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TO: Local Public Health TB Contacts and Health Care Providers

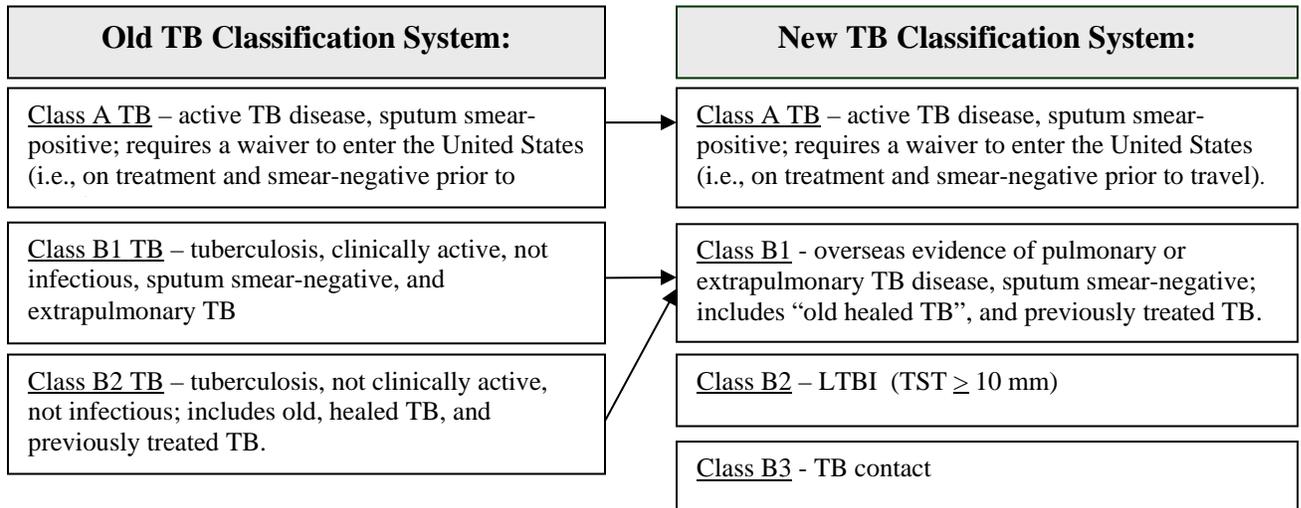
**FROM: Savitri Tsering, Refugee Health Coordinator
International Health and Respiratory Disease Unit
Bureau of Communicable Diseases and Emergency Response**

RE: Revised CDC TB Classification system for overseas screening of immigrants and Refugees with Class B1/B2 TB Conditions

Effective immediately, the overseas TB classifications assigned to immigrants **and** refugees has changed. CDC's Division of Global Migration and Quarantine is implementing this change to better clarify the risk levels associated with the TB class conditions.

Under the new classification system:

- previous B1TB and B2TB classes are merged into B1TB
- persons diagnosed with latent TB infection (LTBI) overseas are B2TB, and
- persons identified as contacts to a TB case overseas are B3TB.



Wisconsin will track the TB class conditions of ALL arrivals under the NEW system. This change is being phased in over the next several years as countries acquire the additional diagnostic resources necessary to complete a more thorough exam. Because of this, some of the overseas medical documentation may still reflect the old system. Our staff will highlight the new TB Class on the paperwork that is forwarded to you. **Please consider their new classification when completing the exam.**

The yellow “TB Class Follow-up Worksheet” must be completed and returned to our office for Class A, B1 and B2 TB arrivals. It is not required for B3 TB arrivals. If your health department is on WEDSS (Wisconsin Electronic Disease Surveillance System), completing the TB Follow-up Worksheet for Class A, B1, B2 in Nurse Case Manager will meet this requirement.

If you have any questions or comments, please call me at 608/267-3733. (over)

TB follow-up recommendations for arrivals with a TB Class condition:

Arrival's Class Status	TB Follow-up Recommendations
<p><u>No TB Class – Refugee Arrivals</u> (TB follow up for immigrants with no TB class is not required.)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Evaluate for signs and symptoms that may have developed since their overseas exam. <input type="checkbox"/> A chest x-ray (CXR) should be performed for those who have signs or symptoms compatible with TB disease, regardless of pending TST or IGRA <input type="checkbox"/> Administer a Mantoux tuberculin skin test (TST) or an interferon-gamma release assay (IGRA) such as QuantiFERON-TB for all individuals, regardless of BCG history, unless they have a <u>documented</u> previously positive test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. A TST administered prior to 6 months of age may yield a false negative result. <input type="checkbox"/> A chest x-ray (CXR) should also be performed for all individuals with a positive TST or IGRA test.
<p><u>Class A TB – active pulmonary TB disease, sputum smear- positive; requires a waiver (i.e., on treatment and smear-negative prior to travel).</u></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Consider this patient to have <u>active TB disease</u> (suspected or confirmed). <input type="checkbox"/> Perform a state-side CXR <input type="checkbox"/> Assess the patient clinically and perform additional diagnostic testing, such as sputum collection, if indicated. <input type="checkbox"/> Review overseas medical exam documentation. <input type="checkbox"/> Continue or revise treatment regimen, as indicated. <input type="checkbox"/> Immediately report a case of active TB disease to Wisconsin TB Program by calling 608/261-6319. <p>Directly observed therapy (DOT) is the standard of practice for persons with active TB.</p>
<p><u>Class B1 TB – evidence of pulmonary or extrapulmonary TB disease, sputum smear-negative; includes “old healed TB”, and previously treated TB.</u></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Do a CXR regardless of pending TST/IGRA result <input type="checkbox"/> Evaluate for signs and symptoms that may have developed since their overseas exam. <input type="checkbox"/> Administer a Mantoux tuberculin skin test (TST) or an interferon-gamma release assay (IGRA) such as QuantiFERON-TB, regardless of BCG history, unless they have a <u>documented</u> previous positive test. <input type="checkbox"/> Do additional tests (e.g., sputa for AFB, etc.), as indicated, to determine TB diagnosis (i.e., latent TB infection [LTBI] or active TB disease).
<p><u>Class B2 TB – LTBI (TST \geq 10 mm)</u></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Consider this patient to have LTBI. Evaluate for signs and symptoms that may have developed since their overseas exam. <input type="checkbox"/> A chest x-ray (CXR) should be performed for those who have signs or symptoms compatible with TB disease, regardless of any repeat TST or IGRA that you may think is indicated to confirm or rule-out overseas TST. <input type="checkbox"/> It is a standard of practice in the United States to offer treatment for LTBI. A stateside CXR and medical evaluation must be done before initiating LTBI treatment.
<p><u>Class B3 TB – TB contact</u></p>	<ul style="list-style-type: none"> <input type="checkbox"/> Administer a Mantoux tuberculin skin test (TST) or – an interferon-gamma release assay (IGRA) such as QuantiFERON-TB for all individuals, regardless of BCG history, unless they have a <u>documented</u> previously positive test. Pregnancy is not a medical contraindication for TST testing or for treatment of active or latent TB. A TST administered prior to 6 months of age may yield a false negative result. <input type="checkbox"/> A chest x-ray (CXR) must be performed for all individuals with a positive TST or IGRA test, and those who have symptoms compatible with TB disease regardless of the TST or IGRA result. <p align="center">If more information is needed about the source case, call 608/261-6319.</p>