

# Follow-Up for Interferon Gamma Release Assay (IGRA) Reports: Checklist for Public Health Staff



- ❑ **View lab result and change the disease category of the DI to “Tuberculosis, latent infection”** from “Tuberculosis, LTBI– laboratory results only”. Complete this step to view fillable tabs and fields appropriate for LTBI.
- ❑ **Monitor for case report form or obtain clinical results** such as [LTBI Confidential Case Report form, F-02265](#) or LTBI Web Report in WEDSS.
- ❑ **Contact the health care provider to obtain reason(s) for testing and [patient’s risk\(s\) for tuberculosis \(TB\) infection](#)**, if staff time allows. *Optional: Request completion of form [F-02265](#). Contact the testing laboratory for IGRA numeric results as necessary.*
- ❑ **Ensure symptom evaluation and risk assessment were performed and documented.**
- ❑ **Assess the IGRA test results in the context of patient’s risk factors.** This helps to prioritize further follow-up. See risk categories in box below.

- ❑ **Assure additional testing and imaging are performed:**
  - Perform chest radiography (CXR).
  - Repeat IGRA or tuberculin skin test (TST) if patient is low risk.
  - Perform sputum acid-fast bacilli (AFB) smear and culture if symptoms are present or CXR is abnormal.
- ❑ **Upload further testing and imaging results to the Tuberculosis, latent infection DI; document results in the DI tabs.**
- ❑ **Follow-up with the provider to determine if treatment was completed, if LTBI treatment is prescribed.** Document treatment in WEDSS and on the [LTBI Follow-up form, F-44125](#).
- ❑ **Change the WEDSS DI process status to “Closed by LHD” and the resolution status to “confirmed” or “not a case,” after follow-up is completed.** The DI can be reopened at a later date if needed.

 Follow-up priority is based on the [patient’s risk for infection](#).

Risk Category	Reason for testing
<b>Positive Risk Factor</b>	<ul style="list-style-type: none"> <li>• Exposed to someone with known infectious TB and/or part of an ongoing contact investigation.</li> <li>• Birth, residence, or travel (≥ 1 month) in a country with a high TB rate. Includes any country other than the United States, Canada, Australia, New Zealand, or a country in western or northern Europe.</li> <li>• Likely to be infected <u>and</u> HIV positive.</li> </ul>
<b>Low or No Risk</b>	<ul style="list-style-type: none"> <li>• Tested due to requirement of law, statute, or institution.</li> <li>• Health care personnel and caregiver testing requirement.</li> <li>• Tested due to medical treatment (biologic, transplant)<sup>§</sup>.</li> </ul>

§ These patients are being followed by a physician. Immune suppression alone is not a risk for acquiring TB infection.

