-list.pdf](http://www.mass.gov/eohhs/docs/dph/cdc/tb/regional-clinic-list.pdf)

3) Follow up with the TB clinic after the scheduled appointment to obtain a copy of the initial evaluation clinic form and the CDC Follow-up Worksheet. If the patient misses the appointment, please contact him/her and reschedule the appointment.

4) **Return the completed CDC Follow-up Worksheet and Initial Clinic Evaluation to the MDPH Division of Global Populations and Infectious Disease Prevention.**

5) Consider any other recently-arrived family or household members to also be at risk for TB infection and, if they were not evaluated overseas, use this opportunity to administer a tuberculin

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skin test (TST) or interferon-gamma release assay (IGRA). If the TST is positive (≥ 10 mm induration) or the IGRA is positive, report them to MDPH and refer them to a TB clinic for a medical evaluation, chest radiograph, and treatment options.

**Enclosed/attached documents include:**

1) The individual’s overseas medical examination reports including the TB evaluation, which has documentation of the TST or IGRA, chest X-ray (CXR), and any additional test results for the individual arrival;

2) The CDC “Follow-up Worksheet” form with demographics and destination address filled in, and worksheet guidelines;

3) A copy of LBOH and TB clinic follow-up procedures for **Class B2 LTBI Evaluation** condition;

4) Detailed instructions for completing the domestic evaluation and documenting the findings on the form.

A Community Health Worker will be assigned to the arrival as available. If you have any questions or need assistance with outreach, please contact the Division of Global Populations and Infectious Disease Prevention (617-983-6970). Please refer to the overseas documents attached to determine if this arrival is an immigrant or refugee.

**Please return “Follow-up Worksheet” and clinic forms to:**

Division of Global Populations and Infectious Disease Prevention  
Bureau of Infectious Disease and Laboratory Sciences  
Department of Public Health  
305 South Street  
Jamaica Plain, MA 02130  
Fax: 617-983-6990
**LBOH AND TB CLINIC PROCEDURES:**
**CLASS B2 LTBI EVALUATION**

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**CDC Definition of Class B2, LTBI Evaluation**

*Class B2 LTBI Evaluation:* Persons (usually children less than 15 years of age and contacts) who have a tuberculin skin test (TST) \( \geq 10 \text{ mm} \) or positive IGRA, but otherwise have a negative evaluation for tuberculosis. If the TST \( \geq 5 \text{ mm} \), the arrival will have been further evaluated with a medical history, physical examination, and a CXR; bacteriology will have been done if indicated.

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*The Tuberculosis Classification Cover Sheet for persons with a Class B2, LTBI Evaluation, condition should indicate the size of the TST, TST conversion (i.e. negative-to-positive documentation), and treatment status. For persons who had more than one TST, all TSTs should be documented. The initial overseas medical examination may have been done up to six months prior to departure.*

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**LOCAL PUBLIC HEALTH Follow-up:**

1) **Contact the arrival immediately to introduce the evaluation process.**

2) **All persons with a Class B2 LTBI Evaluation condition need to be evaluated at a state-supported TB clinic.** Schedule an appointment as soon as possible at the nearest TB clinic for a medical evaluation within 30 days. *Instruct the individual to bring his/her overseas chest radiograph (CXR) and any documents and medications to the appointment.*

   a. *Note:* If the individual is a refugee who has a negative IGRA result at refugee health assessment, the physician at the health assessment site may choose to complete the TB evaluation. That physician should complete the TB worksheet, including ATS classification, and fax to 617-983-6990.

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**Clinic Follow-up:**

1) **Review TST status or IGRA status.** The size of the TST reaction or IGRA result, the individual’s status with respect to latent TB infection treatment, and the medication(s) used should be documented.

2) **Review TB history with the patient:** Treatment history should be on the visa medical examination report (DS-2053) and the Tuberculosis Classification Cover Sheet. Review any overseas treatment with the patient.

3) **Perform a physical examination and take a chest X-ray (CXR):** A new CXR should be taken and the patient should have his/her overseas CXR available for comparison. Compare the U.S. CXR to the overseas CXR (if available) and document your interpretation of both CXR’s on the CDC “Follow-up Worksheet.”

4) **Prescribe treatment as appropriate:**
   - Persons with fibrotic lesions on a CXR suggestive of old, healed TB need to be treated according to the CDC/ATS recommendations, regardless of age.
• Persons with latent TB infection need to be treated according to the CDC/ATS recommendations.
• CDC/ATS treatment guidelines are available at: http://www.cdc.gov/mmwr/preview/mmwrhtml/rr5211a1.htm

5) **Document the status and any initiation of treatment on the CDC “Follow-up Worksheet.”**

6) **Return the “Follow-up Worksheet”:** Send the worksheet with sections C – E2 completed and a copy of the TB clinic forms to the Local Board of Health of the arrival’s town/city of residence. (Note that, per usual protocols, the clinic form is also faxed to MDPH.)

If you have any questions about the evaluation process or forms, please contact the Division of Global Populations and Infectious Disease Prevention (617-983-6970).
The initial evaluation of an arrival with a TB Class condition will be considered complete when:
- A diagnosis is made (section D3 of the form) based on a complete evaluation and a treatment start date is known for those individuals initiating therapy for active TB disease or latent TB infection, or
- The provider is unable to complete the evaluation and the reason for this is indicated (section D2).

<table>
<thead>
<tr>
<th>Section A – Demographic</th>
<th>Will be completed before you receive the paperwork.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Section B – Jurisdictional</td>
<td>C1 – Indicate date of the initial evaluation</td>
</tr>
<tr>
<td>Section C – U.S. Evaluation</td>
<td>C2 – Document the domestic TST date, mm induration (not redness), and interpretation</td>
</tr>
<tr>
<td>▪ TST or IGRA</td>
<td>C3 – If you use an interferon-gamma release assay (IGRA), record the date and results.</td>
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<tr>
<td>▪ U.S. Review of Overseas CXR</td>
<td>C4 – Arrivals should bring their overseas CXR film(s) with them to their exam. Indicate if arrival provided the overseas CXR for review. Check “Not Verifiable” if you suspect the CXR does not belong to the arrival (e.g. fraudulent or mistaken CXR)</td>
</tr>
<tr>
<td>▪ Domestic CXR</td>
<td>C5-6 – Document your (or your radiologist’s) interpretation of the overseas CXR film.</td>
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<tr>
<td>▪ U.S. Microscopy / Bacteriology</td>
<td>C7-10 – Document date and results of domestic CXR.</td>
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<tr>
<td>▪ U.S. Review of Overseas Treatment</td>
<td>C12 –Document if sputum specimens were collected and smear results on the form.</td>
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<tr>
<td>Section D – Disposition</td>
<td>D1-D2 – When you are finished with the initial evaluation, indicate the date of your final diagnosis and your treatment recommendation. If unable to initiate or complete the evaluation, indicate the reason.</td>
</tr>
<tr>
<td>▪ Diagnosis</td>
<td>D3 – Indicate final diagnosis according to ATS classification system.</td>
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<tr>
<td>▪ Diagnosis</td>
<td>D4 – Leave blank. For MDPH use only.</td>
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</tbody>
</table>
| Section E – U.S. Treatment | E1-E2 – Check appropriate box regarding treatment and document start date, if applicable.  
|                          | E3 – **Return this information when treatment has ended.** |
| Section F - Comments      | Write any additional comments. |
| Section G – Physician Signature | Sign and date form. |

*When you have finished the initial evaluation (including disposition) and indicated treatment start date (when applicable), return this worksheet and clinic forms to the local board of health of the arrival’s town/city of residence.*

For questions please contact the Division of Global Populations and Infectious Disease Prevention at 617-983-6970.

Evaluated using the CDC’s 2009 Technical Instructions