

# TB Evaluation of Immigrants & Refugees

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\*This guide was adapted from “TB Evaluation of Immigrants and Refugees” document produced by the Kentucky Department of Public Health. That document can be found in the forms and teaching sheets listing of the CCSG at <http://chfs.ky.gov/dph/Local+Health+Department.htm>.

## Evaluation of Immigrants and Refugees for Tuberculosis

The Local Health Jurisdiction (LHJ) Tuberculosis (TB) Coordinator or TB Nurse will ensure that immigrants or refugees with TB Classification (Class A, B1, B2 or B3) start an appropriate medical evaluation within 30 days of their arrival in Michigan and complete the evaluation within 90 days of their arrival in Michigan.

### RECEIVING IMMIGRANT/REFUGEE TB ASSESSMENT NOTIFICATIONS:

#### For LHJs without direct access to the EDN System

\*If unsure whether your LHJ has direct EDN access, contact MDHHS TB Epidemiologist at 517-284-4956

MDHHS TB Program staff will receive notifications of immigrant and refugee arrivals from EDN and retrieve the EDN documents containing medical and contact information. MDHHS TB Program staff will notify the LHJ of immigrant or refugee's arrival by creating a "Latent Tuberculosis Infection" record in the MDSS and sending an e-mail to the LHJ with the Investigation ID number. All EDN documents will be attached in the "Notes" tab.

#### For LHJs with direct access to the EDN System

LHJ TB Coordinator or TB nurse will receive notifications of immigrant and refugee arrivals from EDN and retrieve the EDN documents containing medical and contact information.

### PERFORMING IMMIGRANT/REFUGEE FOLLOW-UP:

LHJ TB Coordinator or TB nurse will:

1. Contact the refugee or immigrant within 3 days of receiving the EDN documents and schedule an appointment for evaluation.
  - a. Step 1 – Make a telephone call within 24 hours of receipt of documents.
    - \*If no phone number is available, proceed directly to step 2.
  - b. Step 2 – If there is no response to phone call within 7 working days, send a letter to the home address listed in the EDN documents. ***If the only address listed is for a sponsor agency, contact the sponsor agency to verify the patient's address.***
  - c. Step 3 – If there is no response to letter within 10 working days, make a home visit to all Class A and B1, and high-risk B2 and B3 immigrants or refugees. High-risk Class B2 and B3 include all children under 5 years of age and individuals over 5 years of age who are immune-suppressed, malnourished, or have comorbidities such as diabetes or silicosis.
2. Assess the patient as described in the table "TB Follow-up Recommendations for Newcomers with a TB Classification."
  - a. Assess for signs and symptoms of TB.

- b. MDHHS strongly recommends ordering an interferon gamma release assay for *Mycobacterium tuberculosis* (IGRA) if the patient is  $\geq 2$  years of age and:
1. Received a tuberculin skin test (TST) prior to immigration, regardless of the result; OR
  2. An IGRA result prior to immigration is not clearly documented in the EDN documents.
- c. Obtain a chest x-ray (CXR) if warranted, as described in the table “TB Follow-up Recommendations for Newcomers with a TB Class Condition.”
3. If diagnostic work-up is completed by a physician other than your medical director, ensure that 1) the assessment is complete and 2) a decision is made whether to treat for LTBI or TB disease.
  4. Complete the TB Follow-up Worksheet according to the table “Instructions for Completing the EDN TB Follow-up Worksheet” below ensuring that all required questions are answered.
  5. For LHJs without direct access to EDN:
    - Return completed TB Follow-up Worksheet to the MDHHS TB Program within 90 days by uploading them to the MDSS “Latent Tuberculosis Infection” record.
    - If active TB disease is diagnosed, change the “condition” to “Tuberculosis.”
    - Change the investigation status to “Review.”

For LHJs with direct access to EDN:

- Submit data from the EDN Follow-up Worksheet to the CDC EDN System.

## TB Follow-up Recommendations for Newcomers with a TB Classification

Newcomer's Class Status	TB Follow-up Recommendations
<p><b><u>TB Class A</u> – active TB disease</b></p> <ul style="list-style-type: none"> <li>• <b>Pulmonary TB disease</b></li> <li>• <b>Sputum smear or TB culture positive</b></li> <li>• <b>Requires a waiver for travel (i.e., on treatment and smear negative prior to travel)</b></li> </ul>	<ul style="list-style-type: none"> <li>❑ <i>Contact the MDHHS TB Epidemiologist at 517-284-4956 for guidance.</i></li> <li>❑ Consider this patient to have <u>active TB disease</u> (suspected or confirmed).</li> <li>❑ Review the pre-immigration medical exam and treatment documentation.</li> <li>❑ Conduct a full medical evaluation for TB Disease. Collect sputum for AFB smear and culture if the patient is able to produce. Obtain a chest x-ray (CXR) and interpret it with attention for TB.</li> <li>❑ Provide HIV counseling, testing, and referral. If HIV testing is refused, reoffer HIV testing monthly while on treatment.</li> <li>❑ Continue or revise the treatment regimen based on review of overseas medical information and results from domestic evaluation. Treatment must be provided using directly-observed therapy (DOT).</li> <li>❑ If diagnosis of TB Disease is confirmed, report it to the MDHHS TB Program by creating a confirmed case record in the MDSS within one business day.</li> </ul>
<p><b><u>TB Class B1</u> –</b></p> <ul style="list-style-type: none"> <li>• <b>Evidence of pulmonary or extrapulmonary TB disease</b></li> <li>• <b>Sputum smear-negative</b></li> <li>• <b>Includes “old healed TB,” and previously treated TB</b></li> </ul> <p style="text-align: center;"><b>OR</b></p> <ul style="list-style-type: none"> <li>• <b>HIV Infection</b></li> </ul>	<ul style="list-style-type: none"> <li>❑ Review the pre-immigration medical exam and treatment documentation.</li> <li>❑ Conduct a full medical evaluation for TB disease.</li> <li>❑ If the patient is <math>\geq 2</math> years of age and does not have an interferon gamma release assay (IGRA) result documented in their overseas medical information, perform an IGRA. If the patient is <math>&lt; 2</math> years of age, perform a TST regardless of BCG history or previous TST result.</li> <li>❑ If the overseas or domestic IGRA or TST is positive and the date of the overseas CXR is more than 6 months prior to the date of the domestic medical evaluation, obtain a new CXR. If the patient has signs or symptoms compatible with TB disease, obtain a new CXR. Contact the MDHHS TB Epidemiologist at 517-284-4956 with any questions.</li> <li>❑ If the CXR is suspicious for TB, collect 3 sputum specimens at least 8 hours apart for AFB smear and culture.</li> <li>❑ If TB Disease is diagnosed, report it to the MDHHS TB Program by creating a confirmed case record in the MDSS within one business day. Treatment must be provided using DOT.</li> <li>❑ If LTBI is diagnosed it is the standard of care to recommend preventive treatment. Educate the patient about the benefits of LTBI treatment. The MDHHS TB Program suggests the following preference of LTBI treatment regimens: <ul style="list-style-type: none"> <li>(1) 3 months isoniazid + rifapentine (3HP, all patients <math>\geq 2</math> years of age);</li> <li>(2) 4 months of rifampin (4R, all patients);</li> <li>(3) 9 months of isoniazid (9H, when rifamycins are contraindicated).</li> </ul> </li> <li>❑ Offer HIV counseling, testing, and referral. If HIV testing is refused, reoffer HIV testing monthly while on treatment.</li> </ul>

## TB Follow-up Recommendations for Newcomers with a TB Classification

Newcomer's Class Status	TB Follow-up Recommendations
<p><b><u>TB Class B2</u> – LTBI</b></p> <ul style="list-style-type: none"> <li>• (TST <math>\geq</math>10 mm induration)</li> </ul>	<ul style="list-style-type: none"> <li>❑ Review the pre-immigration medical exam and treatment documentation.</li> <li>❑ Evaluate for signs and symptoms of active TB disease that may have developed since their pre-immigration exam.</li> <li>❑ If the patient is <math>\geq</math>2 years of age and does not have an interferon gamma release assay (IGRA) result documented in their overseas medical information, perform an IGRA. If the patient is <math>&lt;</math>2 years of age, perform a TST regardless of BCG history or previous TST result. If the domestic IGRA or TST is negative and the patient is asymptomatic, they are unlikely to have LTBI. No further evaluation or treatment is recommended.</li> <li>❑ If the overseas or domestic IGRA or TST is positive, obtain a new CXR. If the patient is HIV-positive or has signs or symptoms compatible with TB disease, obtain a new CXR regardless of IGRA or TST result.</li> <li>❑ Offer HIV counseling, testing, and referral. If HIV testing is refused, reoffer HIV testing monthly while on LTBI treatment.</li> <li>❑ If LTBI is diagnosed it is the standard of care to recommend preventive treatment. Educate the patient about the benefits of LTBI treatment. The MDHHS TB Program suggests the following preference of LTBI treatment regimens:               <ol style="list-style-type: none"> <li>(1) 3 months isoniazid + rifapentine (3HP, all patients <math>\geq</math>2 years of age);</li> <li>(2) 4 months of rifampin (4R, all patients);</li> <li>(3) 9 months of isoniazid (9H, when rifamycins are contraindicated).</li> </ol> </li> </ul>
<p><b><u>TB Class B3</u> – TB Contact</b></p> <ul style="list-style-type: none"> <li>• Contact overseas to a confirmed case of TB</li> </ul>	<ul style="list-style-type: none"> <li>❑ This person is a pre-immigration contact to a confirmed case of active TB.</li> <li>❑ If the patient is <math>\geq</math>2 years of age, administer an IGRA. If the patient is <math>&lt;</math>2 years of age, perform a TST.</li> <li>❑ If the IGRA or TST is positive or if the patient has signs or symptoms compatible with TB disease, obtain a CXR and complete an evaluation to rule out TB disease.</li> </ul>

**NOTE:**

- Pregnancy is not a medical contraindication for treatment of LTBI or of active TB disease.
- An IGRA is preferred for testing persons who have received BCG.
- A TST is preferred for testing children aged less than 2 years.
- A TST administered prior to 6 months of age may yield a false negative result.

## Instructions for Completing the EDN TB Follow-up Worksheet

The TB Follow-up Worksheet is used to document the post-immigration evaluation of a newcomer with a TB Classification.

A complete evaluation requires a diagnosis and, when indicated, a treatment start date.

<p><b>Sections A &amp; B</b> Demographic &amp; Jurisdictional Information</p>	<input type="checkbox"/> Pre-populated
<p><b>Section C</b></p> <ul style="list-style-type: none"> <li>• <b>Date of first U.S. test or provider/clinic visit</b></li> </ul>	<input type="checkbox"/> Record the date of the initial evaluation. This should be whichever is first of a provider/clinic visit, TB test blood draw or placement, chest x-ray, or any other TB diagnostic test or appointment. <input type="checkbox"/> <i>Leave this and the rest of Section C blank if no evaluation was performed</i>
<ul style="list-style-type: none"> <li>• <b>TST and/or IGRA</b></li> </ul>	<input type="checkbox"/> Administer a tuberculin skin test (TST) or draw blood for an IGRA. <input type="checkbox"/> Record the TST placement date, mm induration (not redness), and interpretation. – <i>For persons with TB Class B1 Conditions or TB-related abnormalities on CXR, a TST reading of <math>\geq 5</math> mm is considered positive.</i> <input type="checkbox"/> Record the date, brand, and results of IGRA, if used. <input type="checkbox"/> Record if there was a history of previous positive TST or IGRA
<ul style="list-style-type: none"> <li>• <b>U.S. Review of Pre-Immigration CXR</b></li> </ul>	<input type="checkbox"/> Newcomers should bring their pre-immigration CXR film(s) or disk with them to their exam. Some images may be available through EDN. If so, for LHJs without access to EDN, the images will be attached to the LTBI record in MDSS. <input type="checkbox"/> If the pre-immigration CXR is not available or did not have the patient's name and date of birth, mark "No." <input type="checkbox"/> Record <u>your</u> (your physician's) interpretation of the pre-immigration CXR. <input type="checkbox"/> <i>Do not copy the overseas panel physician's interpretation of the pre-immigration CXR into the EDN follow-up worksheet.</i>
<ul style="list-style-type: none"> <li>• <b>U.S. Domestic CXR</b></li> </ul>	<input type="checkbox"/> Record the interpretation of the CXR ordered by your medical director or your consulting physician. <input type="checkbox"/> <i>Do not copy the overseas panel physician's interpretation of the pre-immigration CXR into the EDN follow-up worksheet.</i> <input type="checkbox"/> If your medical director or consulting physician does not perform a CXR, mark "No."
<ul style="list-style-type: none"> <li>• <b>Comparison</b></li> </ul>	<input type="checkbox"/> Compare the pre-immigration CXR to U.S. CXR and choose one option that best represents your impression of the comparison. <input type="checkbox"/> If the pre-immigration CXR is not available, mark "Unknown."

## Instructions for Completing the EDN TB Follow-up Worksheet

**The TB Follow-up Worksheet is used to document the post-immigration evaluation of a newcomer with a TB Classification.**

**A complete evaluation requires a diagnosis and, when indicated, a treatment start date.**

<ul style="list-style-type: none"> <li>• <b>U.S. Review of Pre-Immigration Treatment</b></li> </ul>	<ul style="list-style-type: none"> <li>□ Record your interpretation of pre-immigration TB treatment based on review of pre-immigration documents and information provided by the patient.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>U.S. Microscopy/Bacteriology</b></li> </ul>	<ul style="list-style-type: none"> <li>□ If you or your physician collect specimen(s) for AFB smear and culture, document the specimen collection date and results.</li> <li>□ <i>Do not report results from microscopy/bacteriology performed prior to immigration.</i></li> <li>□ <i>Report suspected pulmonary or extrapulmonary TB disease to the MDHHS TB Program within one working day. Do not wait for culture confirmation.</i></li> </ul>
<p><b><u>Section D</u></b></p> <ul style="list-style-type: none"> <li>• <b>Evaluation Disposition Date</b></li> </ul>	<ul style="list-style-type: none"> <li>□ Record the date when your medical director or consulting physician has <b>completed</b> the evaluation, or you have determined that they cannot complete the evaluation for one of the reasons listed.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Evaluation Disposition</b></li> </ul>	<ul style="list-style-type: none"> <li>□ If the evaluation was completed, check the box “Completed evaluation.” Indicate whether treatment was recommended, and if so, for LTBI or TB disease.</li> <li>□ If the evaluation was initiated but not completed, check the box “Initiated Evaluation / Not completed.” Choose the reason(s) why evaluation was not completed from the list provided; check all that apply and write or enter other reasons beside “Other, specify.”</li> <li>□ If the evaluation was never initiated, check the box “Did not initiate evaluation.” Choose the reason(s) why evaluation was never initiated from the list provided; check all that apply and write or enter other reasons beside “Other, specify.”</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Diagnosis</b></li> </ul>	<ul style="list-style-type: none"> <li>□ Mark the box corresponding to the CDC diagnostic classification as listed.</li> <li>□ <i>Treatment is inappropriate for diagnoses of Class 0 or 1. The EDN system will create an error message if treatment is recommended for either of these diagnoses.</i></li> <li>□ If diagnosis is Class 3, mark the site(s) of disease and contact the MDHHS TB Epidemiologist at 517-284-4956 to complete section D4.</li> </ul>

## Instructions for Completing the EDN TB Follow-up Worksheet

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A complete evaluation requires a diagnosis and, when indicated, a treatment start date.

<p><b>Section E</b></p> <ul style="list-style-type: none"> <li>• <b>U.S. Treatment Initiated</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Only complete this section if treatment was recommended in question D2.</b></li> <li><input type="checkbox"/> If treatment was initiated, mark “Yes,” and for “If Yes,” specify for TB disease or LTBI.</li> <li><input type="checkbox"/> <b>Treatment must comply with CDC recommendations.</b> Patients diagnosed as Class 2 or Class 4 should receive treatment unless contraindicated. Consult the MDHHS TB Program at 517-335-8165 if uncertain which regimen to prescribe.</li> <li><input type="checkbox"/> Treatment for Class 3 should rely on directly-observed therapy (DOT) and be provided through the patient’s local health department.</li> <li><input type="checkbox"/> If treatment was not initiated, mark “No,” and for “If No, specify the reason,” mark the appropriate boxes. Check all that apply and enter other reasons next to “Other (specify).”</li> <li><input type="checkbox"/> <b>LHJs without direct EDN access: if treatment was started, contact the MDHHS TB Epidemiologist when treatment is completed or ended. Leave E3-E4 blank until that time.</b></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Treatment Start Date</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Only complete this section if treatment was initiated.</b></li> <li><input type="checkbox"/> Specify the date that treatment was started.</li> </ul>
<ul style="list-style-type: none"> <li>• <b>U.S. Treatment Completed</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Leave this section blank until treatment has stopped.</b></li> <li><input type="checkbox"/> <b>For LHJs without direct EDN access: submit the worksheet to MDSS with this section blank. Submit an updated worksheet, with this section completed, after treatment is completed or ended.</b></li> <li><input type="checkbox"/> <b>For LHJs with direct EDN access: save the worksheet in EDN, but do not “submit” until treatment has completed or ended.</b></li> <li><input type="checkbox"/> Mark the appropriate box to indicate whether treatment was completed or if it is unknown whether treatment was completed.</li> <li><input type="checkbox"/> If treatment was not completed, mark “No,” and for “If No, specify the reason,” mark the appropriate boxes. Check all that apply and enter other reasons next to “Other (specify).”</li> </ul>
<ul style="list-style-type: none"> <li>• <b>Date Therapy Stopped</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> <b>Leave this section blank until treatment has stopped</b></li> <li><input type="checkbox"/> If treatment was completed, specify the date the final dose was administered.</li> <li><input type="checkbox"/> If treatment was initiated but not completed, specify the date treatment ended (date patient stopped taking treatment) and describe the reason therapy was stopped next to “Specify reason therapy stopped.”</li> </ul>



## Instructions for Completing the EDN TB Follow-up Worksheet

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<p><b><u>Section F</u></b></p> <ul style="list-style-type: none"> <li>• <b>Evaluation Site Information</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Record the provider's name, clinic name, and telephone number for the provider/clinic that performed the evaluation.</li> <li><input type="checkbox"/> If more than one provider or clinic was involved, record the party responsible for the ensuring that the evaluation was completed and made the final diagnosis.</li> <li><input type="checkbox"/> The phone number listed should be one that can be called for any questions about the evaluation.</li> <li><input type="checkbox"/> <i>Note: a provider signature is no longer required nor needed</i></li> </ul>
<ul style="list-style-type: none"> <li>• <b>Treatment Site Information</b></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Record the provider's name, clinic name, and telephone number for the provider or clinic responsible for treatment administration/monitoring.</li> <li><input type="checkbox"/> If more than one provider or clinic was involved in treatment, record the party responsible for ensuring treatment adherence for the longest duration.</li> <li><input type="checkbox"/> The phone number listed should be one that can be called for any questions about the treatment.</li> <li><input type="checkbox"/> <i>If the treatment site is the same as the evaluation site, please leave names and telephone number blank and mark the box "Same as evaluation site information."</i></li> </ul>
<p><b><u>Section H</u></b></p> <p><b>Comments</b></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Describe any additional and relevant comments that <b>were not</b> already addressed in the above sections.</li> </ul>