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

- **Upload IGRA test results** (i.e., QuantiFERON® or T-Spot®) from the Wisconsin Electronic Disease Surveillance System (WEDSS) staging area to a “Tuberculosis, LTBI-Laboratory Results ONLY” disease incident (DI).

- **Await 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.*

- **Change the DI to “Tuberculosis, latent infection” and document results.** Complete this step when follow-up information or WEDSS Web Report is obtained.

- **Assess the IGRA test results and patient’s risk(s).** This helps to prioritize further follow-up. See below.*

- **Assure additional testing and imaging are performed:**
  - Repeat IGRA or tuberculin skin test (TST) if patient is low risk.
  - Perform chest radiography (CXR).
  - 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**.

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<th>Priority</th>
<th>Description</th>
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| High      | Exposed to someone with known infectious TB and/or part of an ongoing contact investigation  
  Immigrant or refugee born in a high TB prevalence country  
  Likely to be infected and HIV positive |
| Medium    | Part of a locally identified high-risk group  
  Likely to be infected and risk for progression (other than HIV positive) |
| Low       | Tested due to requirement of law, statute, or institution  
  Health care personnel and caregiver testing  
  Tested due to medical treatment (biologic, transplant) |

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