



## CDC TB CLASSIFICATIONS AND RECOMMENDED FOLLOW-UP: GUIDELINES FOR PROVIDERS

A medical examination is mandatory for all refugees coming to the United States and all applicants outside of the United States applying for an immigrant visa. The purpose of the visa medical examination is to identify the presence or absence of certain disorders that could result in exclusion from the United States, including communicable diseases of public health significance.<sup>1</sup> This document addresses Tuberculosis (TB) classifications assigned during the visa medical examination.<sup>2</sup>

<u>TB CLASS</u>	<u>DESCRIPTION</u>
<b>No TB classification</b>	Applicants with normal overseas TB screening examinations.
<b>Class A TB with waiver</b>	All applicants who have TB disease and have been granted a waiver.
<b>Class B1 TB, Pulmonary: No Treatment</b>	Applicants who have medical history, physical exam, or chest x-ray (CXR) <b>findings suggestive of pulmonary TB</b> , but have negative AFB sputum smears and cultures <b>and are not diagnosed</b> with TB, or <b>can wait to have TB treatment started after U.S. entry</b> .
<b>Class B1 TB, Pulmonary: Completed Treatment</b>	Applicants who were diagnosed with pulmonary TB and <b>successfully completed directly observed therapy prior to immigration</b> . The cover sheet should indicate if the initial sputum smears and cultures were positive and if drug susceptibility testing results are available.
<b>Class B1 TB, Extrapulmonary</b>	Applicants with evidence of extrapulmonary TB. The anatomic site of infection should be documented.
<b>Class B2 TB, latent TB infection (LTBI) Evaluation</b>	Applicants who have a tuberculin skin test (TST) of $\geq 10$ mm or positive IGRA but otherwise have a negative evaluation for TB.
<b>Class B3 TB, Contact Evaluation</b>	Applicants who are a recent contact of a known tuberculosis case. The size of the applicant's TST reaction or IGRA response should be documented. Information about the source case, name, alien number, relationship to contact, and type of tuberculosis should also be documented.

Adapted from: CDC Immigration Requirements: Technical Instructions for Tuberculosis Screening and Treatment; Using Cultures and Directly Observed Therapy, October 1, 2009, pp. 21-22. <http://www.cdc.gov/immigrantrefugeehealth/pdf/tuberculosis-ti-2009.pdf>



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**TB Testing Methods: IGRA vs. TST**

The **interferon-gamma release assay<sup>3</sup> (IGRA)** is **preferable** to the tuberculin skin test (TST) for refugees/immigrants due to a history of BCG vaccination. **BCG vaccination may cause a false-positive reaction to the TST**; IGRAs are not affected by previous BCG vaccination. For children < 5 years of age, a TST is preferred. A TST administered prior to 6 months of age may yield a false negative result. Pregnancy is not a medical contraindication for IGRA or TST testing.

The chart below outlines the follow-up recommendations for immigrants and refugees based on CDC TB classifications. For questions or concerns regarding specific patients, please contact the IDPH TB Control Program.

CDC TB Classification	Follow-up Recommendations Upon U.S. Entry
<p><b><u>No TB Classification:</u></b> Immigrants</p>	<ul style="list-style-type: none"> <li>• Screen<sup>4</sup> and test for TB if from a country with a high prevalence of TB (&gt; 20 cases per 100,000 persons). This classification generally includes most 2<sup>nd</sup> and 3<sup>rd</sup> world countries.</li> <li>• A CXR should be obtained for those who have signs or symptoms compatible with TB disease, regardless of pending IGRA or TST.</li> <li>• A CXR should also be obtained for all individuals with a positive IGRA or TST.</li> </ul>
<p><b><u>No TB Classification:</u></b> Refugees</p>	<ul style="list-style-type: none"> <li>• Evaluate for signs and symptoms that may have developed since the overseas exam.</li> <li>• Administer an IGRA or TST, regardless of BCG history, unless the patient has a documented previously positive test.</li> <li>• A CXR should be obtained for those who have signs or symptoms compatible with TB disease, regardless of pending IGRA or TST.</li> <li>• A CXR should also be obtained for all individuals with a positive IGRA or TST.</li> </ul>
<p><b><u>Class A TB with waiver:</u></b></p>	<ul style="list-style-type: none"> <li>• Consider this patient to have <u>active TB disease</u> (suspected or confirmed).</li> <li>• Review overseas medical exam and treatment documentation.</li> <li>• Obtain a CXR.</li> <li>• Assess the patient clinically and perform additional diagnostic testing, such as sputum collection<sup>5</sup> if indicated, and continue or revise treatment regimen, as indicated.</li> <li>• Report all active cases of TB disease to IDPH by calling (515) 281-7504 within one working day. Please fax TB reports to (515) 281-4570.</li> </ul>
<p><b><u>Class B1 TB, Pulmonary/ Extrapulmonary:</u></b> (includes completed treatment/ no treatment)</p>	<ul style="list-style-type: none"> <li>• Evaluate for signs and symptoms of TB disease that may have developed since the overseas exam.</li> <li>• Administer an IGRA or TST regardless of BCG history, unless there is documentation of a previous positive test.</li> <li>• <b>Obtain a CXR regardless of IGRA/TST result.</b></li> <li>• Perform additional tests (e.g., sputa for AFB, etc.), as indicated, to determine TB diagnosis (i.e., latent TB infection [LTBI] or active TB disease).</li> </ul>
<p><b><u>Class B2 TB, LTBI evaluation:</u></b></p>	<ul style="list-style-type: none"> <li>• Consider this patient to have LTBI. Evaluate for signs and symptoms of TB disease that may have developed since the overseas exam.</li> <li>• Consider an IGRA, if indicated, to confirm or rule-out an overseas diagnosis of LTBI.</li> <li>• It is a standard practice in the United States to offer treatment for LTBI. A U.S. medical evaluation, to include a CXR, must be done before initiating LTBI treatment.</li> <li>• Obtain a CXR for those who have signs or symptoms compatible with TB disease, regardless of previous results.</li> </ul>
<p><b><u>Class B3 TB, contact evaluation:</u></b></p>	<ul style="list-style-type: none"> <li>• This person is a contact to a known TB case overseas. Evaluate for signs and symptoms of TB disease that may have developed since the overseas exam.</li> <li>• Administer an IGRA or TST.</li> <li>• Obtain a CXR for individuals with a positive IGRA or TST, and anyone with symptoms compatible with TB disease, regardless of the IGRA or TST result.</li> </ul>



Please complete the *EDN TB Follow-up Worksheet* for arrivals with TB Class B conditions.

Return the form, test results, and CXR report by mail or fax to:

IDPH TB Program  
Lucas State Office Building  
321 East 12<sup>th</sup> Street  
Des Moines, IA 50319

Fax: 515-281-4570

Refugee Health Coordinator: 515-281-0433  
TB Control Program Manager: 515-281-7504

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<sup>1</sup> Communicable diseases of public health significance include Tuberculosis, Syphilis, Gonorrhea, Hansen's Disease (Leprosy), and all current (ACIP) vaccine-preventable diseases.

<sup>2</sup> Panel physicians are directed to screen and test applicants for TB during the visa medical examination in the following manner:

Applicants 2 - 14 years of age:

- Medical history and physical examination
- TST or IGRA
- If TST result is  $\geq 10$  mm or IGRA is positive, obtain a CXR to evaluate for TB disease

Applicants  $\geq 15$  years of age:

- Medical history and physical examination
- CXR
- If medical history, examination, or CXR is suggestive of TB, or if there is known HIV infection:
  - Obtain three sputum smears and cultures for TB
  - Drug susceptibility testing of positive cultures

<sup>3</sup> In the United States, there are two commercially available IGRAs, the QFT-GIT and the T-SPOT. Both are available from the State Hygienic Lab. To arrange IGRA testing, please call:

**State Hygienic Lab**  
1-800-421-4692

<sup>4</sup> Screen: Evaluating for signs and symptoms of pulmonary/extrapulmonary TB disease.

<sup>5</sup> Sputum collection: If indicated (*symptomatic patients and/or CXR consistent W/TB*). Contact the TB Control Program or the local health department to arrange.