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
Department of Public Health

Re: Guidance for follow-up of newly-arrived individual with Class B3 Tuberculosis – Contact evaluation

An immigrant or refugee with a Class B3 Tuberculosis (TB), Contact evaluation condition has recently arrived from overseas and settled in your area.

**Class B3, Contact Evaluation** is assigned to persons who had recent contact to a known tuberculosis case and who have had at least one tuberculin skin test (TST) or IGRA. If the TST ≥ 5mm or if the IGRA is positive, the contact will have been further evaluated with a medical history, physical examination, and a CXR; bacteriology will have been done if indicated. If the contact was not started on LTBI therapy, the TST or IGRA is repeated every 3 months until ≥ 8 weeks after exposure ends.

A person with **Class B3 TB, Contact evaluation** is a contact to a person with infectious TB and is at high risk for TB. **Evaluation by public health is required for all individuals with a Class B3 TB condition** 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 requests your cooperation and assistance by completing the following:

1) Follow the **Class B3, Contact evaluation** instructions on the attached clinical guidelines, “TB Clinical Procedures” for evaluation of this immigrant or refugee. Note that some individuals will also have a second TB classification of B1 TB, Pulmonary TB, No treatment or B2 TB, LTBI Evaluation.

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 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 chest X-ray (CXR), sputum smear and culture results, if applicable, and TST or IGRA results for the individual arrival;

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

3) The LBOH and TB clinic follow-up procedures for Class B3 TB, Contact 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 B3 CONTACT EVALUATION

**CDC Definition of Class B3, Contact Evaluation**

*Class B3, Contact Evaluation*: Persons who had recent contact to a known tuberculosis case who have had at least one tuberculin skin a test (TST) or IGRA. If the TST > 5 mm or if the IGRA is positive, the contact will have been further evaluated with a medical history, physical examination, and a CXR; bacteriology will have been done if indicated. If the contact was not started on LTBI therapy, the TST or IGRA is repeated every 3 months until > 8 weeks after exposure ends.

*The Tuberculosis Classification Cover Sheet for persons with a Class B3, Contact Evaluation condition, will document the size of TST and exposure end date, information about the source case, name, identification number, relationship to the contact, and type of tuberculosis. The initial overseas medical examination may have been done up to six months prior to departure.*

**LOCAL PUBLIC HEALTH Follow-up:**

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

2) **All persons with a Class B3 TB Contact Evaluation condition need further follow-up because their post-exposure evaluation as a contact to a person with infectious TB is incomplete.**

3) **Review overseas records to identify if there is a second TB classification based on the medical evaluation:**
   a. **Class B2 LTBI + Class B3**: Positive TST or IGRA and normal chest X-ray overseas; requires evaluation for latent TB infection. Follow guidance for Class B2 LTBI.
   b. **Class B1 Pulmonary TB + Class B3**: Positive TST or IGRA, abnormal chest X-ray suggestive of pulmonary TB overseas, and negative smears and cultures. Requires evaluation for Class B1 TB. Follow guidance for Class B1 TB.
   c. **Class B3 only**: First test (TST or IGRA) was negative overseas; requires second post-exposure test in U.S.
      i. Review records for date and test type (TST or IGRA) for initial post-exposure testing. If only one test was done < 8 weeks after exposure, repeat that test, using the same test type. If no test was done, perform a TST or call 617-983-6970 to request a lab order for IGRA.
      ii. If TST is > 5mm or the IGRA is positive, refer to a state-supported TB clinic, noting that the individual is a contact. Schedule an appointment as soon as possible at the nearest TB clinic for a medical evaluation. *Instruct the individual to bring his/her overseas chest radiograph (CXR) and any documents and medications to the appointment.*

**TB Clinic Follow-up if the only TB classification is Class B3, contact evaluation.** (If there is another TB classification (B1 Pulmonary or B2 LTBI), the clinic should follow the respective guidance.):

1) **Review TST or IGRA test results in the context of recent exposure to TB.**

Last update: January 2018
2) **Review TB history with the patient:** Exposure history should be on the visa medical examination report (DS-2053) and the Tuberculosis Classification Cover Sheet.

3) **Perform a medical examination and take a chest X-ray (CXR):** A CXR should be taken, if indicated. If the patient had an overseas CXR, he/she should have it 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 TB infection following known exposure need to be treated according to the CDC/ATS recommendations.
   - Children under 5 years of age with recent contact and a negative TST should be treated prophylactically until ≥ 8 weeks after the end of exposure (or for a full nine months if the TST converts to positive).
   - CDC/ATS treatment guidelines 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 Public Health nurse 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).

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<th>Will be completed before you receive the paperwork.</th>
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<td>Section B – Jurisdictional</td>
<td>Section C – U.S. Evaluation</td>
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<td>TST or IGRA</td>
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<td>U.S. Review of Overseas CXR</td>
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| 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.** |
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<td><strong>Section F - Comments</strong></td>
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<td><strong>Section G – Physician Signature</strong></td>
<td>Sign and date form.</td>
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*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 at 617-983-6970.

Evaluated using the CDC’s 2009 Technical Instructions