## Tuberculosis (TB) Follow-up Recommendations

### For Arrivals with a TB Class Condition

<table>
<thead>
<tr>
<th>Arrival’s Class Status</th>
<th>TB Follow-up Recommendations</th>
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</table>
| No TB Class – Refugee Arrivals | - These patients had a normal tuberculosis screening examination overseas.  
- TB follow-up for immigrants with no TB class is not required. |
| Class A TB – Active pulmonary TB disease, sputum smear - positive (i.e., on treatment and smear-negative prior to travel). Requires a waiver from the jurisdiction accepting the patient. | - Consider this patient to have **active TB disease**.
- Review overseas medical exam documentation.
- Perform a stateside chest x-ray (CXR) regardless of CXR results from overseas*.  
- Administer an Interferon Gamma Release Assay (IGRA), regardless of BCG history, unless the patient has a **documented** previously positive IGRA test or documented treatment of TB disease.  
- Evaluate for signs and symptoms that may have developed since the overseas exam.
- Perform additional diagnostic testing, such as sputum collection for acid-fast bacilli (AFB) culture and smear, if indicated.
- Initiate treatment for TB disease, if indicated.
- Immediately report a case of active TB disease to Wisconsin TB Program by calling (608) 261-6319.  
  **Directly observed therapy (DOT) is the standard of practice for persons with TB disease.** |
| Class B1 TB – Evidence of pulmonary or extrapulmonary TB disease (non-infectious), sputum smear -negative; includes “old healed TB”, previously treated TB and HIV-positive individuals regardless of overseas CXR results. | - Evaluate the patient for TB disease or latent TB infection (LTBI).
- Review overseas medical exam documentation.
- Perform a stateside CXR regardless of CXR results from overseas*.  
- Administer an IGRA, regardless of BCG history, unless the patient has a **documented** previously positive IGRA test or documented treatment of TB disease.  
- Evaluate for signs and symptoms that may have developed since the overseas exam.
- Perform additional diagnostic testing, such as sputum collection for acid-fast bacilli (AFB) culture and smear, if indicated.
- It is the standard of practice in the United States to offer treatment for LTBI, once active TB disease is ruled out.  
  **Directly observed therapy (DOT) is the standard of practice for persons with TB disease.** |
| Class B2 TB – LTBI (overseas tuberculin skin test (TST) ≥ 10 mm or a positive IGRA) | - Consider the patient to potentially have LTBI.
- Review overseas medical exam documentation.
- Administer an IGRA, regardless of BCG history, unless the patient has a **documented** previously positive IGRA test.  
- Perform a stateside CXR regardless of CXR results from overseas*.  
- Perform additional diagnostic testing, such as sputum collection for acid-fast bacilli (AFB) culture and smear, if indicated.
- It is the standard of practice in the United States to offer treatment for LTBI, once active TB disease is ruled out. |
| Class B3 TB – TB contact | - Review overseas medical exam documentation.
- Administer an IGRA, regardless of BCG history, unless the patient has a **documented** previously positive IGRA test.  
- CXR should be performed for those who have a positive IGRA and/or signs and symptoms compatible with TB disease*.  
- Perform additional diagnostic testing, such as sputum collection for acid-fast bacilli (AFB) culture and smear, if indicated.  
  **If more information is needed about the source case, call (608) 261-6319.** |

(*) Perform a CXR stateside and compare it with the overseas CXR when available.  

(#) Pregnancy is not a medical contraindication for testing for tuberculosis (CXR, IGRA or TST).  

(β) IGRA may be used for children 5 and up. A skin test (TST) administered prior to 6 months of age may yield a false negative result, and should be repeated after age 6 months if the infant is at risk of TB.  

Please enter results of patient testing and evaluation into electronic TB worksheet in WEDSS.